Collaborative Care Management (CoCM) Capacity Building Fund Webinar 1/28/2025

Objectives

At the conclusion of this activity participants will be able to:

- Describe the elements of the Collaborative Care Management Capacity Building Fund award opportunity
- Define the eligibility criteria for practice entities/sites.
- Describe the application process

Funding Award Opportunity

The NC General Assembly has earmarked $5 million for capacity building for Medicaid-enrolled primary care practices across the state to adopt CoCM.

The NCDHHS Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS) is contracting with Community Care of North Carolina (CCNC) to manage the CoCM Capacity Building award program in partnership with NC AHEC for Practice Support Coaching.

The goal is to increase access to evidence-based behavioral healthcare for primary care practices and their patients using the CoCM model. Funds will be made available to awardees through agreements for the development, establishment, and ongoing management of the CoCM model.

Funds will be prioritized for practices in areas of high need and low CoCM service provision.

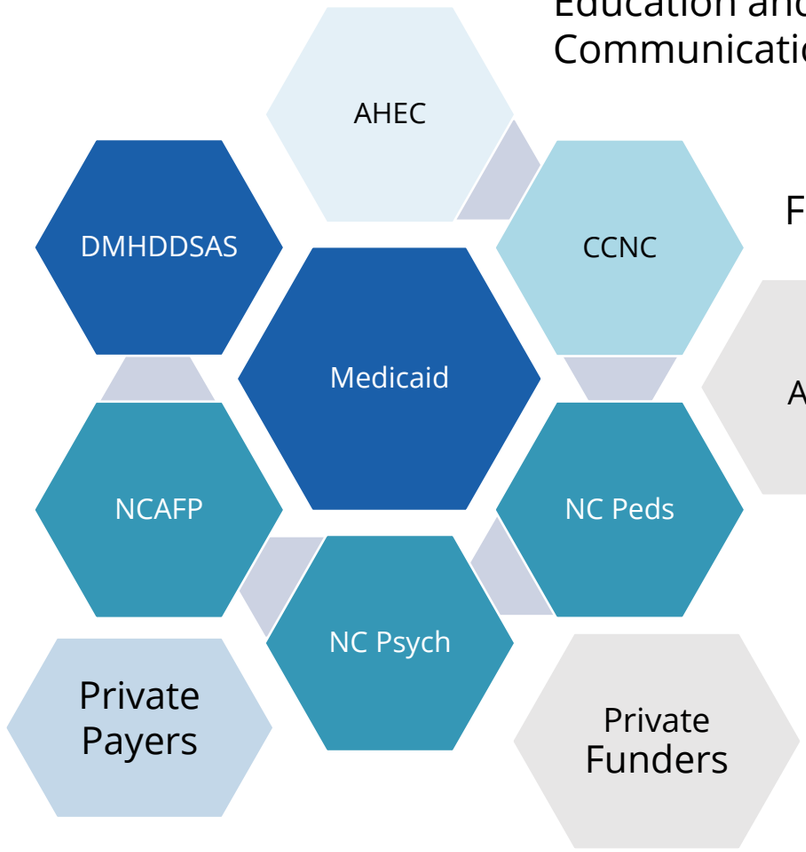
NC Collaborative Care Consortium

Practice Supports
Education and Training
Communication

Coordination with NCPAL
Tracking data and
outcomes

Associations will create
“matches” to create
relationships between PCPs
and Psychiatrists

Medicaid is aligning coverage
with Medicare and
encouraging Private Payers to
add coverage



Facilitating access to statewide registry

Potential to develop hub
and spoke model

Exploring incentive/glidepath for
startup costs for highest need

What is Collaborative Care Management (CoCM)

Collaborative Care Management (CoCM) is an evidence-based behavioral health integration model designed to support primary care clinicians as they assess and treat patients with mild to moderate behavioral health conditions.

The model has been shown in randomized controlled trials to double the effectiveness of usual care for depression while lowering long-term healthcare costs.

As an **evidence-based model**, CoCM supports the ability to improve patient outcomes (twice that of usual care), improve satisfaction among both patients and providers, and reduce healthcare costs and stigma related to mental health and substance use disorders.

CoCM complements other integrated models, including the North Carolina Psychiatric Access Line (NC-PAL).

The NC General Assembly has provided financial support to grow the CoCM model in North Carolina to improve the lives of North Carolinians. For more information about the CoCM model, explore NC AHEC and The AIMS Center.

Why CoCM, Why Now?

- Patient outcomes improve for those already treated in primary care
- PCPs can address the mild/moderate BH needs of patients who are not seen in specialty MH
- NC Medicaid reimburses at 120% of Medicare (est. 2022) and most private insurances cover CoCM
- The NC CoCM Consortium is actively working to spread the service
- Psychiatric Consulting: NC-PAL's pediatric consultants are engaged with 10 pediatric practices.
  NC Psychiatric Assoc. can help match PCPs with psychiatric consultants.
- On behalf of NCDHHS:
  - NC AHEC provides free coaching and technical assistance
  - NC AHEC provides free education modules with CME/CE credit!
  - CCNC can provide free AIMS Caseload Tracker (registry) subscription funding
  - CCNC can provide Capacity Building Funds for eligible NC PCP practices serving NC Medicaid

