



**Collaborative Care Model (CoCM)
Capacity Building Fund Webinar
5/14/2025**

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

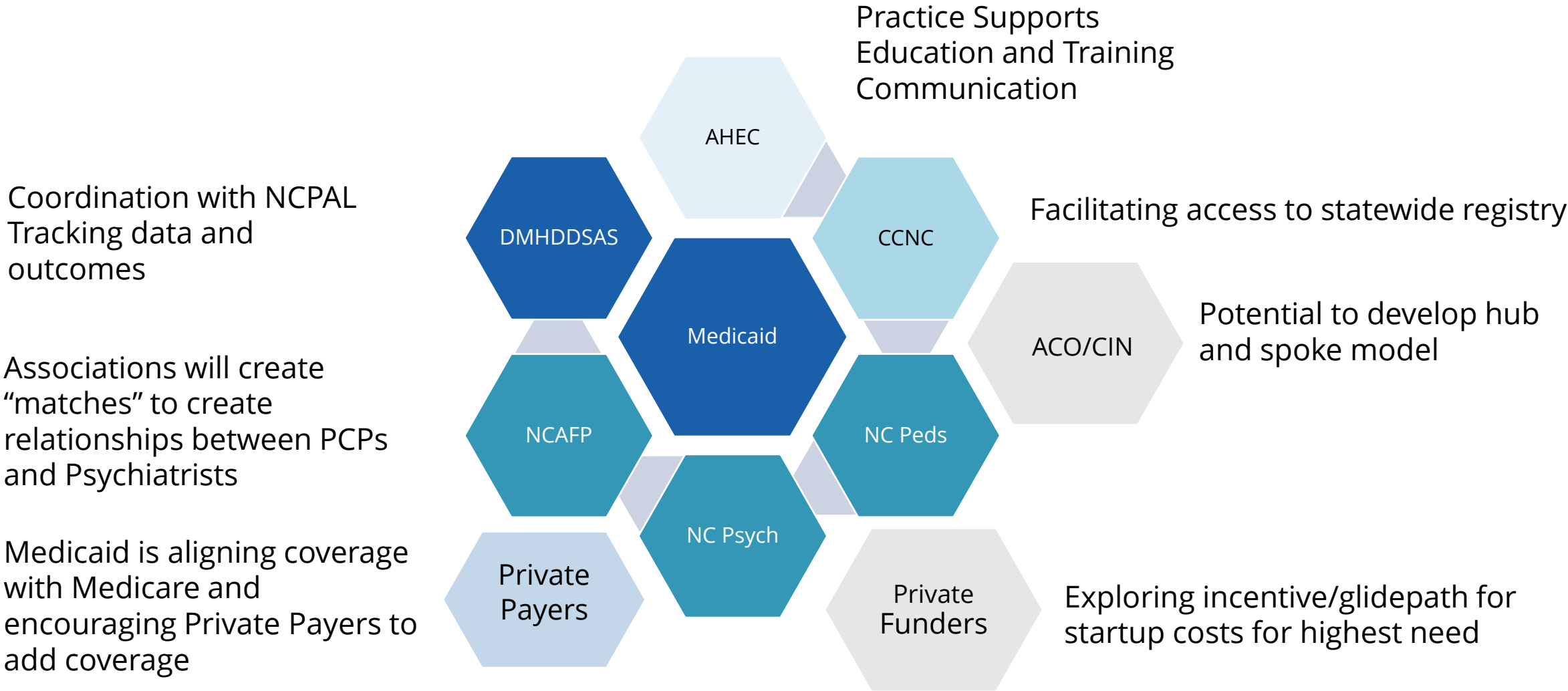
The NC General Assembly has earmarked \$5 million for capacity building for Medicaid-enrolled primary care practices across the state to adopt CoCM.

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



Collaborative Care Model (CoCM)

The Collaborative Care Model (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.

