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**Specialty Mental Health Care Management
Question and Answers
May 11th, 2021**

Category	Question	Answer
Provisional Designations - Action Plan	Who is required to complete an Action Plan?	Only CMAs who received a provisional designation for SMH CM will need to complete an Action Plan.
Provisional Designations - Action Plan	What if an agency is provisionally designated and then doesn't meet the requirements set out by the action plan? Will the CMA be able to continue to serve the HH+ SMI population? Will they be able to continue to receive new HH+ referrals?	The Action Plan itself does not have to be met as it is only a tool to support the CMA during the SMH CMA Designation Collaboration process and build structures the CMA may need to improve HH+ rates and meet designation criteria. CMAs issued provisional designation will generally have 6 months to meet <i>designation</i> criteria, where they will then attest to meeting Specialty MH CM requirements. CMAs may continue to receive new HH+ referrals during their provisional status. CMAs who do not achieve the designation criteria and/or unable to attest, will no longer be considered for SMH CMA designation and therefore will no longer be able to accept new referrals and will have only a transitional time to continue to bill for HH+.
Provisional Designations - Action Plan	What will be the lead HHs role be in the action planning process for provisionally designated SMH CMAs?	Lead HHs will work with their provisionally designated SMH CMAs to support the action planning process and any areas in which CMAs have identified as areas of need.
Provisional Designations - Action Plan	What is the role of HHs throughout the designation process for SMH CMAs?	The Action Planning process involves OMH working directly with the CMAs to provide support and technical assistance with the goal of improving HH+ service delivery. HHs are invited to attend OMH/CMA TA calls to better support CMAs in this effort. CMAs are also encouraged to share Action Plans with their lead HHs.
AOT	Does this provisional approval authorize all SMH CMAs to provide for AOT?	No, only SMH CMAs currently serving AOT will continue to serve the AOT population. We will be looking at making changes to who can serve the AOT population as needed.
AOT	If we currently serve AOT in one of the 4 counties we serve, is there a possibility for us to be approved to serve AOT in the other counties as well?	During transition, we are only having CMAs currently serving AOT continue to serve in their previously approved counties. We will be looking at making changes to who can serve the AOT population as needed.



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AOT	Will the face to face for AOT be reduced to 2 face to face contacts per month?	AOT contacts will remain 4 face-to-face contacts.
Attestation	Should HHs continue to submit their HH+ Attestation to OMH/DOH?	Yes, HHs will need to continue to submit HH+ Attestations to DOH and OMH for CMAs who are designated as SMH CMAs and have not yet been included on the HHs attestation. The HH attestation allows for HH+ billing.
Attestation	Where do we get the SMH CMA Attestation to complete?	The SMH CMA attestation can be found here: https://omh.ny.gov/omhweb/adults/health_homes/attestation-for-designated-specialty-mh-cmas.pdf
Billing	Are any of the billing or coding details changing at the health home level?	No, the same HH+ rate code will be used by HHs for SMH CMAs to bill HH+.
Billing	How will the Specialty MH CMAs bill? Will that be via the lead Health Home or directly to the MCO.	Billing will not change. CMAs will continue to bill through the lead HHs.
Caseload size	Do we need to increase caseloads to 1:20 or can we keep them lower if that works for our CMA?	The 1:20 caseload is just the max caseload size. Based on different factors such as acuity of a member, staffing, population served, geography, and/or locality needs, caseloads may differ by agency, CM program, and/or staff.
Caseload size	When can we start the 1:20 caseload ratio?	As of the issuance of the updated HH+ guidance, February 2021.
Caseload size	In terms of the AOT population, and given the series of documentation that are required, such as: Significant Events, Service Verification calls and four (4) Face to Face, could consideration be given for those caseloads be less/same.	The intention of the 1:20 ratio was to set a max for the caseload size but is intended to be flexible. Caseload size should be determined based on several factors, for example as you mention, AOT status, and should be specific to your CMA.