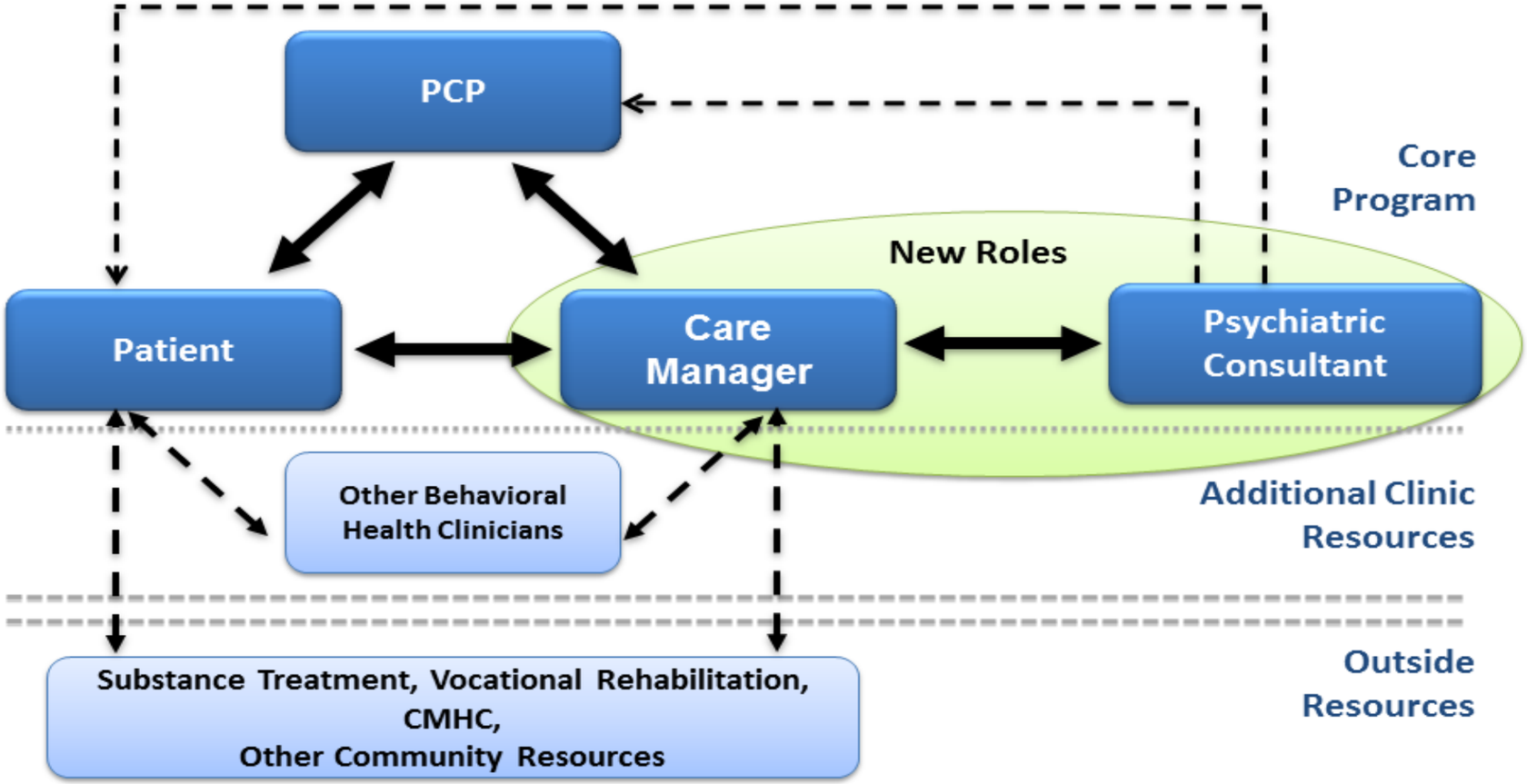
Principles of Collaborative Care

Five Core Principles

1. Patient-Centered Team Care
2. Population-Based Care
3. Measurement-Based Treatment to Target
4. Evidence-Based Care
5. Accountable Care

http://aims.uw.edu/collaborative-care/principles-collaborative-care

Collaborative Team Approach



NC CoCM Guidance: Behavioral Health Care Manager

- **NC CoCM Guidance: Behavioral Health Care Manager**: *Masters or doctoral-level prepared clinical staff member, licensed staff member with behavioral health training (e.g., Licensed Clinical Mental Health Counselor/Professional Counselor, Licensed Marriage and Family Therapist, Licensed Social Worker, Registered Nurse, Nurse Practitioner, Licensed Psychologist, Masters-level licensure candidate/trainee LCSW-A) or other designated and appropriately trained member of the care team who provides care management services and assessment of beneficiary needs* *Link*

- **CMS Medicare** - BH Care Manager: *May or may not be a professional who meets all the requirements to independently deliver and report services to Medicare.* *Link*

NC CoCM Guidance: Psychiatric Consultant

- NC Medicaid: Link

  Psychiatric Consultant: Refers to the consulting physician or advanced practice provider who is trained in psychiatry or behavioral health with full prescribing authority.

- Medicare CMS Guidelines: *Link*

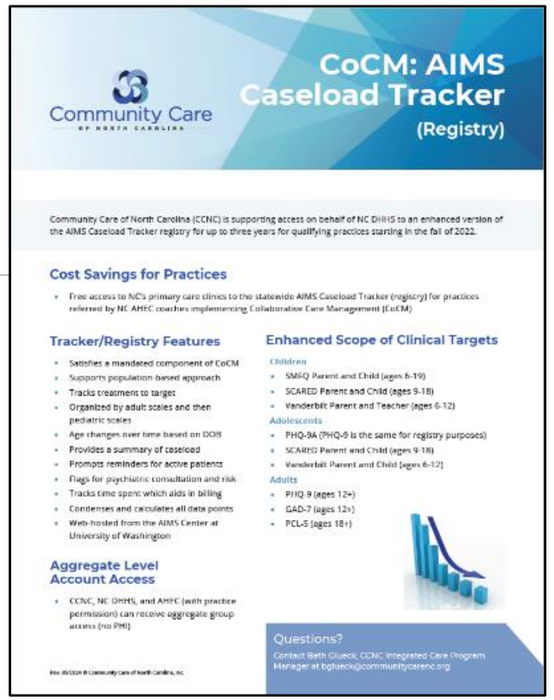
  Psychiatric Consultant: A medical professional trained in psychiatry and qualified to prescribe the full range of medications.

