

Case Management Subgroup

Bernalillo County/City of
Albuquerque Behavioral Health Task
Force

What is Case Management?

- Healthcare navigation
- Case coordination
- Comprehensive Community Support Services
- Targeted Case Management
- Community Health Workers



Why Do We Need More Case Management?

- Siloed System of Care
- Funding/Category Eligibility System vs Needs
- Needs/Services which don't meet Medical Necessity Definition
- Maze of Services and Supports



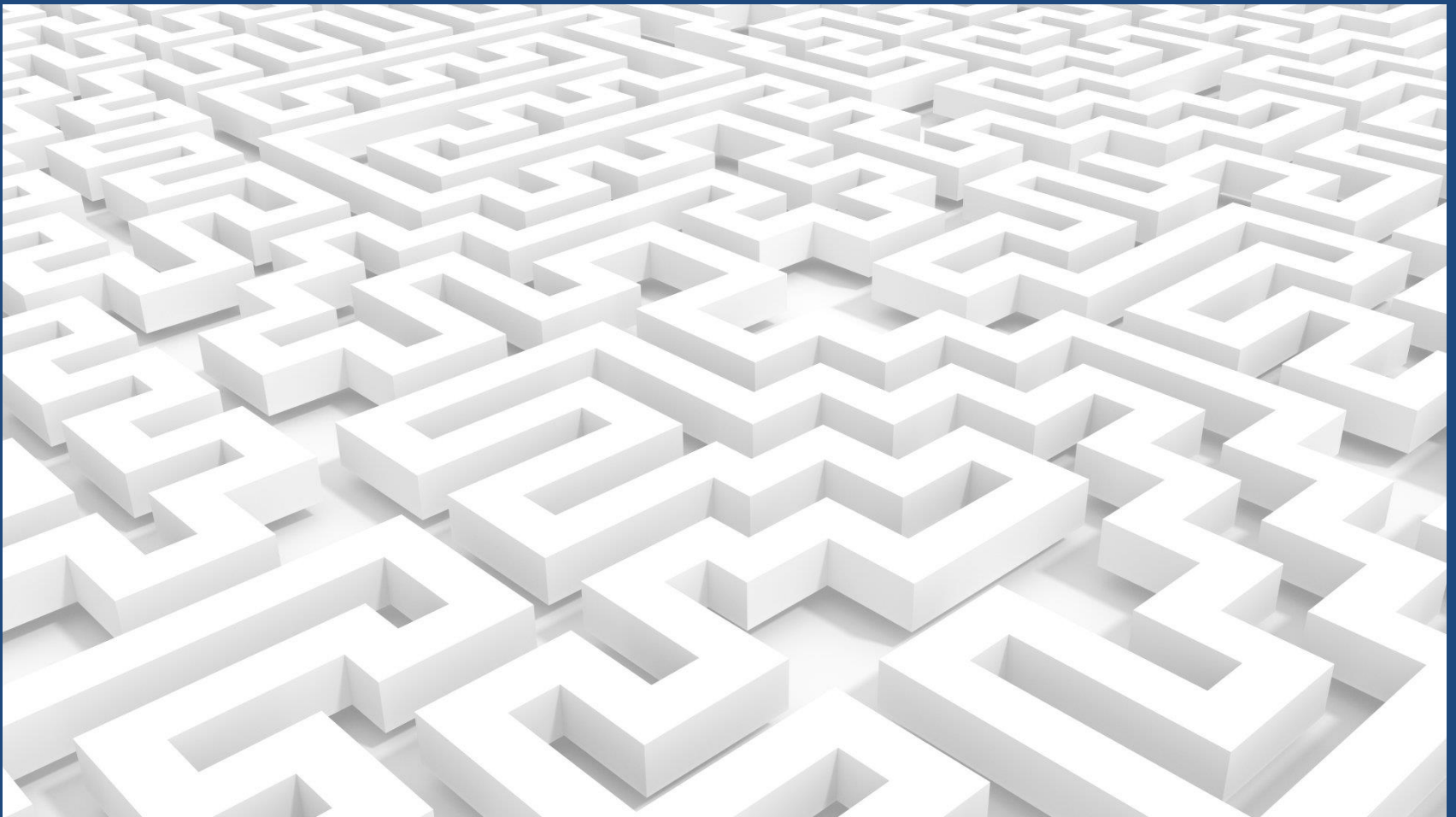
CCSS is NOT Case Management

- Doesn't include transportation
- Medical necessity limits CCSS to certain activities
- Huge administrative demands
- Must meet SDMI diagnostic definitions