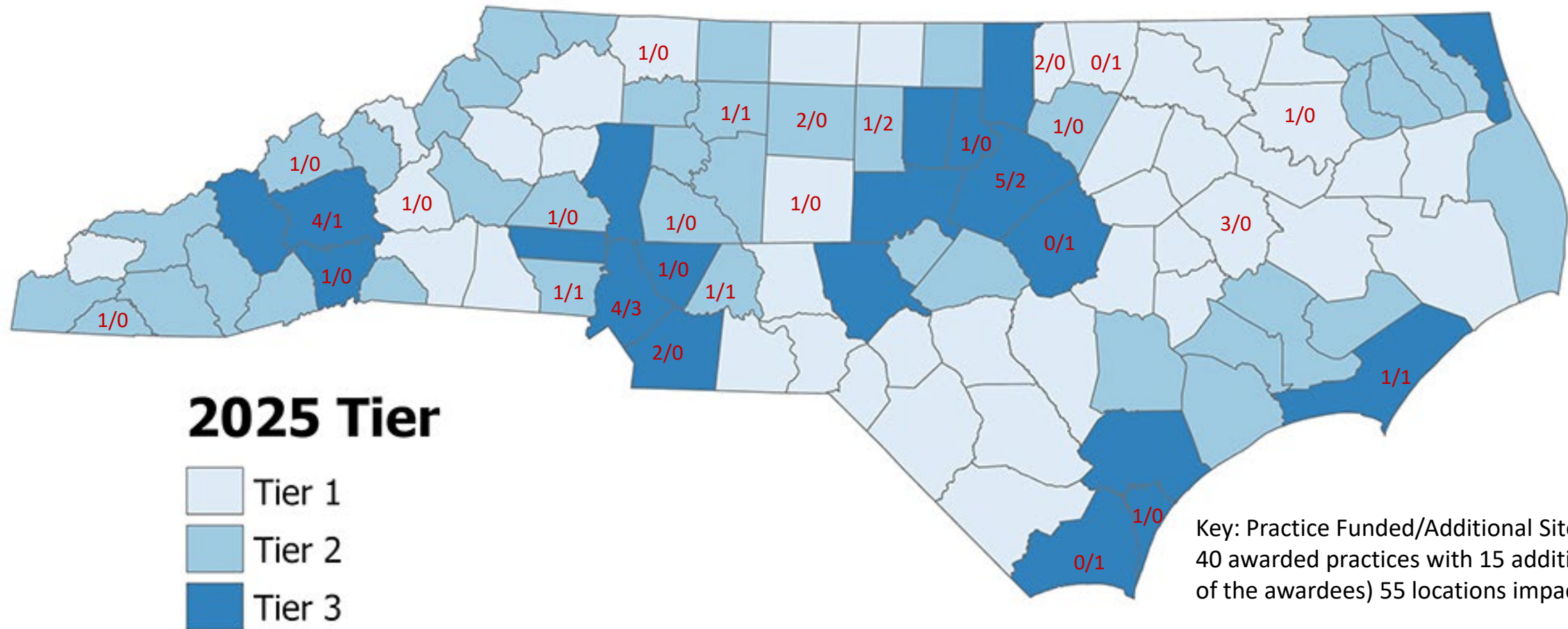
CoCM complements other integrated models, including the North Carolina Psychiatric Access Line ([NC-PAL](#)).

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

CoCM Capacity Building Fund Registered (Funded Practices)