CoCM Registries / Caseload Trackers

Registries:

- Satisfy a **mandated component of CoCM** modeling and provide the foundation for the rigorous treatment model's impressive ROI when compared to usual care
- **Support a population-based approach** which avoids missing important clinical and timeline tracking for progress towards health outcomes for the define caseload
- **Track *Treatment to Target*** while assisting the team in determining who is improving according to outlined timeframes via longitudinal assessment outcomes
- **Provides a summary of caseload** and individual patient statistics to aid in decision making
- Can **track time spent** per case to assist in monthly invoicing
- Condenses and **calculates all data points** found in the model's architecture which can be challenging for most if not all electronic medical records

Free AIMS Caseload Tracker Registry



Community Care of North Carolina (CCNC) is supporting access on behalf of NC DHHS to an enhanced version of the AIMS Caseload Tracker registry for up to three years for qualifying practices (est. Fall 2022).

- **Cost Savings for Practices**
  - **<u>Free access to NC's primary care clinics to the statewide AIMS Caseload Tracker (registry</u>**) for practices referred by NC AHEC Coaches implementing Collaborative Care Management (CoCM). Pricing

Scope of CoCM Clinical Targets and their Longitudinal Assessments per Registry Build Decisions

	Depression	Anxiety	ADHD	PTSD
Child	✓	✓	✓	✗
Adolescent	✓	✓	✓	✗
Adult	✓	✓	✗	✓

Children

- SMFQ Parent and Child
- SCARED Parent and Child
- Vanderbilt Parent and Teacher

Adolescents

- PHQ-9A (PHQ-9 is the same for registry purposes)
- SCARED Parent and Child
- Vanderbilt Parent and Teacher

Adults

- PHQ-9
- GAD-7
- PCL-5

Caseload Tracker/Registry

Active Patients

Report for : Beth Glueck, CM
Report Created on : Monday, October 28, 2024, 2:16 PM

Flags	Patient ID	MRN	Name	Age	Status	PHQ-9		GAD-7		PCL-5		SCARED	SMFQ	Inatt.	Hyper.	Contacts						Deactivate
						First	Last	First	Last	First	Last					I/A	F/U	P/C	RPP	# Sess	Wks since I/A	
	00000021	JonnesMandy	Jones, Mandy	24	T	18	12	16	7							9/10/24	10/28/24	10/28/24		3	6	
	00000022	PAGCally	Page, Cally	24	T	18	9	18	7							7/8/24	10/24/24	10/9/24		7	16	
	00100012	RIDREESE	Ridge, Reese	18	T	22	14									10/1/24	10/23/24	10/9/24		2	3	
	00100013	SMIEMMA	Smith, Emma	14	T	15	7					28	7			7/11/24	10/10/24*	10/17/24		7	15	

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Collaborative Care Management Capacity Building Fund

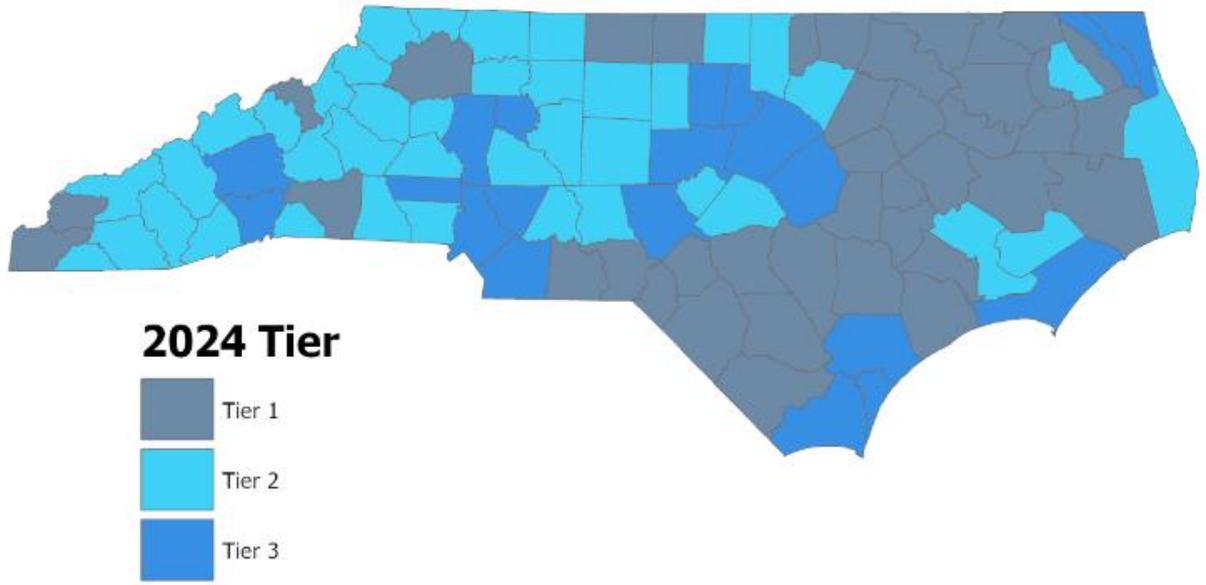
Eligible Practice Entity Types

- Medicaid enrolled primary care provider in North Carolina
- Billing under a primary care level taxonomy and providing on-going primary care
    - Family Medicine
    - Pediatrics
    - Internal Medicine
    - FQHCs
    - RHCs
    - LHDs
    - OB/GYN (with Advanced Medical Home patients)

How Can Capacity Building Funds Be Used?

The CoCM Capacity Building Funds are incentive funds for building capacity when initiating and supporting your new CoCM programming.

County Distress Ranking (Tiers)



The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. This Tier system is incorporated into various state programs to encourage economic activity in the less prosperous areas of the state.

https://www.commerce.nc.gov/grants-incentives/county-distress-rankings-tiers

Accepting Applications Now- Phase 1 : Baseline Eligibility

Phase 1 $50K maximum awards for practices <u>who have not yet implemented CoCM or have not provided CoCM services in the last 6 months</u> and will implement the model in-house (i.e., without using an external vendor for staffing) and who meet one of the following criteria: (Practices meeting Phase 1 criteria who newly began billing for CoCM in-house after 7/8/24 can also apply in Phase 1).

- Any Medicaid enrolled **independent or hospital-owned** primary care practice site or sites (up to 3 sites) located in **Tier 1 or Tier 2** counties with at least **50* total assigned Medicaid beneficiaries**.

