



Adirondack Health Institute

Lead Empower Innovate

## POLICY AND PROCEDURE

**Title:** Health Home Staffing Qualifications Policy

**Department:** Health Home

**Intended Population:** Health Home Serving Adults and Children

**Effective Date:** 3/1/2015

**Review Date:** 12/10/2020

**Date Revised:** 12/10/2019, 3/1/2021

### Purpose of Policy

To describe the minimum staffing qualifications for like roles across all Health Home Service Providers within the AHIHH. To describe access to services throughout the Health Home. Staffing qualifications vary depending on population served. For this policy and procedure, children shall be considered any person under the age of 21 served under the Children's Health Home program.

### Scope

1. This policy must be distributed to all AHI Health Home Program staff and all subcontracting Health Home Service Providers.
2. All recipients of this policy must acknowledge their receipt and understanding of the policy by referring any questions or problems with the policy within ten days of the issue date to the AHI's Health Home program.
3. All questions regarding this policy or its implementation may be directed to the AHI Health Home Director.

### Statement of Policy

AHI shall develop, disseminate, and review at least annually a Health Home Staffing Qualifications Policy that addresses purpose, scope, roles and responsibilities, management commitment, coordination among organization entities, and compliance. AHI shall formalize documented procedures to facilitate the implementation of the Health Home Staffing Qualifications Policy.

### Definitions

**Health Home Service Provider:** an organization that has a fully executed contract (the "Health Home Services Provider Agreement") with the Adirondack Health Institute to provide health home outreach and/or care management services.

**CMHA:** Community Mental Health Assessment, an assessment required to determine what, if any, Home and Community Based Services a Health and Recovery Plan enrollee is entitled to.



Adirondack Health Institute

Lead Empower Innovate

## POLICY AND PROCEDURE

**HARP:** Health and Recovery Plan

**HCBS:** Home and Community Based Services

**HHSC:** Health Home Serving Children

**Workforce member:** Employees, board members, volunteers, interns, independent contractors, vendors, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates, associates, volunteers, and staff from third party entities who provide service to the covered entity.

### Background

The Health Home Staffing Qualifications Policy at AHI is intended to facilitate the effective implementation of the processes necessary to meet the Health Home Program standards and requirements as stipulated by the NYS DOH, federal regulations, and best practices. This policy directs that AHI meet these requirements.

### POLICY

Health Home Service Providers are responsible for maintaining personnel records for Health Home Care Managers and Supervisors that document proof of education requirements, Background Checks, and trainings. Anyone 21 and under, including members enrolled in Adult Health Home, are required to conduct and document Criminal History Record Checks (including finger printing), State Central Register Database Check, and Staff Exclusion Lists Checks on all prospective employees on or after April 1, 2018.

This policy outlines staffing requirements for special Health Home populations. Personnel records pertaining to these Health Home Standards can be audited by the Health Home.

## Health Home Plus

### *Health Home Care Manager Qualifications*

#### Education:

1. A Master's degree in one of the qualifying fields and one years of experience; OR
2. A Bachelor's degree in one of the qualifying fields and two years of experience; OR
3. A Credentialed Alcoholism and Substance Abuse Counselor (CASAC) and two years of experience; OR



Adirondack Health Institute

Lead Empower Innovate

## POLICY AND PROCEDURE

4. A Bachelor's degree in ANY field with either: 3 years' experience or two years' experience as a Health Home Care Manager serving the SMI or SED population

**AND**

### **Experience:**

1. Providing direct services to people with Serious Mental Illness, developmental disabilities, alcoholism or substance abuse, and/or Children with SED; OR
2. Linking individuals with Serious Mental Illness, Children with SED, developmental disabilities, and/or alcoholism or substance abuse to a broad range of services essential to successful living in a community setting (e.g. medical, psychiatric, social, education, legal, housing, and financial services.)

