

Mental Health/Substance Abuse Targeted Case Management to Care Coordination



People in Partnership Making A Difference
Managing MH/DD/SA Services for Forsyth, Stokes, Davie and Rockingham Counties



What is Care Coordination? Care Coordination is a function of CenterPoint Human Services. It is not a provider service.

Care Coordination is a person centered, assessment-based approach to integrating mental health and substance abuse services, primary health care and natural/community support.

Targeted Case Management (TCM) is not a service available under the 1915(b)/(c) waivers.

Authorizations for MH/SA TCM for recipients under the age of 21 will be continued to the end of the current authorization period. Any new or concurrent requests for TCM for children under age 21 must follow the established Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) procedures and requirements, which are available at

<http://www.dhhs.state.nc.us/dma/epsdt>

source: http://www.ncdhhs.gov/mhddsas/implementationupdates/update094/special_IU94_2-12.pdf

Some of the TCM activities will become the responsibility of CenterPoint.

A Mental Health/Substance Abuse (MH/SA) Care Coordinator from CenterPoint will help coordinate each consumer's care and will be responsible for:

- Providing education about all available resources;
- Providing information about Medicaid and State-funded services;
- Linking consumers to information about Medicaid and State-funded services;
- Assuring access to care for people who do not have providers;
- Coordinating and monitoring hospital admissions and discharges.

Not all MH/SA consumers will be eligible for Care Coordination.

Individuals with special health care needs and those who are high cost/high risk will be eligible for Care Coordination.

Eligibility guidelines have been established by the State and include criteria such as mental health diagnosis, clinical assessment scores, level of substance dependency, and presence of co-occurring mental illness and substance abuse.

Other factors that help to determine eligibility include:

- High Cost: Consumers whose treatment expenses place them in the top 20% of all consumer expenditures for the catchment area;
- High Risk: Consumers who have been assessed to need emergent services three or more times within the previous 12 months.

CenterPoint's care coordination staff will work with private providers to determine who is eligible for care coordination.

Providers will be responsible for developing the transition plans for consumers.

QUESTIONS?

Visit CenterPoint's website, www.cphs.org, or call us at 336-714-9100;

Attend additional Community Education Meetings;

Post your question on the CenterPoint Facebook page;

Attend a CFAC meeting;

For general information, contact Penny Casto, Consumer and Community Operations Manager, 336-778-3545 or email pcasto@cphs.org;

If you have additional questions, contact Katy Horne, Care Coordination Director at 336-714-9173 or khorne@cphs.org .