OR

- Any Medicaid enrolled independent (non-hospital owned) primary care practice site or sites (up to 3 sites) located in **Tier 3 counties** with at least **50* total assigned Medicaid beneficiaries**.

OR

- Any Medicaid enrolled **hospital-owned** primary care practice site or sites (up to 3 sites) located in **Tier 3 counties** with at least **100* total assigned Medicaid beneficiaries**.

Award Distribution Phase 1: Three Payments

Summary for $50k Award: Three Payments

Disburse 25% *Planning funds* up front, 50% *Implementation funds* and, 25% *Operational funds*

Distribution Criteria: *Planning funds*: 25% ($12,500)

- Application reviewed, information validated by CCNC, practice awarded
- Completion of participation agreement/forms required for fund distribution (e.g. W-9, EFT instructions)
- Funds will be distributed 30 days following an executed participation agreement

Distribution Criteria: *Implementation funds*: 50% ($25,000)

- Psychiatric Consultant has started employment (may be a contract)
- BH Care Manager has started employment (may be a contract)
- Funds will be distributed within 30 days

Distribution Criteria: *Operational funds*: 25% ($12,500)

- Established a panel of patients – with minimum caseload met (20)
- Services are still in process and filed initial claims using CoCM codes
- Monthly documented case load numbers reported through Jotform to CCNC – Submit every other month
- Funds will be distributed within 30 days

How Many Awards Per Entity/Site?

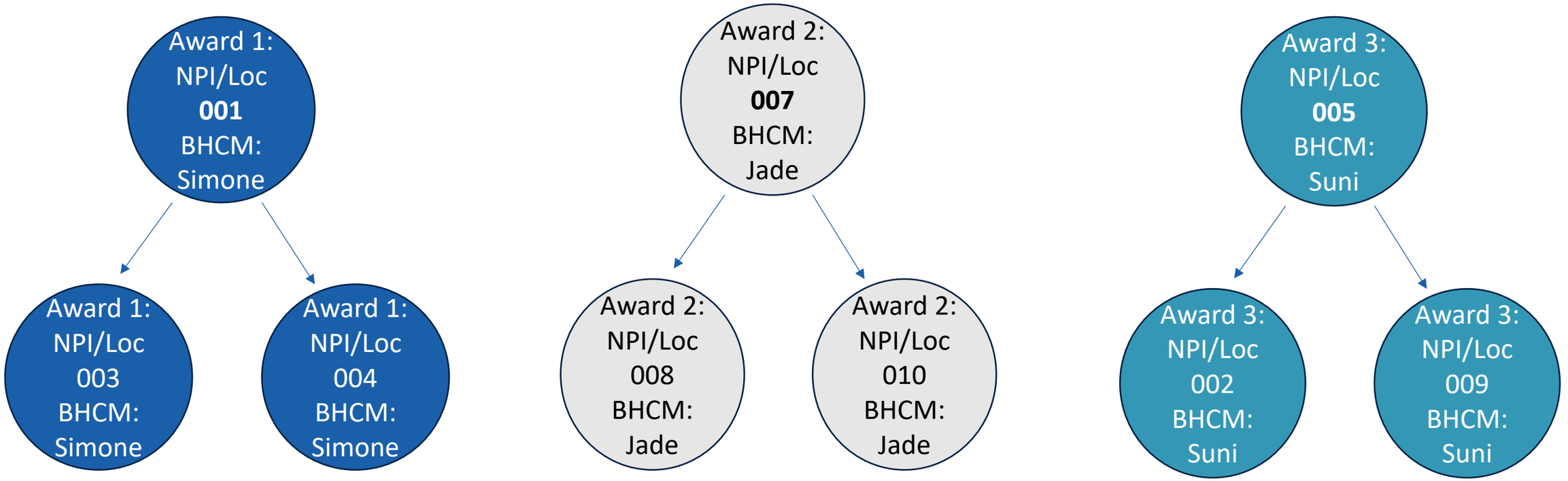
Qualifying primary care practice entities may receive a maximum of **one award per primary care practice site (1 BHCM / 1 Caseload 50-120 depending on patient acuity** link**).** Active caseloads have a few members (3-5) entering/graduating each week

Each award may be **used across up to three primary care practice sites**.

A primary care practice entity applying on behalf of multiple primary care practice sites may receive a **maximum of three awards per entity (covering a maximum of 9 sites).**

Practice Entity (Organization)

Can apply for up to three awards, maximum of three awards per entity (covering a maximum of 9 sites). One Behavioral Health Care Manger (BHCM) covering three sites.
Applications and awards are site level specific.



Award Phase 2 (Opens April 1, 2025)

Phase 2:

A: $30K maximum awards for primary care practice sites that have already adopted the CoCM model, have provided CoCM services during the last 6 months and who otherwise meet Phase 1 eligibility, and either have been unsuccessful in their implementation or have additional demand for the service that exceeds current CoCM staff capacity (No/few claims billed, claims issues, or want to expand services but require funds to do so).

B: $20K maximum awards for primary care practice sites that meet Phase 1 eligibility but will outsource staffing to a third-party turn-key vendor.

Note: Practices that do not meet the 50 assigned beneficiary threshold can collaborate with other practices to meet the requirement. ***One*** *award will be shared between the practices listed in the application and the lead applicant is awarded. This is to allow access to smaller practices that may need to share staff to operationalize the model.*

Award Distribution Phase 2: Two Payments

A: Practices who already adopted CoCM
B: Practices who outsourcing CoCM

Distribution Criteria: *Planning funds*: 50% (A: $15,000 B: $10,000)

- Application reviewed, information validated by CCNC, practice awarded
- Completion of participation agreement/forms required for fund distribution (e.g. W-9, EFT instructions)
- Funds will be distributed 30 days following an executed participation agreement