*\*Qualifying education includes degrees featuring a major or concentration in social work, psychology, nursing, rehabilitation, education, occupational therapy, physical therapy, recreation or recreation therapy, counseling, community mental health, child and family studies, sociology, speech and hearing or other human services field.*

**AND**

### **Supervision:**

1. Licensed level healthcare professional with prior experience in a behavioral health setting; OR
2. Master's level professional with two years of supervisory experience in a behavioral health setting.

*Licensed level healthcare professional includes: Physicians, Psychiatrists, Physician's Assistants, Nurse Practitioners, Psychiatric Nurse Practitioners, Registered Professional Nurses, Licensed Practical Nurses, Licensed Psychologists, Licensed Clinical Social Workers, Licensed Master Social Workers, Licensed Mental Health Counselors, Licensed Marriage and Family Therapists, Licensed Psychoanalysts, Licensed Creative Arts Therapists, and Licensed Occupational Therapists.*

### **Waiver Request of Adult HH+ Care Manager Qualifications**

In rare circumstances, staff may have unique education and/or experience to adequately serve the high need behavioral health population but do not meet the updated qualifications outlined in this memo. HH CMAs and contracted RCAs may apply for a waiver for such staff. Waivers are not intended to be the sole approach for an agency looking to expand capacity in serving these populations. Agencies should be prudent in selecting staff to pursue a waiver of qualifications. Waivers should only be submitted for those staff whose unique qualifications allow them to adequately serve the population.



Adirondack Health Institute

◊ Lead ◊ Empower ◊ Innovate

## **POLICY AND PROCEDURE**

*Please see the OMH and/or DOH website for additional guidance on HH+ and HARP staffing requirements:*

[http://www.omh.ny.gov/omhweb/adults/health\\_homes/hhp-final.pdf](http://www.omh.ny.gov/omhweb/adults/health_homes/hhp-final.pdf).

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hh\\_mco\\_cm\\_standards.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_mco_cm_standards.pdf)

## **Background Check Requirements for Health Homes and Care Managers**

The purpose of this policy is to establish procedures for conducting the required background checks for Health Home Care Managers and CMA employees, to better protect members under the age of 21 and to help ensure their safety. Chapter 57 of the Laws of 2018 includes new statutory requirements related to Criminal History Record Checks (CHRC), Mandated Reporter requirements, and Statewide Central Register (SCR) Database checks.

Health Home Care Managers and other applicable Health Home employees and their applicable agency employees complete three required clearances:

- Staff Exclusion List (SEL) through the NYS Justice Center for the Protection of People with Special Needs (Justice Center)
  - NYS Social Services Law 495
  - For HH and CMA employees that will have regular and substantial contact with individuals under the age of 21
- Criminal History Record Check (CHRC) through NYS Department of Health (DOH)
  - >NYS Public Health Law Article 28-E
  - >For unlicensed HH and CMA employees who provide direct care to members under the age of 21 or have access to their property and belongings
- Statewide Central Register Database Check (SCR) through the Office of Children and Family Services (OCFS)
  - NYS Social Service Law 424-a
  - For HH and CMA employees that that will have the potential for regular and substantial contact with members under the age of 21

### **Staff Exclusion List (SEL) through NYS Justice Center**

The SEL is a Statewide Register maintained by the NYS Justice Center. The SEL contains the names of people found responsible for serious or repeated acts of abuse and neglect. The SEL check is required for all newly hired staff that will have regular and substantial contact with individuals under the age of 21. The SEL should be completed prior to all other required background checks for practical purposes.

- The SEL check is free and is required for all prospective Health Home Care Managers and other applicable Health Home employees and other applicable agency employees who require a SCR Database Check. Because the results of the SEL check are not transferrable from agency to

## POLICY AND PROCEDURE

agency, the check will need to be conducted for new hires even if they have previously cleared the check.

The SEL Check Process:

- Health Home Care Managers and other applicable Health Home employees are responsible for registering an Authorized Person with the NYS Justice Center and meeting any additional requirements to ensure completion of the SEL checks.
- Authorized person(s) are the staff at each agency that can request SEL checks online and receive results via email.
- Employers are required to retain documentation of the result for each SEL check.