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

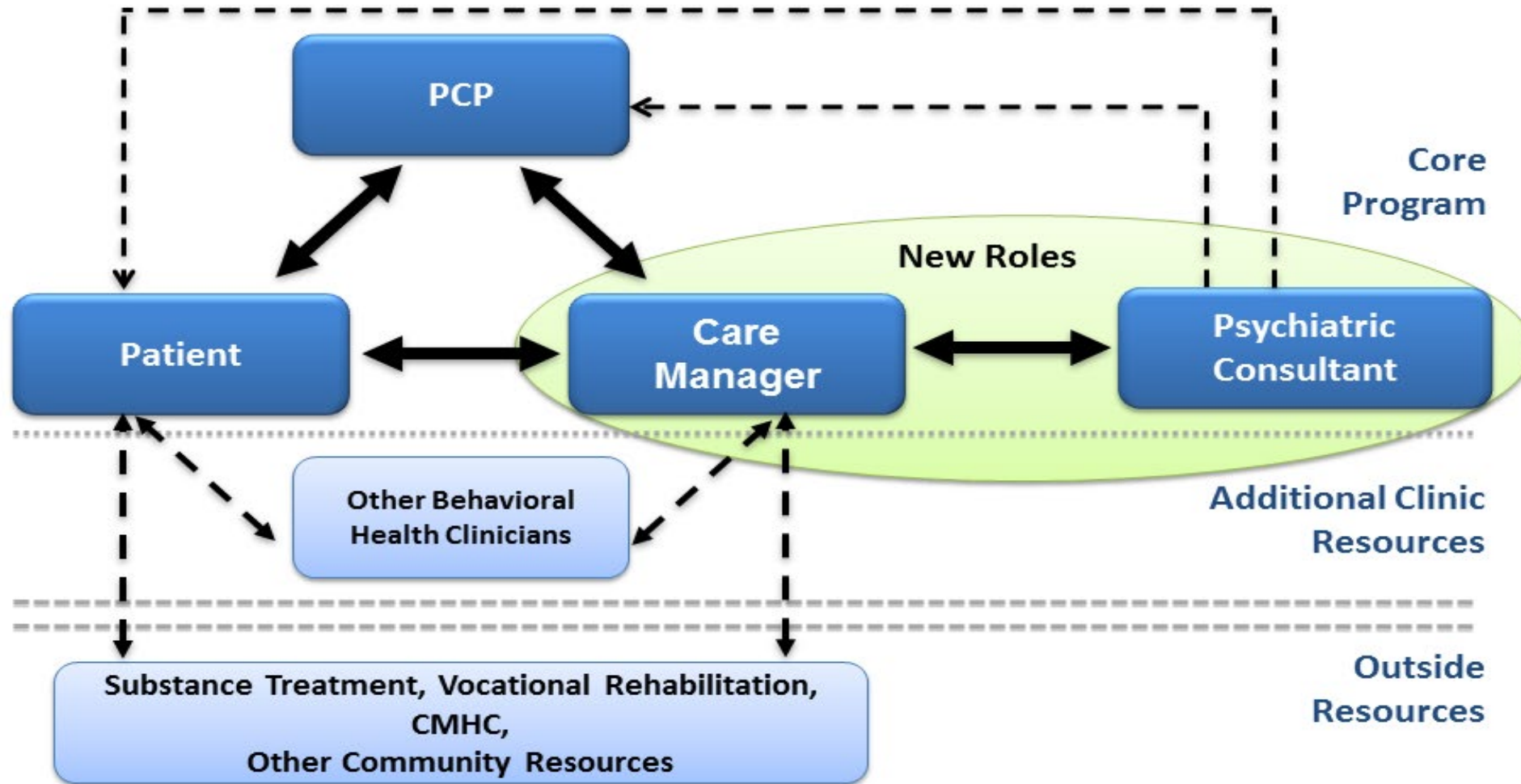
Principles of Collaborative Care

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



Funded CoCM Model: Think Workflow

Key Workflow steps that must be followed for funds eligibility:

- 1.** Initial Screening and Assessment: PCP conducts initial screening and assessment, potentially referring patients to a BHCM for further evaluation.
- 2.** Comprehensive Behavioral Health Assessment by BHCM and **3.** Care plan by CoCM team/Pt
- 4.** Regular Monitoring and Treatment Adjustments: BHCM monitors patient progress, utilizes validated rating scales, and makes adjustments to the care plan based on progress.
- 5.** Brief Interventions and Follow-Up **6.** Collaboration with PCP Team **7.** Psychiatric Consultation
 - Staffing requirement: CoCM staff and consultants meet NC DHHS criteria ([link](#))
 - Psychiatric Consultant is consulting and not seeing patients directly