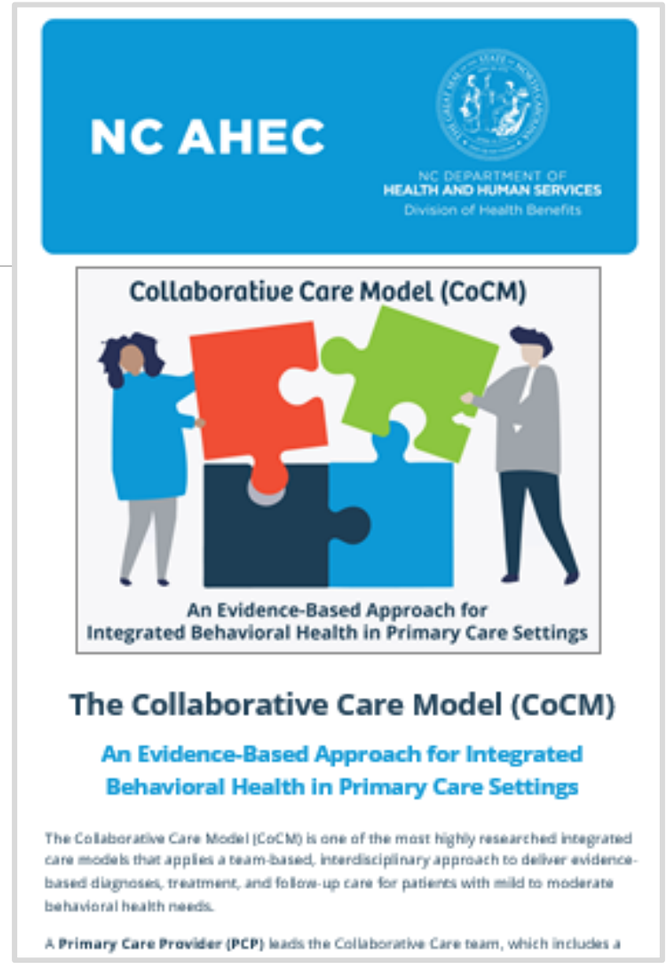
Distribution Criteria: *Implementation funds: 50%* (A: $15,000 B: $10,000)

- BHCM has started employment (may be a contract) or if outsourced, is now working with the practice.
- Psychiatric Consultant has started employment (may be a contract or outsourced)
- Services are still in process and claims filed using CoCM codes
- *A: Already adopted* CoCM: Increase caseload from award date by 20 patients
- *B: Outsourcing* CoCM: 20 patients on active caseload
- Documented monthly case load numbers reported through Jotform – Submit every other month.
- Funds will be distributed within 30 days after meeting criteria above

What’s Next?
Practice Application Steps

Process Overview

1. **Review eligibility criteria on CCNC website link**
2. **Complete prerequisites**
3. **Connect with AHEC for Practice Support Coaching**
4. **AHEC makes referral to CCNC**
5. Practice meets with CCNC for pre-screening appointment
    i. Eligible practice is sent a unique application link
    ii. Application is reviewed by CCNC
6. Practices awarded and participation agreement signed
    i. Funds will be distributed within 30 days after meeting criteria
    ii. Practice completes monthly reporting (9 submissions, for 18 months)
7. Follow-up with your new AHEC Coach to implement CoCM



Complete Prerequisites

The practice is required to work with an AHEC Practice Support Coach

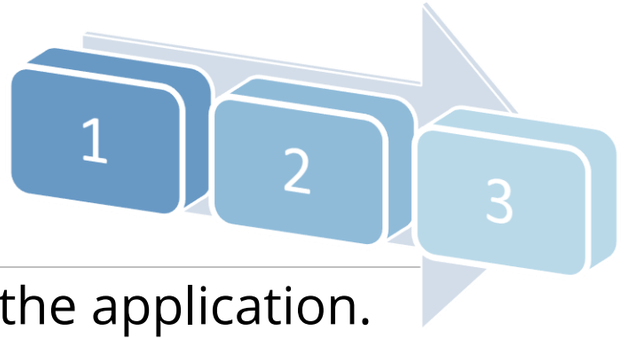
Prerequisites

- Practice is referred by AHEC Practice Support Coach

- A practice leadership representative has watched the first three AHEC introduction modules to CoCM
    - Module 1: Collaborative Care Model (CoCM) Rationale and Evidence
    - Module 2: Laying the Foundation for CoCM Through Practice Transformation
    - Module 3: Putting CoCM Principles into Practice: Planning for Clinical Practice Change

- Practice leadership (decision makers) have made the informed decision to implement CoCM
    - **Date and by whom** (Board members, Executive leadership team, Other)

Application Process



1. All communication will come to email of person who has completed the application.
2. Applicants will receive email instructions from CoCMFund@communitycarenc.org

   An example PDF of the application will be provided in this email
3. Applicants will receive the application Jotform sent from Community Care of North Carolina, Inc (noreply@formresponse.com), Subject line: *CoCM Application Phase 1*
4. Prepare for the application ahead of time.

   Review the PDF with the example to prepare for application questions

   Complete the Implementation Plan – upload your plan (Microsoft Word or PDF)

Note: The Jotform application cannot be saved during the submission process.

A copy of your submission will be emailed to the main practice contact (provided after internal receipt)

Your Practice's Detailed Implementation Plan
(Upload on Application)

Practice Decision to Implement CoCM

- Date practice leadership met and type of meeting
- What does your practice team hope the CoCM program and related funding will accomplish for the practice?
- How does the practice implement new programming and quality initiatives?

CoCM Implementation Team

- Who is on the Implementation Team, How often will the Team meet and who will lead/facilitate?
- Who will directly supervise the BHCM?

Staffing Strategy

- Description of staffing strategy and timeline and plan if not already hired.
- Name of Behavioral Health Care Manager (BHCM) and Psychiatric Consultant
- Phase 2 B: Outline decision to outsource this service

Cont.
Your Practice's Detailed Implementation Plan

Registry Strategy

- Which registry option will be used? (EMR modification/module, AIMs Caseload Tracker, Other)
- If using an EMR, share details on how you will use the EMR to gather the required common registry components and monthly reporting requirements for the CoCM activities for the capacity building funds.

CoCM Service Implementation

- Plan for providing CoCM education for staff
- Details on training staff on documentation, billing, coding, workflows, scheduling.
- Phase 2 A (already adopted CoCM): What new changes and quality improvement will be implemented to the current CoCM program with this funding?

