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Health Home (HH) Care Management Agency (CMA) Credentials to Serve Health Home Plus (HH+) for Members with Serious Mental Illness (SMI)
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Purpose

Health Home Plus (HH+) is an intensive Health Home Care Management (HHCM) service established for defined populations with Serious Mental Illness (SMI) who are enrolled in a Health Home (HH) serving adults. The HH+ population requires providers with experience and clinical infrastructure for serving high-need SMI individuals.

Prior to May 2018, the ability to serve and bill the HH+ rate code for individuals meeting HH+ eligibility criteria were limited to former Office of Mental Health (OMH) Targeted Case Management (TCM) providers, or OMH Legacy CMAs. With the addition of other high-need SMI individuals to the HH+ eligible population, the State acknowledges the need to increase CMA capacity for HH+. Beginning May 2018, all other CMAs will have the ability to serve the HH+ population. OMH has established HH+ CMA Credentials, outlined below, that must be met by any non-OMH Legacy CMAs and non-Legacy CMAs who will serve the HH+ population andreceive the HH+ reimbursement.

Current eligible populations for HH+ are defined in the following HH+ Program Guidance documents:

- Health Home Plus Program Guidance State Psychiatric Center (“State PC”) and Central New York Psychiatric Center and its Corrections Based Mental Health Units (located within NYS DOCCS Prison System) (“CNYPC) Adult Discharges
- Health Home Plus Program Guidance for High-Need Individuals with Serious Mental Illness

At this time, the ability to serve **Assisted Outpatient Treatment (AOT)** individuals will remain limited to former OMH Legacy CMAs, unless otherwise indicated by the State. AOT individuals constitute a smaller subset of the high-need SMI population but demands the highest level of care coordination from CMAs with prior knowledge in AOT legal proceedings, additional 9.60 reporting requirements, access to reporting systems, and coordination with the LGU.

HH+ Attestation

Lead Health Homes are responsible for submitting written attestation to Department of Health (DOH)/OMH of all contracted CMAs who will provide HH+ and that meet credentials, staff

qualifications and core competencies outlined below. Health Homes must have formal policies and procedures in place for ensuring such qualifications and credentials are current at the time of HH+ service delivery. For more information on the attestation process, please visit the OMH website.

The Single Point of Access (SPOA) is under the authority of the Local Government Unit (LGU) and Mental Hygiene law. SPOA is a critical entry point for the mental health service delivery system. As part of the HH+ attestation process, HHs shall verify CMAs either have a working relationship, or are in process of developing one with the LGU/SPOA in their service county. A statement of support from the LGU indicating the CMA has or will have this working relationship, as defined below, within three (3) months of the Health Home submitting the attestation form may serve for verification purposes.

A "working relationship" with SPOA includes:

a. Demonstrated ability and willingness to accept high-need SMI referrals directly from the LGU/SPOA
b. Participation in any county SPOA process or committee as applicable
c. Knowledge of LGU/SPOA protocols and resources for accessing local mental health services
d. Clearly defined communication standards between the CMA, SPOA, and HH

Credentials for all CMAs Serving the HH+ Population

1) The CMA must meet **at least** two (2) of the following criteria:

- The CMA is operated by an organization that provides OMH-licensed, -funded or -certified services, in addition to care management for individuals with SMI. This may include but not limited to: mental health housing, Personalized Recovery Oriented Services (PROS), Article 31 Clinic, and ACT.

- The CMA currently serves individuals with SMI.

- The CMA demonstrates knowledge of the behavioral health managed care benefit package, and has working relationships/partnerships with the local mental health service delivery system including but not limited to: psychiatric inpatient units, mental health crisis and diversion services, mental health SPOAs, outpatient mental health treatment programs, rehabilitation services and housing.

CMA Staff Qualifications

HH+ shall always be delivered by a CMA with staff who have the education and experience appropriate to serve the behavioral health population, specifically those with high needs. The CMA must employ care managers and supervising staff that meet **existing qualifications** as defined in applicable HH+ guidance.

CMA Staff Core Competencies

Supervisors will be responsible for ensuring care managers receive adequate support and access to resources that encourage development of skills necessary to improve quality of life and outcomes for high-need individuals with SMI.

Supervisors and direct care management staff must be proficient in the following areas:

- **Conduct appropriate screening and either performing or arranging for more detailed assessments** when needed (e.g., high-risk substance use or mental health related indicators, harm to self/others, abuse/neglect and domestic violence). This includes the CMA's demonstrated ability to complete the required New York State Eligibility Assessment for Health and Recovery Plan (HARP) enrolled members.

- **Plan and coordinate care management needs** for high-need SMI individuals including:
    - Navigating the mental health service system-including ability to make referrals to mental health housing services, crisis intervention/ diversion, peer support services
    - Knowledge of the behavioral health managed care benefit package
    - Collaborates with inpatient staff and MCO (as applicable) to affect successful transitions out of inpatient or institutional settings
    - Addressing the quality, adequacy and continuity of services to ensure appropriate support for individuals' mental health and psychosocial needs
    - Completing plans of care and coordinating with MCOs for HARP members utilizing the Home and Community Based Services (HCBS) benefit package

- **Maintain engagement** with individuals who are often disengaged from care, have difficulty adhering to treatment recommendations, or have a history of homelessness, criminal justice involvement first-episode psychosis and transition-age youth. Key skills and practices to engage high-need SMI individuals include:
    - Motivational Interviewing
    - Suicide Prevention
    - Risk Screening
    - Trauma Informed Care
    - Person-centered care planning and interventions
    - Recovery-Oriented Approaches (e.g., WRAP)

If you have any questions, please contact Stacey Hale at NYS OMH stacey.hale@omh.ny.gov