SSSS

CCSS

Accessing the Maze of Services



Funding/Service Categories

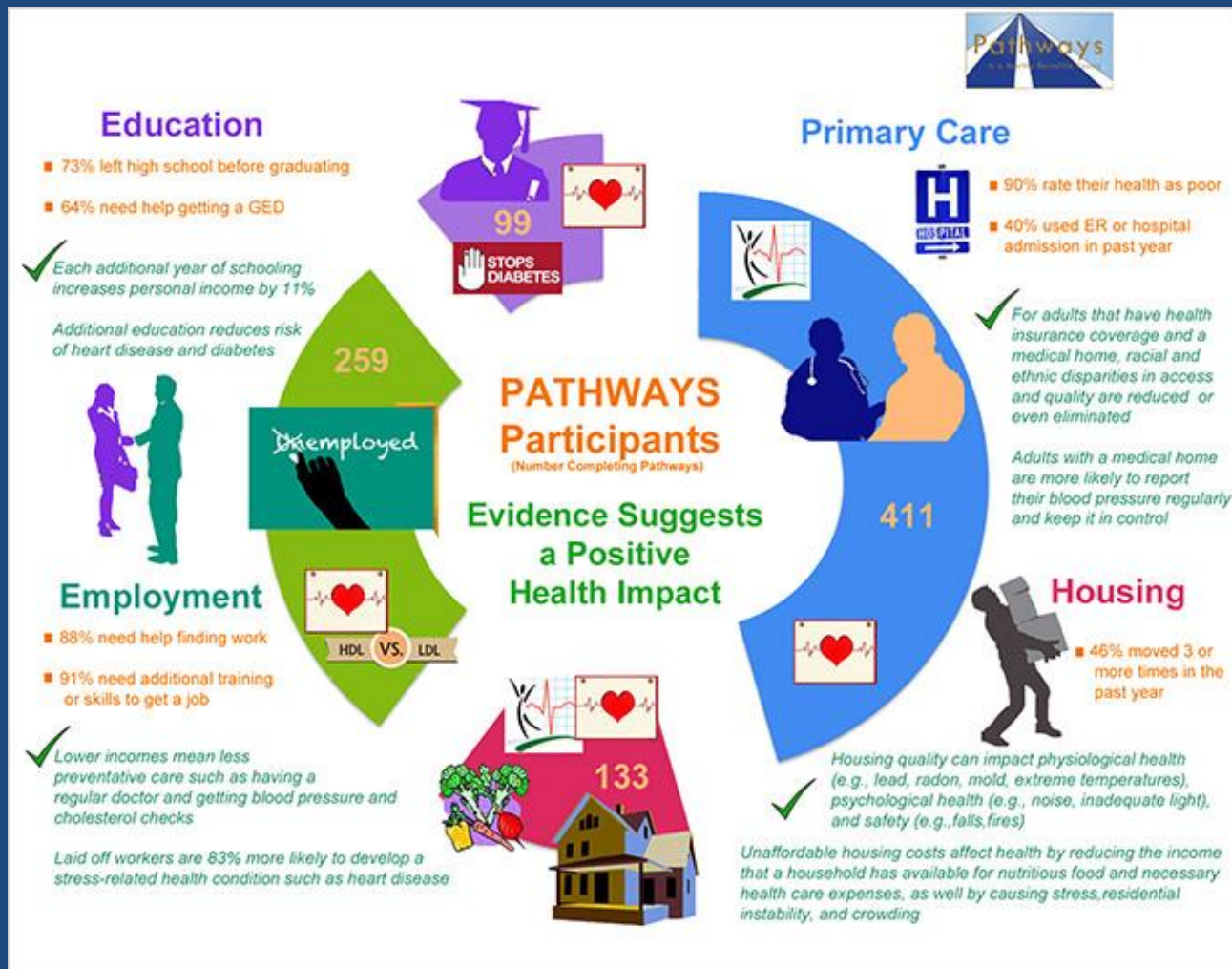
- Core Service Agency (CSA)
- AMCI Voucher
- Albuquerque Heading Home
- UNM – Fast Track/Forensics Case Management
- DD Waiver Case management
- CYFD Case Workers
- Jail/Hospital Case Managers