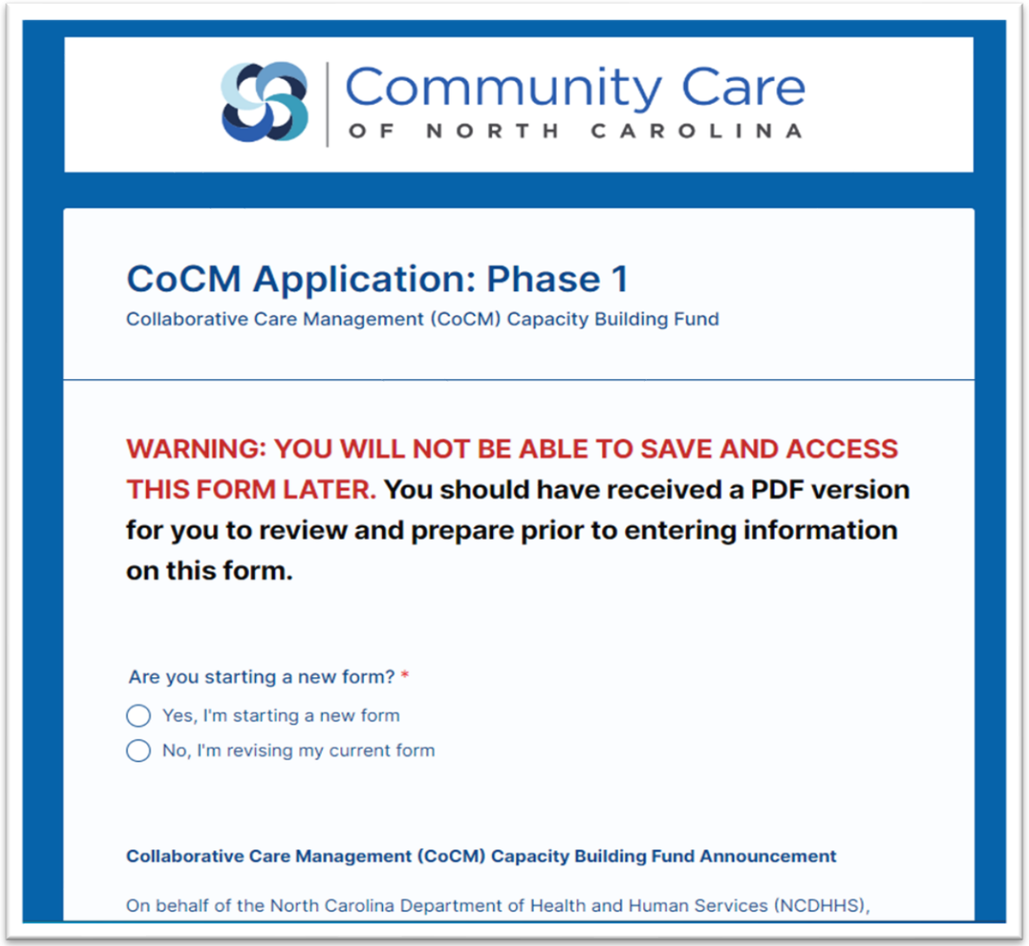
Application Timeline

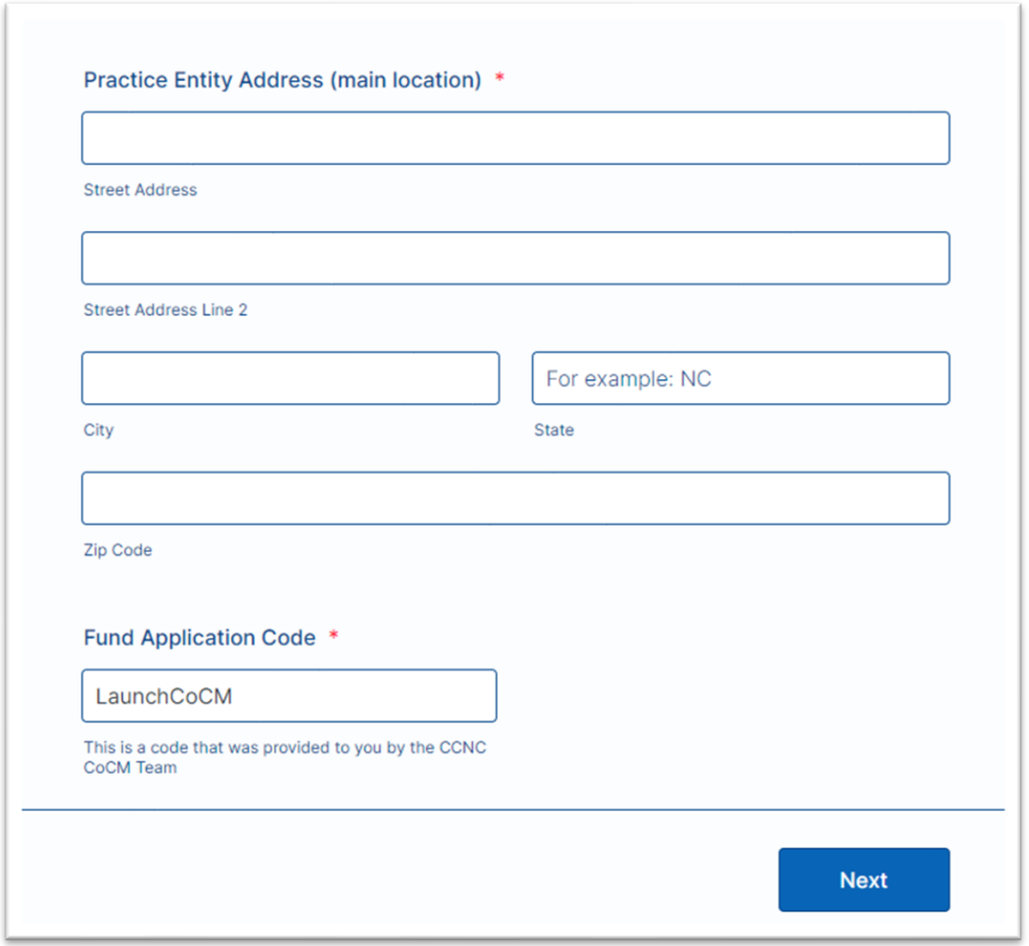
Application Timeline

- Start/complete application
- CCNC application review based on eligibility criteria and Implementation Plan within 30-45 days
- Approved applications/sites will receive a participation agreement and financial documents
- **Planning Funds/1st payment:** distributed within 30 days following an executed participation agreement
- Reporting commitment: 18 months (submitting 9 reports / every other month)
- **Implementation Funds/2nd payment:** distributed within 30 days after meeting criteria /completed Jotform.
- **Operational Funds/3rd payment:** distributed within 30 days after meeting criteria /completed Jotform.