Caseload size	Can one Care Manager have HH+ caseloads comprised of individuals from different lead Health Homes?	The state requires HH+ caseload ratios of a max of 1:20, and this is subject to audit, we do not restrict mixed caseloads between HHs.
CFR	Please elaborate more on the CFR reporting requirement for CMAs.	SMH CMAs will be expected to report in the CFR. We will hold presentations specific to this for more details.
CM models	Can multiple care management models be used within the same CMA?	Absolutely.
CM models	Is it feasible to have a mixed caseload with 2 staff (1 peer, 1 CM)?	Generally, yes, however you would just need to make sure you are following any team approach requirements.
CM models	In looking at the weighted system, as is detailed in the updated guidance, is there a minimum number of HH+ members a Mixed caseload must have?	Technically anything under 20, however, the importance of HH+ is that CMs can meet requirements and the needs of the individual Quality of member service, HH+ or non HHCM,



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		must not decline when increasing a CM's caseload to 20.
CM models	Is the scoring of the mixed caseloads a requirement or is this just a tool for balancing the workload on a caseload? (i.e. if a mixed caseload score is at 61 can we still be reimbursed at the HH+ rate?)	The caseload models in the addendum to the HH+ guidance are caseload stratification examples and can be used as a tool to support SMH CMAs in developing their caseload stratification. Caseload stratification should ensure that members needs are being met and avoiding high caseloads.
Designation	What are Specialty MH CMAs being designated for?	Designation of Specialty Mental Health CMAs creates a specialty service with in HH to serve high-need individuals with SMI, or the HH+ SMI population.
Designation	Will NYS OMH have direct oversight of Specialty MH CMAs? What would that oversight look like?	NYS OMH will be the lead oversight agency for SMH CMAs. This will include program policy to meet unique needs of the SMI population; program goals and meaningful outcomes; monitoring of achievement of program and member outcomes; workforce training; and utilization of relationships with LGUs as a key resource for HH+ referrals and access to other critical BH services.
Designation	Can you provide clarification on the difference between HH+ and the Specialty Mental Health Care Management model?	HH+ is an intensive level of HH service that is reimbursed at a higher rate. HH+ has billing requirements that must be met to bill this rate. Specialty MH CM is a designation status issued to CMAs to serve the HH+ SMI population. As of 3/8/21, HH+ individuals can only be referred to the SMH CMAs.
Designation	What is the difference between CMAs attested by the Health Home to provide HH+ and designated Specialty MH CMAs?	HH+ SMI Attestations were submitted by lead HHs to indicate the CMAs within their network meeting HH+ SMI program requirements and therefore able to provide/bill for HH+. As of February 2021, the State issued Specialty MH CMA designation and provisional designation. Designated SMH CMAs will be required to submit an attestation to affirm Specialty MH CMA status and continue to meet HH+ SMI program requirements.
Designation	Will all CMAs who previously attested to HH+ SMI be automatically designated as a Specialty MH CMA?	No, not all CMAs who were attested to by their HH will automatically be designated as a Specialty MH CMA.
Designation	Our CMA relies on our lead Health Home to receive referrals from the LGU and then send them downstream to CMAs. Given this, can we attest to having a relationship with the LGU	Health Homes and/or Specialty MH CMAs shall have a working relationship directly with the LGU, especially those serving AOT. This relationship may look different for different CMAs depending on the HH, LGU, and/or referral pathways.



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	since it is through our Health Home lead?	
Designation	Will each HH be required to have at least one Specialty MH CMA?	All HHs serving adults must ensure capacity to provide HH+ to their HH+ SMI eligible population.
Designation	Is Specialty MH CMA Designation for both Adults & Children?	Specialty Mental Health CMA designation is only for CMAs serving the Adult HH+ SMI population.
Designation	Once designated as a SMH CMA, will we need to renew or is it a one-time designation?	Although this is a one-time designation process, SMH CMAs are expected to continue to meet all requirements the CMA attested to and serve the HH+ eligible population at HH+ level of CM. The state will review HH+ data on an ongoing basis, as well as other key performance outcome measures for Specialty MH CMAs, and will reach out to HHs and SMH CMAs who are not meeting defined minimum thresholds.
