



Adirondack Health Institute

Lead Empower Innovate

Health Home Plus (HH+) Attestation for Serious Mental Illness (SMI)

To be completed by Health Home Care Management agencies who meet the criteria to serve HH+ eligible members. See associated HH+ for SMI policy.

HH+ billing cannot begin until attestation forms are received.

Name of Health Home Service Provider:

MMIS ID#

Counties Covered

Contact Person Name and Title:

Contact Person Phone:

Contact Person E-Mail:

Person Responsible for Quality Assurance:

Instructions:

- Complete the NYS OMH Health Home Plus Standards below.
- Submit completed form to healthhome@ahihealth.org and indicate HH+ attestation in the subject line

AHIHH will review the information provided and contact your agency if further clarification is needed.

Health Home Plus for SMI Standards

To affirm Care Management Agency (CMA) compliance with each standard, check box in left column.

<input type="checkbox"/>	Health Home CMA has process for immediate assignment of HH+ eligible members to qualified care managers and the provision of HH+ services, as outlined in the applicable HH+ program guidance.
<input type="checkbox"/>	Health Home CMA meets Staff Qualification requirements, as outlined in applicable HH+ policy.
<input type="checkbox"/>	Health Home CMA has process to ensure HH+ caseload sizes do not exceed the required ratio of 1 qualified care manager for every 12-15 HH+ recipients.
<input type="checkbox"/>	Health Home CMA has process to ensure the minimum service intensity requirements outlined in the applicable HH+ policy are met
<input type="checkbox"/>	<p>Additional Requirements for CMAs not already attested to (<i>please ensure boxes are checked under each bolded subsection below</i>):</p> <p>Health Home CMA meets the HH+ CMA Credentials to serve HH+ individuals with SMI, outlined below. See “Health Home (HH) Care Management Agency (CMA) Credentials to Serve Health Home Plus (HH+) for Members with Serious Mental Illness (SMI)” for full description of each.</p> <p>CMA meets at least two of the following criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CMA is operated by an organization that provides OMH-licensed, -funded or -certified services, in addition to care management for individuals with SMI <input type="checkbox"/> CMA currently serves individuals with SMI <input type="checkbox"/> CMA demonstrates knowledge of the behavioral health managed care benefit package and has working relationships/partnerships with the local mental health service delivery system



Adirondack Health Institute

Lead Empower Innovate

AND
CMA Supervisor(s) and care managers are proficient in the following Core Competencies:

- Conducting appropriate screening and performing/arranging for more detailed assessments
- Planning and coordinating care management needs
- Maintaining engagement of high-need individuals

AND

Health Home CMA either has a working relationship or is in process of developing one with the LGU/SPOA in their service county (within 3 months of the Health Home submitting the attestation form).

Please list your agency staff who meet HH+ staffing criteria

Staff Name	Education	Experience

Please indicate your agencies staffing model

<input type="checkbox"/> Preferred Caseload	<input type="checkbox"/> Mixed Caseload	<input type="checkbox"/> Team Caseload
---	---	--

Certification and Acknowledgement

I certify, on behalf of my agency, that all information contained in this HH+ Funding Attestation is accurate and true. I have read the attached policy and agree that my agency will not seek payment at the HH+ rate unless all staffing and program qualifications have been met. I further understand that Health Home payments are subject to recovery upon audit should documentation fail to support payment received.

 Director Name (print)

 Signature

 Date