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

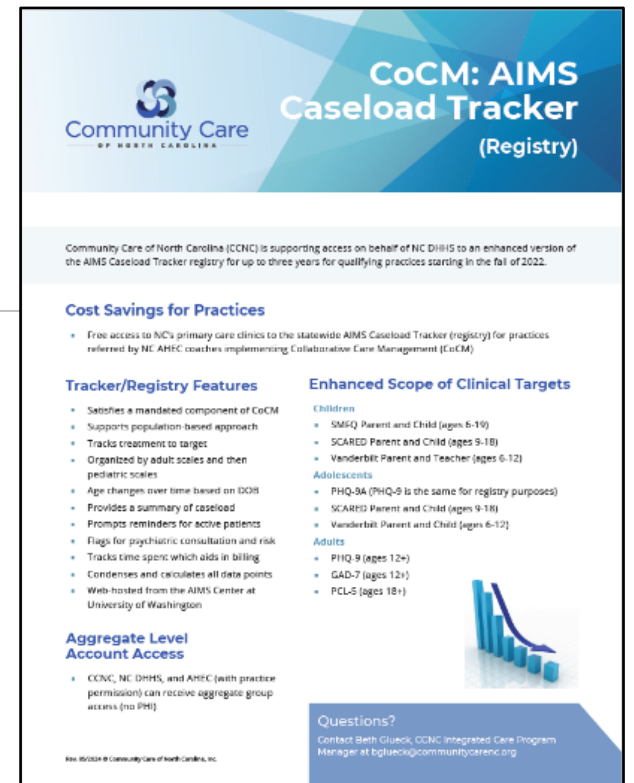
Registries:

- 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).

Current CCNC/DHHS runs through June 30, 2027 and is extended yearly



The flyer is titled "CoCM: AIMS Caseload Tracker (Registry)" and features the Community Care of North Carolina logo. It states that 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 starting in the fall of 2022. The flyer is divided into several sections: "Cost Savings for Practices" (free access to NC's primary care clinics), "Tracker/Registry Features" (satisfies mandated component, supports population-based approach, tracks treatment to targets, organized by adult/pediatric scales, age changes over time, provides summary of caseload, prompts reminders, flags for psychiatric consultation, tracks time spent, condenses and calculates all data points, web-hosted from University of Washington), "Enhanced Scope of Clinical Targets" (Children: SMHQ Parent and Child, SCARED Parent and Child, Vanderbilt Parent and Teacher; Adolescents: PHQ-9a, SCARED Parent and Child, Vanderbilt Parent and Child; Adults: PHQ-9, GAD-7, PCL-5), "Aggregate Level Account Access" (CCNC, NC DHHS, and AHEC can receive aggregate group access), and "Questions?" (contact Beth Glueck). A small bar chart with a downward arrow is also present.

■ Cost Savings for Practices

- **Free access to NC's primary care clinics to the statewide AIMS Caseload Tracker (registry)** for practices referred by NC AHEC Coaches implementing Collaborative Care Management (CoCM). [Pricing](#)
- Referral needed from AHEC Coach

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	🔴

1 - 4 of 4

Per page: 30

CoCM 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.

Accepting Applications Now- Phase 1 : Baseline Eligibility

Phase 1 \$50K maximum awards for practices who have not yet implemented CoCM or have not provided CoCM services in the last 6 months and will implement the model in-house (i.e., without using an external vendor for staffing) and who meet one of the following criteria:

- 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

Award Phase 2 (Opened 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

How Many Awards Per Entity/Site?