Designation	How do we request Specialty Mental Health CM designation?	SMH CMAs were designated/provisionally designated by the State based on prior HH+ performance data. For CMAs who did not receive designation/provisional designation status, please see the Request for Specialty Mental Health Care Management Designation memo issued 3/3/21: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/special_populations/docs/request_for_smh_cm_designation.pdf
Designation	Can a CMA who has never attested for or provided HH+ SMI services be able to apply for Specialty MH CMA designation?	Yes, please see the Request for SMH CMA Designation memo issued 3/3/21 for details: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/special_populations/docs/request_for_smh_cm_designation.pdf
Designation	If our CMA was not designated or provisionally designated, however plans to apply for Specialty MH CMA designation, can we receive new HH+ SMI referrals pending an application?	Please see the Request for SMH CMA Designation memo for details: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/special_populations/docs/request_for_smh_cm_designation.pdf . Although you will be unable to receive new HH+ referrals in the interim, we will move quickly to review requests. As soon as you receive a letter establishing provisional designation for your CMA, you may begin receiving HH+ referrals.
Designation	Can a CMA that is not designated as a Specialty MH CMA serve/bill for HH+?	Affective 3/8/21 only SMH CMAs may receive referrals for HH+ eligible population. For individuals already enrolled in HHCM who either become HH+ eligible or are already being served by a non-designated CMA, these members



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		should be offered choice to transition to a SMH CMA. If the individual chooses to stay with the non-designated CMA, the CMA can bill HH+ during the initial transition to SMH CM, as long as the CMA is attested to by their HH(s) and meet all HH+ program requirements. As of 5/1/21, non-designated CMAs will no longer be able to bill for HH+ without prior OMH approval on a per member basis.
Designation	Can designated SMH CMAs also serve members in the High-Need (Medium) and HHCM (Low) categories ?	Yes, designation as SMH CMA does not limit the CMA from any other area of HH care management.
Designation	Will there be specific OMH contacts assigned to each CMA or HH for technical assistance and support?	Assistance by OMH may come from the OMH Central Office, regional Field Offices, and/or PSYCKES implementation team - depending on the specific need – each having dedicated point people to assist CMAs. There is also a SMH CMA Mailbox that can be used at any time for questions, technical assistance, or other support. The email address is: SpecialtyMH_HHCM@omh.ny.gov
Designation	What part will the lead health home play in all of this and in the future?	HHs will still play a significant role with SMH CM. The role of the lead HH will include HH CM quality performance; developing policy to ensure access for HH+ referrals and triage appropriately to designated CMAs; supporting warm handoff from non-Specialty CMAs to SMH CMAs when members are eligible for HH+ level of care (member choice); working with CMAs to ensure capacity to serve HH+ eligible; billing and EHR infrastructure; and building a HH network that supports Specialty CMAs to best serve members.
Designation	If Specialty MH CMA billing will continue to go through the lead HH, does this mean that the HH must verify the CMA meets the requirements for Specialty designation as part of our role to ensure proper HH+ billing?	No changes have been made at this time regarding HH oversight or billing practices.
Designation	Is OMH and DOH able to assist the Health homes in training/supporting this specialized workforce?	The state is working on development of training that can be provided to support the workforce and serving the HH+ population.
Designation	Will HH+ members be removed from Health Home quality/performance metrics if Health Homes will no longer have oversight?	No changes have been made at this time regarding HH oversight and quality performance metrics regarding their highest need members.



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Designation	If a CMA receives a designation/provisional designation, however, are not interested in being a SMH CMA, what do they need to do?	Agencies can choose not to be a SMH CMA. If it would be helpful to talk through with someone from our team, email us at SpecialtyMH_HHCM@omh.ny.gov
Documentation	Is the documentation remaining with our HH(s) and current EMR's, or will there be documentation requirements in a different EMR?	Documentation will not change, SMH CMAs will continue to utilize current EMRs that they have been using.
Documentation	Is OMH requiring additional documentation for care managers?	No.