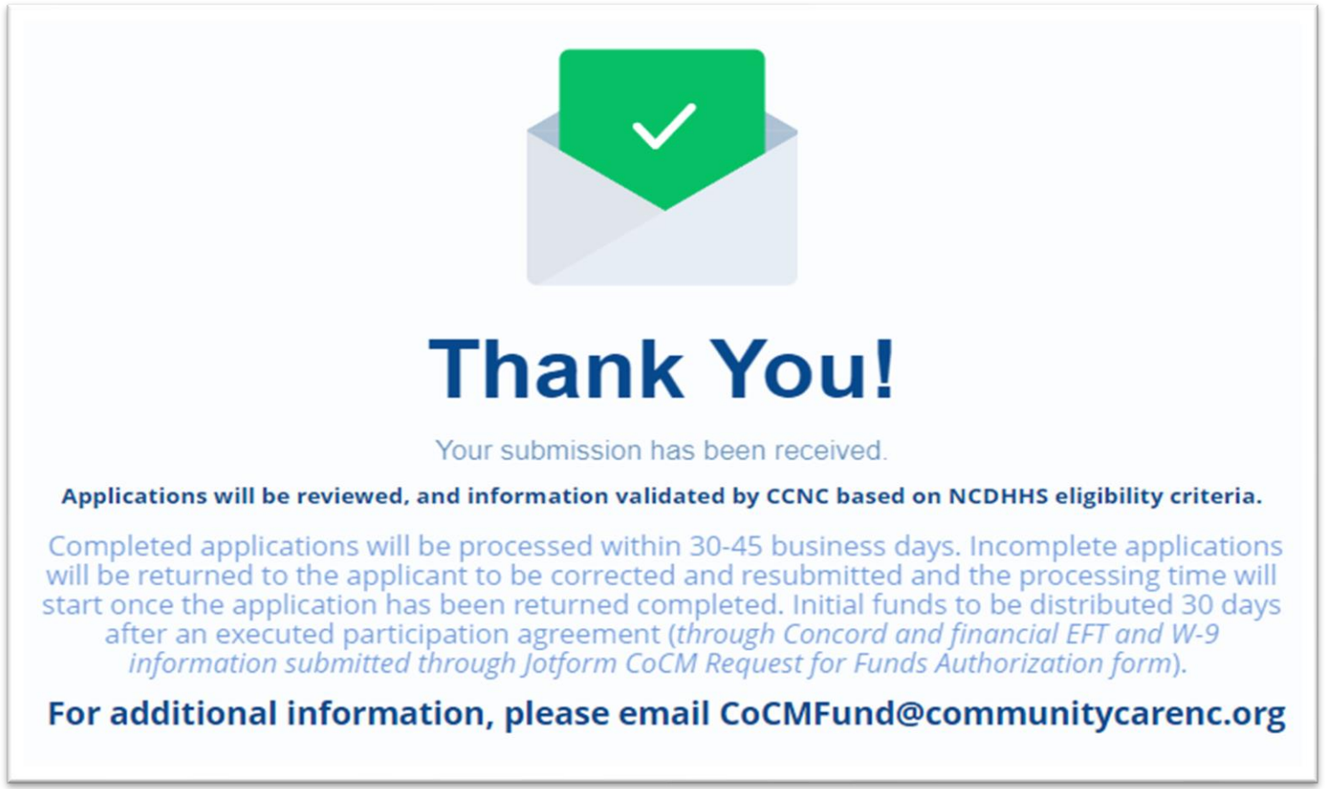
Application

CoCM Application Jotform





Submitted Application Message



Monthly Reporting

Monthly Report

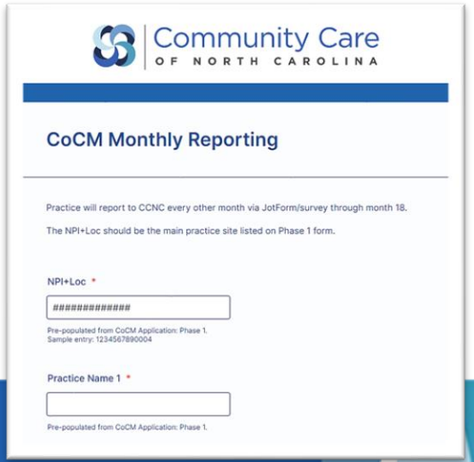
Practice Reporting to CCNC:

- Practice will submit reports every other month showing their activities monthly via a Jotform through month 18.
  - Number of active cases each month
  - Number of new cases each month
  - Number of cases (cumulative) in Remission (use scales. i.e., number of cases with a PHQ-9 score below 5):

    Total cases in remission from the first date of your initial reporting month through this current month. Use scales, ie. number of cases with PHQ-9 scores below 5
  - Number of cases (cumulative) with Improvement (use scales. i.e., 5 points or 50% reduction in PHQ-9 score)

    Total cases improved from the first date of your initial reporting month through this current month. Use scales, ie. number of cases with PHQ-9 scores below 5
  - Number of terminated cases each month (prior to completion)
  - Percent of current cases invoiced each month (across all payers)
  - Confirmation of Staff and Consultation Engagement (checkbox)

Tip: The free AIMS Caseload Tracker (registry) provides all of the above functions



Monthly Reporting

- After executed participation agreement.
- Email: CoCM Capacity Building Fund Monthly Report (Save email) (sent from CoCMFund@communitycarenc.org)
- Email: Jotform sent from Community Care of North Carolina: **CoCM Monthly Reporting is sent to you**.
  - **Save this email and use to submit all monthly reports**
- Monthly Reporting Calendar (included in email)
  - Reports are due on the 5th of each reporting month.
  - If the 5th of the month falls over the weekend the reports are due on the following Monday.