The Limits of Existing Categories



Promising Models

- UNM – Pathways – Health Navigators
- <http://hsc.unm.edu/community/pathways/>



Short Term/Immediate Recommendations

- Increase city and county funding of case management services, based on need. Program strategies such as the UNM Pathways Program and the UNM Fast Track programs could be replicated/expanded if they were more widely available.
- Support a systemwide Albuquerque-area BH resource database/list, which is maintained and kept up to date;
- Support a low –level referral/coordination system, ie, a 311 information system to provide basic service contact information to callers;

Mid-Range Recommendations

- Support development of a “one-stop shop” or Central BH Hub/clearinghouse of BH coordination within the City/County;
- Support the efforts of Community Engagement Teams (CET) to assist individuals in connecting with services prior to emergency;
- Encourage MCO’s to add Case Management as a Value-Added Service (VAS) in the interim period to State restoring it to Fee Schedule;
- Encourage CNM to develop and implement a “Community Health Worker” certification program which integrates behavioral health Case Management;
- Support enhanced rates for services provided in a language other than English;
- Identify ways in which Community Health Workers can be reimbursed through local and State funds.

Long-Range/State Recommendations

- Restore Targeted Case Management as a Medicaid-billed service to provide short-term assistance to clients in accessing and engaging in services;
- Expand Medicaid- and BHSD-funded CCSS, through expansion of CSA system, or allowing non-CSA providers to apply for CCSS.
- Payment reform – move away from FFS
- Support access services such as Community Engagement Teams, Crisis Stabilization Unit and other non-emergent means by which consumers may access and engage services;
- Technology for greater appointment access and support – FUNDING?



What About Medical Integration?

- Incorporate Community Health Workers and Case Management services/needs into State plans for Health Home and BH/Medical integration.
- CCSS services need to be redefined at a State level to focus on provision of Section 2703 ACA services, including care management, individual care coordination and health promotion, transitional services, consumer and family advocacy, and linkage to community resources.

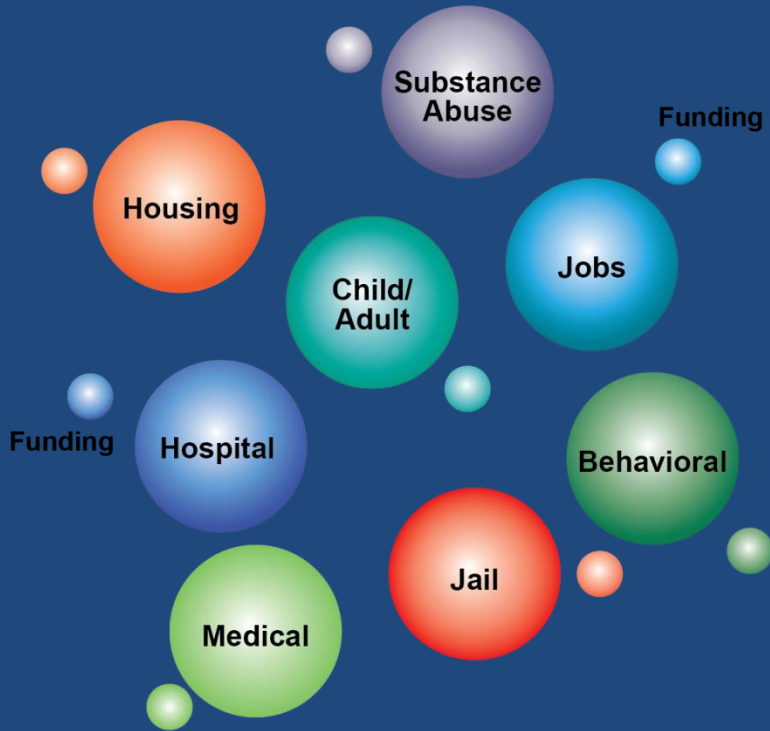
Groundhog Day Again and Again

- Create a City/County statutory body, tasked with monitoring the local behavioral health system of care;
- Greater legislative/community oversight of Statewide BH system



Goal

Isolated Social Needs-Based Programs and Funding Sources



Coordinated Programs with Centralized Funding Source