Documentation	How should we be documenting eligibility that isn't reflected in PSYCKES (homelessness, incarceration, etc).	Please refer to the DOH Health Home Policy for Billing and Documentation for HH Rates, linked below, which can also be found on the DOH website. https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/index.htm
Documentation	When identifying a member as being HH+ eligible in PSYCKES, can reports in PSYCKES be used to document the proof of this eligibility?	Absolutely, PSYCKES reports showing the HH+ eligible flag and/or the specific information to show specific HH+ criteria they meet (eg, 4 psych ED visits in the past year) can be used to document HH+ eligibility.
Documentation	How does the transition to SMH CMAs affect incident reporting?	There will be no change to incident reporting policy.
HARP	Are all members eligible for HH+ SMI also eligible for HARP enrollment?	Not necessarily, HARP is not available for duals (Medicare/Medicaid), and HH+ is not part of the HARP eligibility criterion. However, there is a possibility that HH+ eligible individuals are also enrolled in HARP.
HH+ eligible	Where can HH+ guidance for Specialty MH CMAs be found?	Health Home Plus for High-Need Individuals with Serious Mental Illness Program Guidance can be found on the NYS OMH website at: https://omh.ny.gov/omhweb/adults/health_homes/
HH+ eligible	Can we clarify the SMI definition for purposes of HH+ eligibility?	This can be found on the DOH website under Health Home Eligibility policy: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/greater6.htm#eligibility
HH+ eligible	If all CMAs are expected to screen for HH+ eligibility and document it each month on the HML, regardless of whether they are designated or trying to provide that member with HH+ services,	Please refer to the DOH Billing and Documentation Guidance for requirements around supporting documentation to bill Health Home Rates, which has not changed https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/index.htm



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	can this be described explicitly in policy?	
HH+ eligible	Is it correct that members who are HH+ SMI eligible due to homelessness/release from incarceration, that would not show up in PSYCKES are not included in the new plan? Or just not used to determine designation status?	All HH+ SMI eligible members are included in SMH CM. SMI HH+ eligible due to homelessness/release from incarceration was included in the MAPP data reported, which was utilized for designation.
HH+ eligible	We have identified numerous clients who are HH+ SMI eligible but are very hard to engage and will not meet the monthly contact requirements. What is your recommendation for CMAs? Should we try to serve them at HH+ level of CM?	OMH understands that not all HH+ eligible members will receive HH+ level of care management, however, it is the expectation that the SMH CMA continues to work to improve engagement with individuals and provide the needed level of service. HHs can support Specialty CMAs in identifying and addressing challenges in engaging with HH+ members, including in areas of building care manager competencies, training, supervision, use of team approaches and input of the care team, etc.
HH+ eligible	Can you confirm that the 12 consecutive months are from when the CM becomes aware, not when the client became eligible for HH+ services.	The 12 months for HH+ starts from when the CM becomes aware of the HH+ eligibility. For example, if an individual becomes HH+ eligible on 1/1/21, but you do not identify their HH+ eligibility until 3/15/21, they are eligible for 12 months based on 3/15/21. They can receive HH+ from 3/15/21-3/15/22
HH+ eligible	What is the HH+ flag drops before the 12 months for HH+ is up, can we keep the 12 months flag (for continuous HH+ enrollment)?	HH+ is provided for 12 months from identification by the CMA of meeting HH+ eligibility, the flag is just a tool to identify an individual as HH+ eligible, not representative of the 12-month timeframe the individual may receive HH+.
HH+ eligible	If an individual is homeless when SMH CMA initially begins providing HH+, but is then housed in 3 months, can the HH+ continue for the following 9 months?	Yes, the individual's HH+ eligibility will continue for the full 12 consecutive months regardless of housing status.
HH+ eligible	What if someone receives HH+ for 12 months, and at the end of the 12 months remains HH+ eligible, can they continue to receive HH+? Is there a	If they are eligible, they can receive HH+ for 12 months, and at the end of the 12 months they continue to meet eligibility, they can receive an additional 12 months. There is not technically a



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	maximum number of months that a person can continue to receive HH+ services?	max to the number of times this can occur, however, the need should be clear in the member's record.
