



CoCM Behavioral Health Care Manager: Sample Job Description, Typical Workload & Resource Requirements

Sample Job Description

The Behavioral Health Care Manager is a core member of the Collaborative Care team, including the patient's medical provider and Psychiatric Consultant, as well as the larger primary care team or medical team. The Behavioral Health Care Manager is responsible for supporting and coordinating the mental and physical health care of patients on an assigned patient caseload with the patient's medical provider and, when appropriate, other mental health providers.

Duties and Responsibilities

1. Support the mental and physical health care of patients on an assigned patient caseload. Closely coordinate care with the patient's medical provider and, when appropriate, other mental health providers.
2. Screen and assess patients for common mental health and substance abuse disorders. Facilitate patient engagement and follow-up care.
3. Provide patient education about common mental health and substance abuse disorders and the available treatment options.
4. Systematically track treatment response and monitor patients (in person or by telephone) for changes in clinical symptoms and treatment side effects or complications.
5. Support psychotropic medication management as prescribed by medical providers, focusing on treatment adherence monitoring, side effects, and effectiveness of treatment.
6. Provide brief behavioral interventions using evidence-based techniques such as behavioral activation, problem-solving treatment, motivational interviewing, or other treatments as appropriate.
7. Provide or facilitate in-clinic or outside referrals to evidence-based psychosocial treatments (e.g., problem-solving treatment or behavioral activation) as clinically indicated.
8. Participate in regularly scheduled (usually weekly) caseload consultation with the Psychiatric Consultant and communicate resulting treatment recommendations to the patient's medical provider. Consultations will focus on patients new to the caseload and those who are not improving as expected under the current treatment plan. Case reviews may be conducted by telephone, video, or in person.





9. Track patient follow up and clinical outcomes using a registry. Document in-person and telephone encounters in the registry and use the system to identify and re-engage patients. Registry functions can be accomplished through an EHR build, on a spreadsheet used in conjunction with an EHR, or can be built into a stand-alone clinical management tracking system that may or may not be linked to an EHR.
10. Document patient progress and treatment recommendations in EHR and other required systems so as to be shared with medical providers, Psychiatric Consultant, and other treating providers.
11. Facilitate treatment plan changes for patients who are not improving as expected in consultation with the medical provider and the Psychiatric Consultant and who may need more intensive or more specialized mental health care.
12. Facilitate referrals for clinically indicated services outside of the organization (e.g., social services such as housing assistance, vocational rehabilitation, mental health specialty care, substance abuse treatment).
13. Develop and complete relapse prevention self-management plan with patients who have achieved their treatment goals and are soon to be discharged from the caseload.

Training and Licensure Requirements

The AIMS Center recommends that Behavioral Health Care Managers have specialized training and meet clinical licensure requirements so as to be able to provide brief psychosocial interventions, such as [problem-solving treatment](#).

Licensures and educational preparation recommended by the AIMS Center include:

- Licensed Mental Health Counselor/Professional Counselor
- Licensed Marriage and Family Therapist
- Licensed Social Worker
- Registered Nurse (BSN recommended)
- Nurse Practitioner
- Licensed Psychologist
- Master's-level licensure candidate/trainee (e.g., LMSW)

CMS has described requirements for education, licensure, and training for Behavioral Health Care Managers in Medicare CoCM programs. The AIMS Center recommends that you review CMS requirements to inform your staffing decisions (*see links below*). If you elect to hire staff without the licensure or educational background listed above, plan to have a strong training program, good clinical supervision and mentoring in place for care managers, and to identify resources for patients access brief psychosocial interventions.





- [CMS FAQ Sheet](#)
- [CMS FAQ Sheet for FQHCs & RHCs](#)

Other Requirements to Consider Including in Job Descriptions

- Demonstrated ability to collaborate and communicate effectively in a team setting.
- Ability to maintain effective and professional relationships with patient and other members of the care team.
- Experience with screening for common mental health and/or substance abuse disorders.
- Working knowledge of differential diagnosis of common mental health and/or substance abuse disorders, when appropriate.
- Ability to effectively engage patients in a therapeutic relationship, when appropriate.
- Ability to work with patients by telephone as well as in person.
- Experience with assessment and treatment planning for common mental health and/or substance use disorders.
- Working knowledge of evidence-based psychosocial treatments and brief behavioral interventions for common mental health disorders, when appropriate (e.g., motivational interviewing, problem-solving treatment, behavioral activation).
- Basic knowledge of psychopharmacology for common mental health disorders that is within appropriate scope of practice for type of provider filling role.
- Experience with evidence-based counseling techniques

FTE Resource Requirements

The AIMS Center's [Guidelines for Behavioral Health Behavioral Health Care Manager Caseload Size](#) may be helpful in estimating FTE requirements for Behavioral Health Care Managers.