### **Criminal History Record Check (CHRC) through NYS Department of Health**

The Criminal History Record Check (CHRC) is a fingerprint-based, national FBI criminal history record check. These checks are submitted and processed using the Criminal History Record Check (CHR) application, which is housed within the Health Commerce System (HCS).

Effective April 1, 2018, Article 28-E of the Public Health Law requires a CHRC be conducted for all prospective employees that provide direct care to members under the age of 21, including Health Home Care Managers and other applicable Health Home employees. The CHRC must be completed for staff who will provide direct care or supervision. Health Home Care Managers and other applicable Health Home employees who previously had Criminal Background Checks (CBC) completed through the NYS Justice Center are required to have the CHRC because the previously conducted checks do not transfer, and the CBC does not meet the requirements of the CHRC.

The following titles are only exempt from the CHRC requirements if they are operating within their title:

- Professionals licensed under Title 8 of the NYS Education Law
- Licensed nursing home administrators, security guards, volunteers and students enrolled in a program leading to a professional license under Title 8 are not subject to the CHRC

An employee is operating within their title if their license was specifically required for their position. If a Title 8 licensee is not operating within their title, they are still subject to the CHRC.

### **Authorized Persons:**

- Individual(s) within the “Administrator” role are responsible for maintaining CHRC “Authorized Person” (AP) access. When entering the CHRC application, select “Manage AP” in the toolbar or the “Manage Authorized Persons” quick link to add and/or remove a CHRC “Authorized Person”. Routine monitoring of CHRC AP access should be completed by the individual(s) within the “Administrator” role for continued compliance.
- Any designated AP may be contacted by the Department regarding the status of an employee. While providers are highly encouraged to assign more than one AP for backup purposes, providers are discouraged from having more than five assigned APs.



Adirondack Health Institute

Lead Empower Innovate

## **POLICY AND PROCEDURE**

- Only individuals designated as a CHRC “Authorized Person” may contact CHRC for status updates, inquiries, results, etc.
- Authorized Persons should monitor the Document Viewer in the CHRC application on a daily basis to ensure timely receipt and review of time sensitive documents, including but not limited to Live Scan Requests, notification letters, and arrest notifications after hire.

### **Timeframes:**

A provider must immediately, but no later than 30 calendar days after the event, notify the Department when:

- an individual is subject to CHRC via 103 submission; and
- an individual is no longer subject to CHRC via 105 termination. Terminations include when an employee is no longer subject to CHRC; is no longer employed by the provider; employee death; or when a prospective employee is no longer being considered by the provider.

Upon receipt of the request for fingerprint (LiveScan), an appointment must be scheduled for the employee to be fingerprinted, along with indication of the method of payment.

### **The CHRC Process:**

Employers of covered persons are responsible for requesting and processing the checks.

- Employers must ensure appropriate direct observation and evaluation of the temporary employees, effective July 1, 2019.
- Temporary employees are those whose CHRCs are pending.
- Per Chapter 57 of the Laws of 2019, effective July 1, 2019, temporary employees will not be able to provide direct care without supervision by an employee whose check has been successfully completed or by exempt staff.
- If an employee is later employed by another agency that requires a CHRC, the CHRC process will be expedited once the direct employer (the Health Home or Care Management Agency) submits their request for a CHRC. If the applicant has already been evaluated by DOH/CHRC, the direct employer will not receive a Live-Scan Request Letter. However, they will receive a letter of determination concerning employment eligibility. There is no additional fee in this situation and the expedited checks are typically processed in one (1) to two (2) weeks.
- There is a cost for the CHRC (2020 total cost of CHRC is \$102.00. Please note this is subject to change). The employer of record is responsible for the cost. These costs are statutorily prohibited from being passed on to the employee.
- There are some crimes which may statutorily disqualify a person from obtaining employment pursuant to Executive Law 845-b (5)(a). If the prospective employee has one of the listed convictions, he/she may only be approved for employment if the DOH determines, in its discretion, that approval of the application ... “will not in any way jeopardize the health, safety or welfare of the beneficiaries of such services.” This is a very high standard of review and the applicant will need to provide significant information to overcome a denial of employment eligibility. If the prospective employee’s convictions are for crimes other than those



Adirondack Health Institute

◊ Lead ◊ Empower ◊ Innovate

## POLICY AND PROCEDURE

mentioned above, the DOH “may approve or disapprove the prospective employee’s eligibility for employment by the provider, consistent with article twenty-three-A of the correction law.” See, Executive Law Sec. § 845-b (5) (b). The agency will receive CHRC Legal Determination Letters which are based on legal review of NYS and FBI criminal histories.