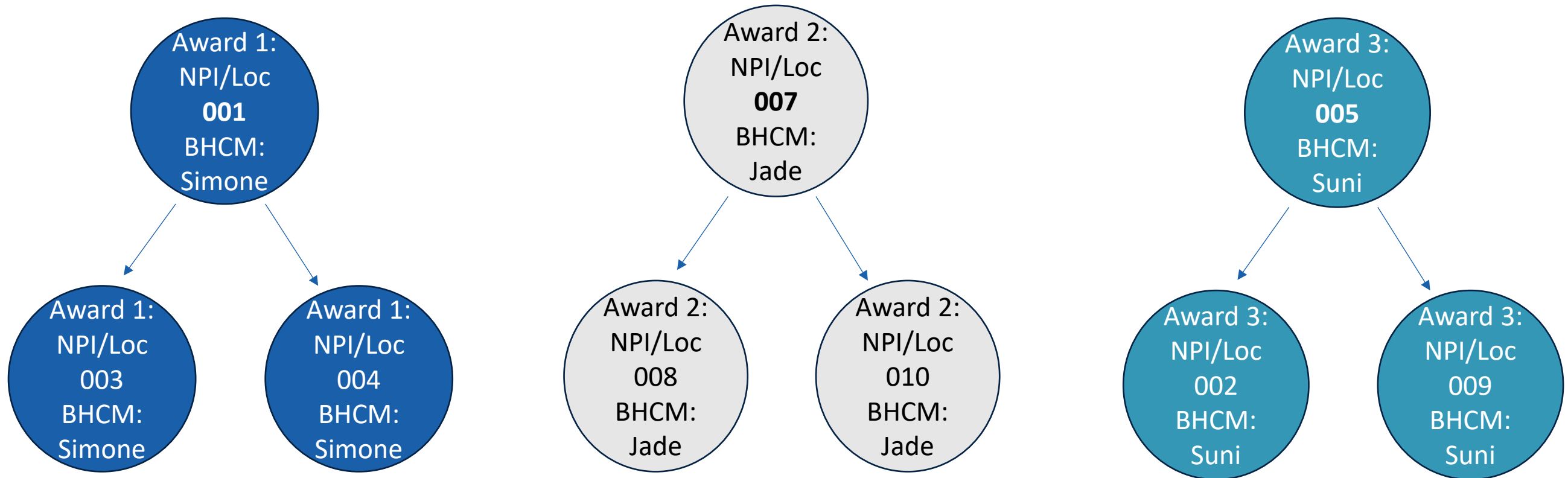
Qualifying primary care practice entities may receive a maximum of **one award per primary care practice site (1 BHCM / 1 Caseload 50-120 depending on patient acuity [link](#))**. Active caseloads have a few members (3-5) entering/graduating each week

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 Manager (BHCM) covering three sites. Applications and awards are site level specific.

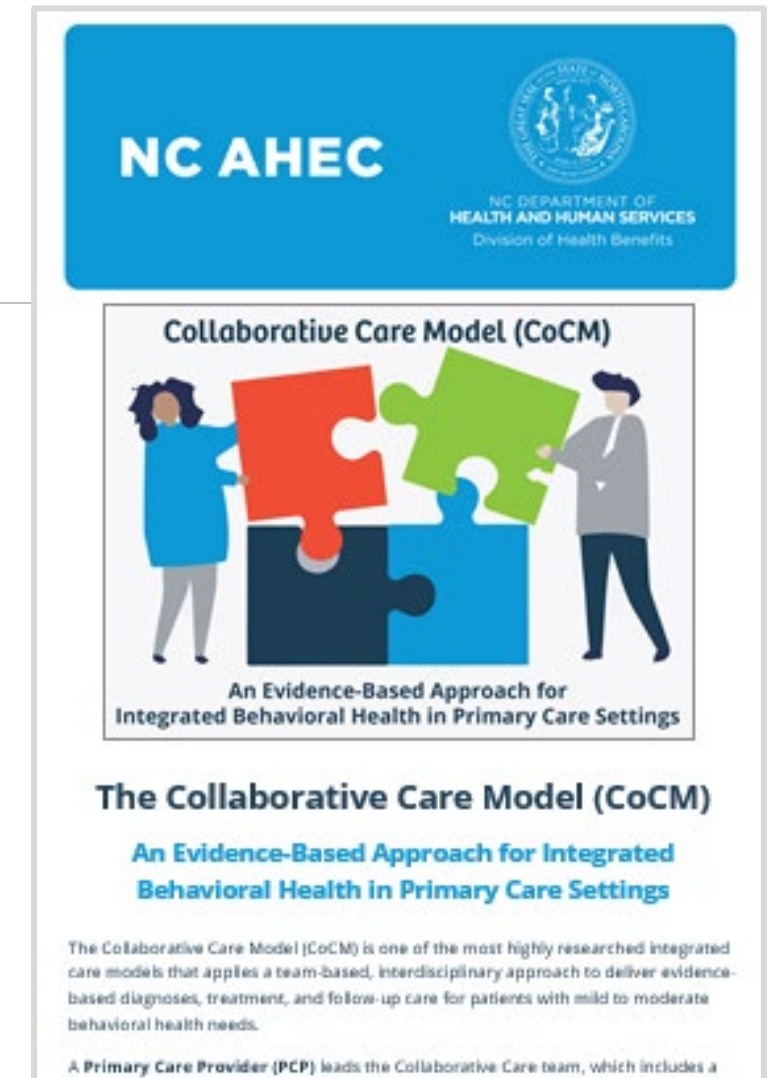




What's Next? Practice Application Steps

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)

