

**Local Government Unit (LGU)/Single Point of Access (SPOA) and Care Management Agency  
(CMA) Working Relationship Form**

Per the Department of Health (DOH)/Office of Mental Health (OMH) requirements to serve the Health Home Plus (HH+) for Serious Mental Illness (SMI) populations, Health Homes must verify CMAs either have an existing working relationship (or are in process of developing one within (3) months) for HH+ Care Coordination with the LGU/SPOA in their service county. This form can be used by LGUs/SPOAs to document that a CMA has a working relationship with the LGU/SPOA in their service area. If establishing a new relationship, contact with the LGU/SPOA should be made prior to completing this form.

**Local Government Unit (LGU/SPOA):**

County: \_\_\_\_\_

Lead Contact Name: \_\_\_\_\_

Lead Contact Telephone Number: \_\_\_\_\_

Lead Contact Email: \_\_\_\_\_

**Care Management Agency (CMA)**

CMA Name: \_\_\_\_\_

Lead Contact Name: \_\_\_\_\_

Lead Contact Telephone Number: \_\_\_\_\_

Lead Contact Email: \_\_\_\_\_

**Lead Health Home (HH)**

HH Name: \_\_\_\_\_

Lead Contact Name: \_\_\_\_\_

Lead Contact Telephone Number: \_\_\_\_\_

Lead Contact Email: \_\_\_\_\_

**Per DOH/OMH Guidance, a “working relationship” with LGU/SPOA includes:**

**LGU/SPOA** Please check all that apply below:

1. Demonstrated ability and willingness to accept high-need SMI referrals directly from the LGU/SPOA  
**CMA meets this criteria:**  **YES**  **NO**

2. Participation in any county SPOA process or committee as applicable  
**CMA meets this criteria:**  **YES**  **NO**

3. Knowledge of LGU/SPOA protocols and resources for accessing local mental health services  
**CMA meets this criteria:**  **YES**  **NO**

4. Clearly defined communication process between the CMA, SPOA, and HH  
**CMA meets this criteria:**  **YES**  **NO**

5. Please list additional **CMA** contacts if needed:

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6. Please list additional of **Health Home** contacts if needed

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**Local Government Unit Representative**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
County

\_\_\_\_\_  
Date