- Sample notification letters that are favorable to the applicant and which are sent only to the health care provider include the following:
  1. **No Hits No Violations** letter issued when both the Department of Criminal Justice Services (DCJS) and FBI report the applicant has no criminal history at all.
  2. **Legal no conviction/no hit** letter issued following receipt of a criminal history record indicating charges or convictions by the DCJS or the FBI which upon investigation and legal determination are not reportable convictions for any felony or misdemeanor (for example violations, infractions, sealed records, family court, military non-judicial punishment).
  3. **DOH non-denial (a)** letter issued when an applicant has submitted, in advance of an initial attorney review, sufficient rehabilitation materials to attenuate a statutorily disqualifying conviction.
  4. **DOH non-denial (b)** letter issued following application of Article 23-A of the NYS Correction Law and initial attorney review of an applicant’s record and legal determination made finding no direct relationship or unreasonable risk to the granting of employment eligibility regarding that criminal history (for example, a 1999 Class U misdemeanor DWI).
  5. **Open charges/not held in abeyance** letter issued when the applicant has a pending minor misdemeanor matter which does not relate to the proposed employment in a health care setting or creates an unreasonable risk to patients or where the applicant has received an adjournment in contemplation of dismissal with respect to an open charge.
  6. **Final non-denial (a)** letter issued following the issuance of a pending denial letter where the applicant has submitted sufficient rehabilitation materials to attenuate a statutorily disqualifying conviction.
  7. **Final non-denial (b)** letter issued following the issuance of a pending denial letter where the applicant has submitted sufficient rehabilitation materials to attenuate a discretionarily disqualifying conviction.
  8. **Pending denial to provider/pending denial to employee** letters issued following attorney review of a perfected rap sheet where the applicant has misdemeanor and/or felony convictions which, upon legal review, contain either a statutorily or discretionarily disqualifying conviction and requesting the submission of rehabilitation documentation from the applicant.
  9. **Final denial (a)** letter to provider/employee issued following the issuance of a pending denial letter where the applicant has not submitted sufficient rehabilitation materials to attenuate a statutorily disqualifying conviction.
  10. **Final denial (b)** letter to provider/employee issued following the issuance of a pending denial letter where the applicant has not submitted sufficient rehabilitation materials to attenuate a discretionarily disqualifying conviction.



Adirondack Health Institute

Lead Empower Innovate

## POLICY AND PROCEDURE

11. **Hold in abeyance** letter to provider/employee issued when the applicant has a pending felony, or a pending misdemeanor which relates to the proposed employment in a health care setting or creates an unreasonable risk to individuals enrolled in Health Homes.
12. A 12th type of letter, referred to as a **Charge notification-after hire** letter, concerning a subsequent arrest, is sent only to the health care employer. When subsequent arrests involve particularly egregious circumstances, DOH attorneys may also telephone the employer to read the charges to that employer, thereby allowing the employer to make a timely risk management decision concerning ongoing employment.

Note, Letters #2 through #5 above are issued after the criminal history check is perfected and a comparative law analysis performed, and do not require an applicant response, leaving the final hiring decision with the health care provider. Letters #6 and #7 communicate favorable final decisions rendered after the applicant submits rehabilitation information. These are issued following an attorney review of the applicant's complete rehabilitation submission and a thorough DOH investigation concerning the circumstances of a crime.

Results of CHRCs must be kept confidential unless provided to an authorized party. Access to results must be restricted to the employee, the provider and/or the provider's authorized designee, others involved in the hiring decision, and the Department of Labor. Criminal history record information must remain strictly confidential and be kept in a separate area that only authorized persons have access to.