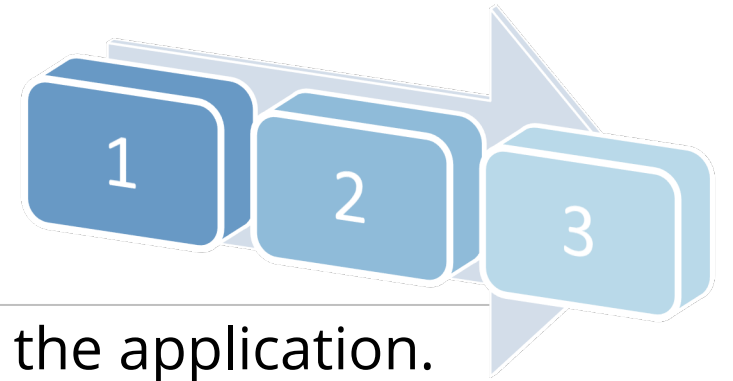
Prescreening Activities

Practices will be asked some prescreening information via email and during the pre-screening meeting, to briefly share their plan. It's during these meetings where the practice, Coach, and CCNC have right-sized the practice's ask based on details shared. In some cases, this has led to encouraging a practice to seek more than one award.

QI Implementation Plan Pointers for 2As:

- Briefly describe improvements needed / preliminary plans.
 - What additional modifications to the current CoCM service does the practice require that exceed the current program's capacity (For example: no/few claims billed, claims issues, EMR/registry changes, staffing, and/or an expansion of services requiring funds)?
 - How will you measure the success of your efforts?

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.