Tip: Add your reporting due dates to your calendar reminders.

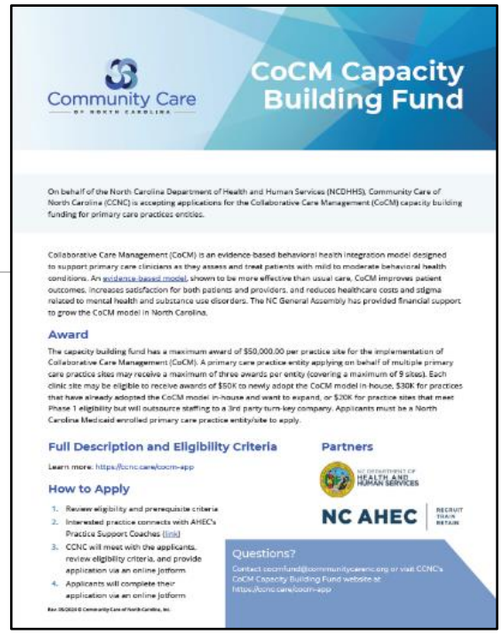
Monthly Reporting Calendar (Example: provided to awarded practices)

Final Agreement Date	**08/27/2024**
Reporting Begin Month	**September 2024**
Reporting End Month	**March 2026**

Report Month 1	Report Month 2	Report Due	Report
September 2024	October 2024	**Tuesday, November 05, 2024**	1
November 2024	December 2024	**Monday, January 06, 2025**	2
January 2025	February 2025	**Wednesday, March 05, 2025**	3
March 2025	April 2025	**Monday, May 05, 2025**	4
May 2025	June 2025	**Monday, July 07, 2025**	5
July 2025	August 2025	**Friday, September 05, 2025**	6
September 2025	October 2025	**Wednesday, November 05, 2025**	7
November 2025	December 2025	**Monday, January 05, 2026**	8
January 2026	February 2026	**Thursday, March 05, 2026**	9

Tip: Add your reporting due dates to your calendar reminders

For More Information


Community Care of North Carolina

CoCM Capacity Building Fund

On behalf of the North Carolina Department of Health and Human Services (NCDHHS), Community Care of North Carolina (CCNC) is accepting applications for the Collaborative Care Management (CoCM) capacity building funding for primary care practices enrolled.

Collaborative Care Management (CoCM) is an evidence-based behavioral health integration model designed to support primary care clinicians as they assess and treat patients with mild to moderate behavioral health conditions. An evidence-based model, shown to be more effective than usual care, CoCM improves patient outcomes, increases satisfaction for both patients and providers, and reduces healthcare costs and stigma related to mental health and substance use disorders. The NC General Assembly has provided financial support to grow the CoCM model in North Carolina.

Award

The capacity building fund has a maximum award of $50,000.00 per practice site for the implementation of Collaborative Care Management (CoCM). A primary care practice entity applying on behalf of multiple primary care practice sites may receive a maximum of three awards per entity (covering a maximum of 9 sites). Each clinic site may be eligible to receive awards of $50K to newly adopt the CoCM model in house, $30K for practices that have already adopted the CoCM model in-house and want to expand, or $20K for practice sites that meet Phase 1 eligibility but will outsource staffing to a 3rd party turn-key company. Applicants must be a North Carolina Medicaid enrolled primary care practice entity/site to apply.

Full Description and Eligibility Criteria

Learn more: https://ccnc.care/cocm-app

How to Apply

1. Review eligibility and prerequisite criteria
2. Interested practice connects with AHEC's Practice Support Coaches (link)
3. CCNC will meet with the applicants, review eligibility criteria, and provide application via an online Jotform
4. Applicants will complete their application via an online Jotform

Partners

NC AHEC

Questions?

Contact cocmfund@communitycarenc.org or visit CCNC's CoCM Capacity Building Fund website at: https://ccnc.care/cocm-app

- **CCNC Collaborative Care Management Capacity Building Fund Webpage** Here
  - CCNC Program Contact: cocmfund@communitycarenc.org
  - CCNC Media Contact: Paul Mahoney, pmahoney@communitycarenc.org
  - Collaborative Care Management Capacity Building Fund Flyer PDF
- AHEC CoCM Practice Support Coaching Webpage Here Email: practicesupport@ncahec.net
- NC Psychiatric Association to inquire about psychiatric consultants info@ncpsychiatry.org
- NC-PAl for free pediatric consultants (currently engaged with all 10 opportunities) https://ncpal.org/contact

Brief FAQ

Q: *The practice site is currently providing CoCM. Are we eligible to apply for the funding?*

A: Yes, if a practice has already adopted CoCM (billing or would bill CPT codes 99492, 99493, 99494, or HCPCS codes G0323, G2214, G0512) they will be considered for

> **Phase 2 (Opening April 1, 2025):** Practices that meet Phase 1 eligibility, have already adopted CoCM, but have not fully built capacity (No/few claims billed, claims issues, or want to expand services but require funds to do so).
>
> Awards: $30k or $20k if outsourcing to a third-party turn-key CoCM vendor

Tip: Find more FAQs and details on the CCNC CoCM Website

Brief FAQ

Q: *Can a practice who contracts with a BH company for staff (BHCM and/or Psychiatric Consultant) rather than outsourcing with a third-party turn-key vendor qualify as a Phase 1 practice?*

A: Yes, but the primary care site must be the applicant and will be the awardee. Their arrangement and contract with the BH agency is one for them to design (there are samples online and your AHEC Coach can assist).

Tip: Find more FAQs and details on the CCNC CoCM Website