### Terminations:

- Please note that if the Department issues a denial of employment eligibility in the form of a final denial (a) or final denial (b) letter (letters 10 and 11) as referenced above, or when an employee is no longer employed by an agency, the employee must be terminated in the CHRC application.
- Within the CHRC application, select "Terminate an Employee." Click each checkbox associated with an employee(s) to be terminated. Then click the "Terminate" button. A confirmation page will appear, listing the employee(s) selected for termination. To process the termination(s), click the "Terminate" button. After successful termination, click the "Print" button on the next screen to print a CHRC 105 (Termination Form) for each employee terminated, to be retained in your files for a minimum of six years. Ongoing monitoring will occur to ensure compliance.
- Please note that in addition to the Termination Form, CHRC 102 (Fingerprint Consent Form) and 103 (Submission Receipt) forms must also be retained even if the individual was not hired by your agency.





Adirondack Health Institute

Lead Empower Innovate

## POLICY AND PROCEDURE

### **Statewide Central Register Database Check (SCR) through NYS OFCS**

The Statewide Central Register (SCR) maintains a database of records of child abuse and maltreatment reports. The purpose of the Database Check is to find out if a prospective employee of a Health Home or Health Home Care Management Agency is a confirmed subject of an indicated report of child abuse or maltreatment. The SCR Database Check is required for those employees that will have regular and substantial contact with members, which includes but is not limited to Health Home Care Managers. SCR Database Checks will be required for prospective employees hired on or after April 1, 2019 that will have the potential for regular and substantial contact with individuals under the age of 21. SCR Database Checks are not transferable and are prohibited from being re-disclosed. There is a cost for the SCR Database Check (2018-2019 SCR Database Check is \$25.00) that may be paid by either the employer or the employee. The payment must be submitted when the SCR Database Check request is submitted. Please note that if an SCR check was conducted within the last 6 months, and the results are still accessible in the Online Clearance System, the request for a new SCR check may not be submitted until the results are no longer in the system.

#### **The SCR Database Process/Results:**

If the prospective employee is not found to be a confirmed subject of an indicated report, the employer will receive notification that the SCR has no record of the applicant being an indicated subject of a report of child abuse or maltreatment.

- If the prospective employee is found to be the subject of an indicated report, the SCR is required to send a letter informing the applicant of their due process rights. The applicant is given ninety (90) days to respond back to the SCR in writing that they want to exercise their due process rights through an administrative review and fair hearing process. If the SCR does not hear back from the applicant within that timeframe, the SCR will then notify the Health Home or CMA that the SCR has a record of the applicant being an indicated subject of a report.
  - If a Health Home or CMA is notified that the SCR has a record of an applicant being an indicated subject of a report, the notification will not contain any details related to the report of abuse or maltreatment.
  - An indicated SCR report is not an automatic exclusion from employment.
  - The Health Home or CMA can request that the prospective employee sign an authorization for release of information allowing the prospective employer to request and obtain a copy of the indicated SCR report. After reviewing the records, it is the prospective employer's discretion as to whether they hire or do not hire the prospective employee.



Adirondack Health Institute

Lead Empower Innovate

## POLICY AND PROCEDURE

### **Health Home Serving Children**

#### **Training for Care Managers and Supervisors upon hire (prior to delivering services):**

- Consent – HIPAA/CFR 42/sharing of information training
- Newly hired Health Home Care Managers and supervisors must also complete and in-person CANS-NY training:
- Health Home Care Managers must complete and in-person CANS-NY training within their first six (6) months of employment.
- Health Home care management supervisors must complete an in-person General and Supervisor Training within their first eight (8) months of employment.
- All Care Managers serving children must be trained on the Child and Adolescent Needs and Strengths Assessment (CANS-NY) and must be recertified annually, achieving a score of 70% or higher, supervisors must achieve a score of 80% or higher. The online CANS-NY training can be accessed online: <https://canstraining.com/>.
- Mandated Reporter training, available at <http://nysmandatedreporter.org/TrainingCourses.aspx>
- Agencies serving children will need access to the Health Commerce System (HCS) and the Universal Assessments Systems (UAS) which require NYSDOH training.