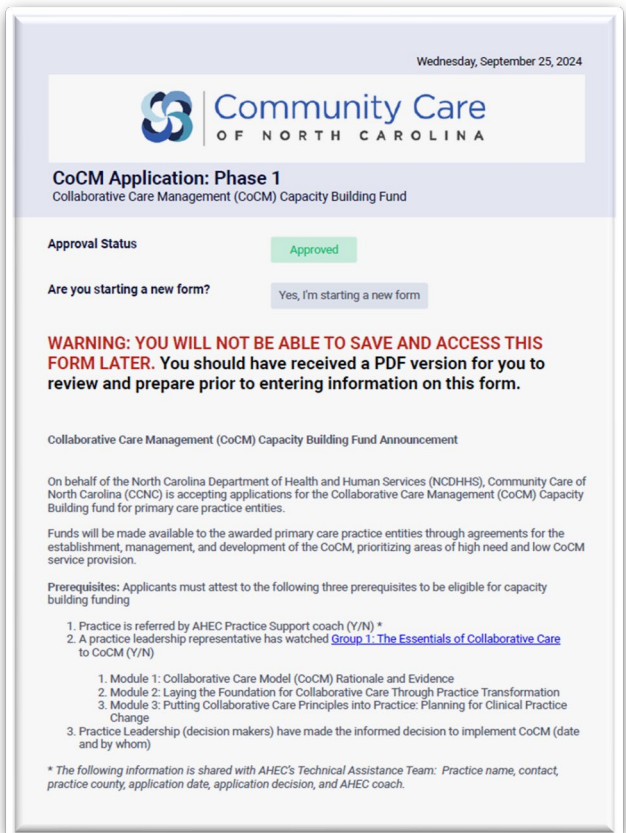
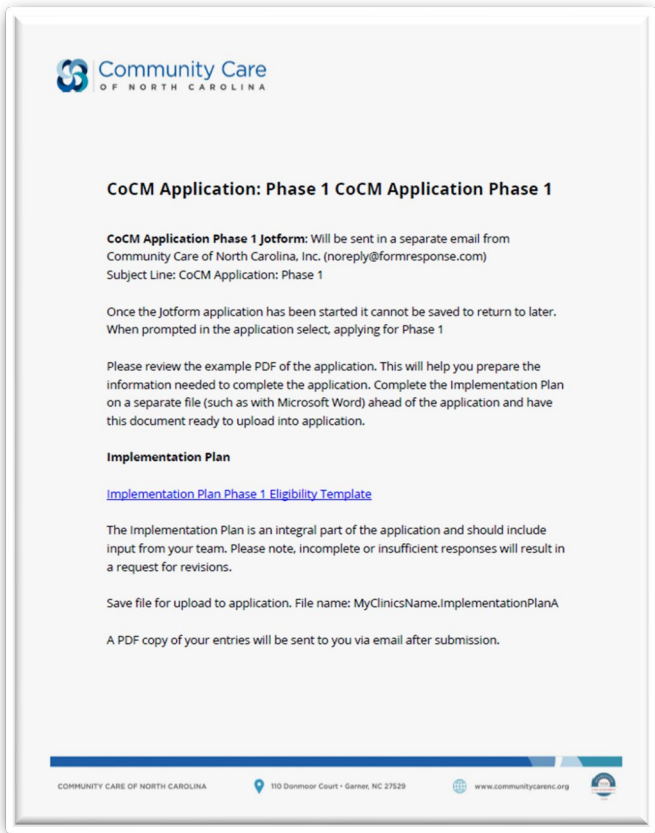
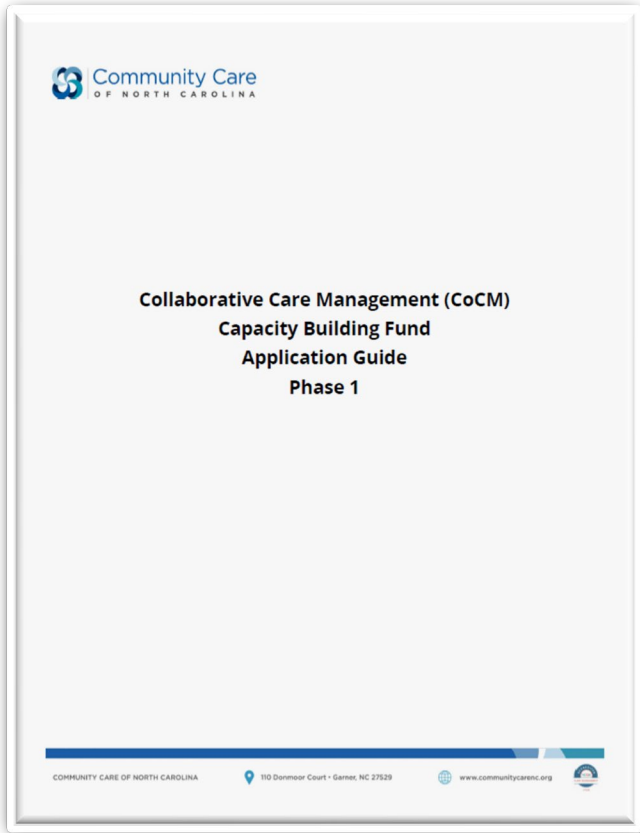
CoCM Service Implementation

- 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?



CoCM Application Guides

- Practices that have completed the prescreening meeting and are sent an application will receive a CoCM Application Guide.




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
- **Implementation Funds/2nd payment:** distributed within 30 days after meeting criteria /completed Jotform.
 - Starts reporting commitment: 18 months (submitting 9 reports / every other month)
- **Operational Funds/3rd payment:** distributed within 30 days after meeting criteria /completed Jotform.

Application

CoCM Application Jotform

 **Community Care**
OF NORTH CAROLINA

CoCM Application: Phase 1

Collaborative Care Management (CoCM) Capacity Building Fund

WARNING: YOU WILL NOT BE ABLE TO SAVE AND ACCESS THIS FORM LATER. You should have received a PDF version for you to review and prepare prior to entering information on this form.