HH+ eligible	Can you explain clinical discretion for SPOAs and MCOs?	If there is an individual with SMI who does not meet HH+ eligibility but is a high need individual who could benefit from HH+, SPOAs and MCOs have the ability to use their clinical discretion to identify them as HH+ and support access to HH+ services.
HH+ eligible	Is there consideration to include individuals on a waitlist for ACT as eligible for HH+?	ACT waitlist is not a HH+ eligibility criteria currently, however, this would be a great example for clinical discretion if they do not otherwise meet eligibility criteria.
HH+ eligible	If an individual is HH+ eligible but declines that level of service, do we still need to ID as HH+ eligible?	Yes, they are still HH+ eligible even if they declined the service. One approach that we recommend is not to ask them if they want that level of service but let the know that these are the services that you will be providing to address the circumstance making them HH+ eligible. We understand there will be a portion of members who will not receive HH+ for various reasons.
HIV	Since Specialty MH CMA is specific to the HH+ SMI population, can HH+ HIV members remain with CMAs that are not provisional/designated CMAS? Does the changes such as caseload sizes apply to members that qualify for HH+ due to their HIV status?	Specialty MH CM designation only applies to provision of HH+ for SMI population and does not change anything for HH+ HIV.
HIV	CMAs who are serving both HH+ for HIV+ and SMI, how will they calculate our caseload ratio, so we remain within both DOH and OMH guidelines.	For SMH CMA for HH+ SMI, the caseload ratio is a maximum of 20 HH+ clients to 1 staff, with opportunity for a mixed caseload approach to meet both guidelines. When serving HH+ SMI you will follow the Health Home Plus for High-Need Individuals with Serious Mental Illness Program Guidance can be found on the NYS OMH website at: https://omh.ny.gov/omhweb/adults/health_homes/
LGU	What is the LGU role in the designation of SMH CMAs?	As part of the designation process, we ask that designated SMH CMAs attest to having a working relationship with LGUs; and for SMH CMAs to provide LGUs a copy of their completed Specialty MH CMA Attestation.



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LGU	For CMAs that serve multiple counties, is the expectation that the CMA build relationships with the LGU/SPOA in each county?	Yes, a relationship is required for each LGU/SPOA in any counties in which a CMA provides HH+ services.
LGU	Is a Letter of approval needed from the Local Government Unit (LGU) for SMH CMA Designation?	Although a LGU approval letter is not required, SMH CMAs must still be able to show they have or are working on a strong LGU working relationship. This has not changed from the previous HH+ SMI standard.
LGU	How would a CMA demonstrate a working relationship with a Local Government Unit (LGU)?	A “working relationship” with SPOA includes: 1) Demonstrated ability and willingness to accept high-need SMI referrals directly from the LGU/SPOA; 2) Participation in any county SPOA process or committee as applicable; 3) Knowledge of LGU/SPOA protocols and resources for accessing local mental health services; 4) Clearly defined communication standards between the CMA, SPOA, and HH.
MAPP	Will there be a flag in MAPP to show a members’ eligibility for HH+?	DOH and OMH are working together on a way to provide PSYCKES HH+ eligibility flags inMAPP. This project is not yet complete.
MCO	How can Managed Care Organizations support SMH CMA?	MCOs can support SMH CMAs by ensuring HH+ SMI eligible members are connected to Specialty MH CMAs, and to support care coordination of high need members. MCOs also have the ability to use clinical discretion to identify members who could benefit from HH+ but do not meet HH+ SMI eligibility criteria otherwise.
MCO	What is the mechanism for notification to the MCO when a member is enrolled with a Specialty Case Mgt?	MCOs can obtain a list of Specialty MH CMAs contracted with each lead HH, from the respective lead HH. MCOs should also work with HHs to learn which of their members are engaged with a SMH CMA. It would be the lead HH who would notify the MCO.
