



Developing Care Coordination – the Key to Creating Comprehensive Person-Centered Care

Purpose

Care coordination has been called the “secret sauce” of the CCBHC Model. Grantees are required “to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs.” MTM can help your organization develop and implement an effective care coordination plan.

Process

- Assessment of current case management, outreach and service integration
- Up to 10 online meetings to complete tasks every 2-4 weeks
- Up to 10 hours of specialty consultation based on agency needs
- 1 hour post-implementation meeting to review outcomes
- Final Report highlighting the changes completed and areas to address
- Access to the MTM Services Resource Library
- **Timeframe:** 6-8 months

Outcomes:

- Effective plan for care coordination and integration internally and with community partners
- Decreased utilization of higher level-of-care services
- Improved consumer and family satisfaction

Individual Center Cost:

- \$22,250

MTM Team

- [Valerie Westhead](#), MD, Medical Operations Consultant and Senior National Council Consultant
- [Annie Jensen](#), LCSW, Senior DLA-20/Process Change Consultant and National Council Consultant
- [David Swann](#), MA, LCAS, CCS, LPC, NCC, Senior Integrated Healthcare Consultant and Senior National Council Consultant

For more information about MTM Services, or to schedule a free planning meeting, please email MTM Director of Operations [Jodie Giboney](#) or call (919) 387-9892.