Are you starting a new form? *

☐ Yes, I'm starting a new form

☐ No, I'm revising my current form

Collaborative Care Management (CoCM) Capacity Building Fund Announcement

On behalf of the North Carolina Department of Health and Human Services (NCDHHS),

Practice Entity Address (main location) *

Street Address

Street Address Line 2

For example: NC

CityState

Zip Code

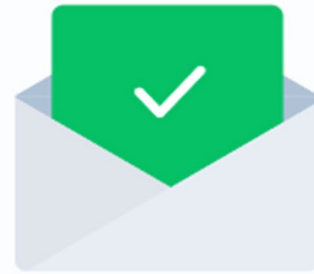
Fund Application Code *

LaunchCoCM

This is a code that was provided to you by the CCNC CoCM Team

Next

Submitted Application Message



Thank You!

Your submission has been received.

Applications will be reviewed, and information validated by CCNC based on NCDHHS eligibility criteria.

Completed applications will be processed within 30-45 business days. Incomplete applications will be returned to the applicant to be corrected and resubmitted and the processing time will start once the application has been returned completed. Initial funds to be distributed 30 days after an executed participation agreement (*through Concord and financial EFT and W-9 information submitted through Jotform CoCM Request for Funds Authorization form*).

For additional information, please email CoCMFund@communitycarenc.org

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

Community Care
OF NORTH CAROLINA

CoCM Monthly Reporting

Practice will report to CCNC every other month via JotForm/survey through month 18.
The NPI+Loc should be the main practice site listed on Phase 1 form.

NPI+Loc *

#####

Pre-populated from CoCM Application: Phase 1.
Sample entry: 1234567890004

Practice Name 1 *

Pre-populated from CoCM Application: Phase 1.



Monthly Reporting

- After executed participation agreement and completion and approval of the Implementation Distribution Fund
- 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**
- 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.
 - The Monthly reporting Jotform is shared 10 business days prior to the reporting due date.



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



Monthly Reporting Calendar (Example: provided to awarded practices)

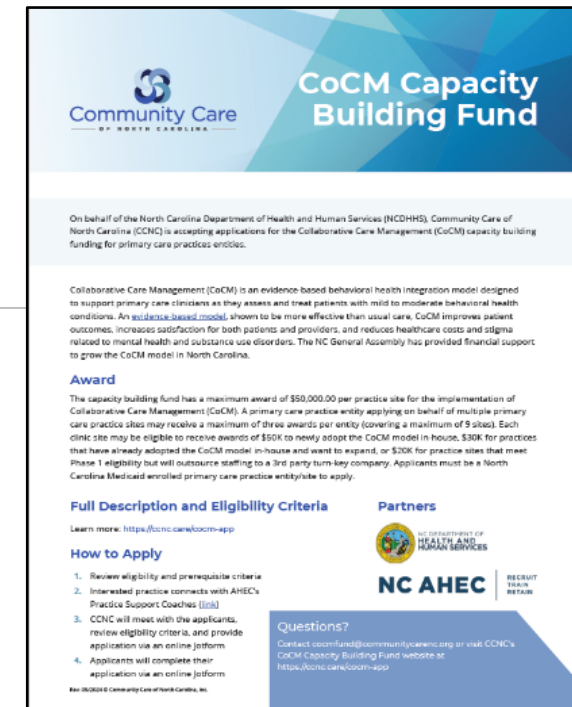
Final Agreement Date		08/27/2024	
Reporting Begin Month		September 2024	
Reporting End Month		March 2026	
Report Month 1	Report Month 2	Report Due	Report
September 2024	October 2024	Tuesday, November 05, 2024	1
November 2024	December 2024	Monday, January 06, 2025	2
January 2025	February 2025	Wednesday, 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

- **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-PAI for free pediatric consultants (currently engaged with all 10 opportunities) <https://ncpal.org/contact>



Brief FAQ

- Can an already funded practice site apply for another funding opportunity?
 - No, but they may have unrelated practice sites that are eligible to apply.

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 2A: 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).



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 or Phase 2A 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](#)



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)