MCO	MCOs have been very hesitant to provide sign-off on clinical discretion for HH+, will OMH be working with MCOs to ensure that they have processes in place?	MCOs will continue to have ability to utilize their clinical discretion to identify members they wish to refer for HH+. OMH is developing a template for clinical discretion, which may be utilized by MCOs to establish clinical discretion processes
Outcomes	What are the quality measures that will be utilized to determine if the model is working moving forward? Will HHs/CMAs still be responsible for the	Moving forward, we will work together to identify meaningful, focused quality measures for Specialty MH CMAs. HH has accountability to ensure protocols/resources/tools are utilized to help monitor and push the needle to better outcomes for



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	other HH metrics for this population in addition to any new metrics?	this population. At minimum, ensuring reliable access to HH+ for all members eligible for it.
Outcomes	Will there be additional data shared around the high needs SMI population that will be useful in understanding any gaps or deficits in current care?	As part of the lead HH's oversight role, HHs are encouraged to utilize data they have access to in monitoring their high needs SMI population. The State provides some resources for data (eg, PSYCKES), but HHs have access to extensive data through RHIOs, their own provider network systems, etc they should utilize to understand gaps in care.
PSYCKES	Will there be technical assistance in streamlining or creating reports from PSYCKES that identify individuals who meet criteria?	Yes, although PSYCKES will only be one resource/tool for identification, we will provide TA around creating reports.
PSYCKES	Our understanding is that the High Need Population HH+ Eligible flag only shows up after a member is enrolled in HH, because it displays under "Current Care Coordination", so we can't use it for new referrals. Is that correct?	No, the HH+ Eligible flag in the "High Need Population" filter does not require that someone is in Health Home. Even people not enrolled in a Health Home will be captured in this filter if they're eligible for HH+.
PSYCKES	How is OMH dealing with the lag time of data in PSYCKES? I have found that when a flag is present, the data showing does not always reflect an accurate HH+ eligibility.	Certainly, some data like hospitalizations might take longer. If you are aware of information that makes someone HH+ eligible but it's not reflected in PSYCKES yet, that's ok, they are still HH+ eligible even without the flag. PSYCKES is only one data source but there are others. Additionally, not all data used for determining HH+ eligibility has a lag time.
PSYCKES	If a member has a signed 5055 do, they still need the individual PSYCKES consent form signed?	No, they do not need to sign the PSYCKES consent if the DOH 5055 consent is already signed, as the DOH 5055 has PSYCKES language in it.
PSYCKES	Regarding identifying eligible members, if PSYCKES identifies a member as HH+ but we know/think that is incorrect should we ignore that flag?	If you are seeing incorrect information, please reach out to the PSYCKES team via PSYCKES-Help@omh.ny.gov so we can investigate it and understand if there is a larger data issue.
PSYCKES	When we run the report in PSYCKES under Recipient Search and then "HH+ eligible", it includes all clients associated with our agency. Is there a way to filter for those just enrolled in OUR care management program?	Yes, you can use the "Services by this Provider" box in Recipient Search. Under the Service Settings box there, under "Care Coordination" there is a "Care Management Enrolled (Source DOH)" filter you can select to filter just your CMA client.



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PSYCKES	If someone is Dual (Medicare / Medicaid), is their Data in PSYCKES and reflected in the HH+ eligibility flag?	Yes, their Medicaid data is available in PSYCKES, however it does not show the Medicare data. In this case, it will be more important for SMH CMAs to use additional resources for HH+ eligibility.
PSYCKES SMH CMA Designation Collaborative	What is the PSYCKES Specialty MH Designation collaborative?	The SMH Designation collaborative has been developed to provide targeted technical assistance to provisionally designated CMAs designed to help CMAs address barriers and achieve meet the HH+ threshold performance criteria for designation. The collaborative will include action planning and quarterly check-ins; monthly reporting and review of data; and technical assistance through both one-on-one support and trainings.
PSYCKES SMH CMA Designation Collaborative	Are designated CMAs welcome to join PSYCKES learning collaboratives and other technical assistance opportunities?	Designated SMH CMAs will have access to Technical Assistance including: a calendar of TA supports provided via live and recorded webinars, office hours and support documents (e.g. PSYCKES 101, Identifying HH+ members, Understanding care management models, Using MHPD, etc); Individual technical assistance by OMH as requested; and Quarterly Data provided to monitor HH+ performance.
PSYCKES SMH CMA Designation Collaborative	As a designated SMH CMA, how can we sign up for PSYCKES SMH CMA Designation Collaborative group?	There is no official sign up for the collaborative. OMH will disseminate information to all SMH CMAs, who can then participate if they choose.
Referrals	Can provisionally designated SMH CMAs accept Health Home Plus referrals?	Yes, while provisionally designated SMH CMAs work towards designation, they will continue to receive HH+ referrals.
Referrals	If a CMA receives only ground-up referrals from the community, are they still eligible to be a Specialty MH CMA?	How a CMA receives referrals does not matter for becoming a SMH CMA. All referrals, regardless of source, for HH+ eligible individuals will only go to SMH CMAs as of 3/8/21.
Referrals	Should the lead HH be identifying that the referral is eligible for HH+ or is that up to the CMA to identify upon referral?	There is a combination of ways to determine if someone is HH+ eligible upon referral. Identification of eligibility may happen through the referral source, HH, MCO, LGU, and/or CMA.
Referrals	What is the referral process for a member to be enrolled in a Specialty Case Mgt program?	The referral process for enrollment with a Specialty MH CMA is no different from the existing process for HH CMA enrollment. However, all new referrals that meet HH+ SMI eligible criteria must be assigned to Specialty MH CMAs effective 3/8/2021.



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Referrals	If a CMA receives bottom up HH+ referral after March 8, 2021 and they are not provisionally designated or designated, is it the lead HH's responsibility to implement workflows to transfer that member to specialty CMA?	Yes, HHs must have policy and procedures that ensure new HH referrals are screened for HH+ eligibility and directed to Specialty MH CMAs, when eligible. This may include working with non-designated CMAs to explain Specialty MH CMA to new referrals and affect safe transitions when needed.
Referrals	Will there be a hard stop for enrollment of HH+ for SMI eligible members for non-designated CMAs? For example, referral came from a different source that does not have access/check the MAPP.	Yes, as of 3/8/21 all HH+ eligible referrals must only be enrolled in SMH CMAs. If your agency receives a HH+ eligible referral as a non-designated CMA, you should reach out to your HH to determine where the referral can be sent.
Referrals	How will HH's know who is HH+ Eligible prior to assigning them to a CMA to be intake/consented. Will HH's be able to check PSYCKES prior to member consenting?	There is a combination of ways to determine if someone is HH+ eligible. Identification of eligibility may happen through the referral source, referral documentation, MCO, LGU, and/or PSYCKES. HHs should develop a process for review of referrals in determining HH+ eligibility. HHs may also review referrals to determine need for specialty CM for SMI regardless of HH+ eligibility.
Training	Is OMH going to provide training for CMA's providing SMH CMA to assist with the core competencies?	Yes. Initial technical assistance will largely focus on criteria needed for CMAs to become designated as Specialty MH CMAs (HH+ % identified, HH+ % receiving LOC), but OMH will be offering training to support Specialty MH CMA workforce competencies.
Waiver for staff	Can a waiver be requested for a supervisor who may not have a master's degree but has extensive experience in the MH field and supervising in HH?	Yes, that is exactly what a staffing waiver would be used for.
Waiver for staff	What is the specific list of information needed for a staff waiver?	For waiver submission you will need: the Applicant's education, experience, and training/skills; the # of HH+ eligible members the applicant will serve; and the total # of HH+ SMI eligible members currently enrolled with the CMA and % currently receiving HH+ level of service. The waiver request can be submitted here: https://forms.office.com/Pages/ResponsePage.aspx?id=6rhs9AB5EE2M64Dowcqe588RkoCaDuEmf42dSo2bc9URFo0WTVWUFhDVIBVNVJKNUtRV0pJVDBESS4u