#### **Training for Care Managers and Supervisors within six months of employment**

- Engagement and Outreach (e.g. Motivational Interviewing)
- Safety in the Community (e.g. conducting home visits, partnering with law enforcement, carrying cell phones, communication with supervisor, awareness of surroundings) – free to providers being offered by OMH and similar training by OCFS
- Trauma Informed Care
- Person Centered Planning
- Cultural Competency/Awareness
- LGBTQ Issues – serving transgender children/adolescents and working with Lesbian/Gay/Bisexual/Transgender/Questioning Families
- Meeting Facilitation

AHIHH can help support the access to these trainings for the Health Home Service Providers upon request.

*These trainings are a one-time requirement however Health Home Care Managers can access these trainings at any time for a refresher as needed.*

#### **Care managers that serve children with a “high” level of acuity as determined by the CANS-NY Education:**

- B.A/B.S. degree with two years of relevant experience; OR
- License as a registered nurse with 2 years of relative experience; OR



Adirondack Health Institute

Lead Empower Innovate

## POLICY AND PROCEDURE

- A Masters degree with 1 year relevant experience

*Please see the DOH website for additional guidance on HHSC staffing requirements:*

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hh\\_mco\\_cm\\_standards.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_mco_cm_standards.pdf)

### **Care Managers Serving the High-Fidelity Wraparound Pilot**

New York State requires that Health Home Care Managers that serve High acuity enrollees or those part of the High-Fidelity Wraparound Pilot have the following minimum education:

- A Bachelor of Arts or Science with 2 years of relevant experience, or
- A License as a Registered Nurse with 2 years of relevant experience, or
- A Masters with one year of relevant experience.

### **Care Managers Serving the Early Intervention Population**

For children enrolled in the Early Intervention Program and receiving Health Home services through a provider approved under the EI Program, the minimum qualifications for EIP service coordinators set forth in section 69-4.4 of 10 NYCRR will apply. Those qualifications are as follows:

A minimum of one of the following educational or service coordination experience credentials:

- Two years of experience in service coordination activities as delineated in this Subpart (voluntary or part-time experience which can be verified will be accepted on a pro rata basis );  
or
- one year of service coordination experience and an additional year of experience in a service setting with infants and toddlers with developmental delays or disabilities; or
- one year of service coordination experience and an Associate's degree in a health or human service field;  
or
- A Bachelor's degree in a health or human service field

Demonstrated knowledge and understanding in the following areas:

- Infants and toddlers who may be eligible for early intervention services;
- State and federal laws and regulations pertaining to the Early Intervention Program;
- Principles of family centered services;
- The nature and scope of services available under the Early Intervention Program and the system of payments for services in the State; and
- Other pertinent information.



Adirondack Health Institute

◊ Lead ◊ Empower ◊ Innovate

## **POLICY AND PROCEDURE**

### **Quality and Performance Improvement**

Each Health Home Service Provider is expected to maintain and keep personnel records on file for each Health Home Care Manager. Personnel Record review will be conducted by AHIHH, at minimum, on an annual basis.

As outlined above, employers are required to retain the following, which will be subject to audit by the State:

- Criminal History Record Checks
  - Employers must retain the approval or disapproval letter for each employee, as well as the CHRC 102 (Fingerprint Consent Form), CHRC 103 (Submission Receipt), and CHRC 105 (Termination Form).
  - These letters are housed within the CHRC application in HCS.
  - Please note that criminal history information cannot be shared.
- Statewide Central Register Database Checks
  - Employers must retain the results of each SCR check.
  - Please note that results are maintained in the Online Clearance System for only 6 months. For this reason, employers will need to print or save the results to make sure they remain available.
- Staff Exclusion List Checks
  - Employers must maintain the results of each SEL check.
  - These results are sent via email.
- Mandated Reporter
  - Employers must maintain the certificate of attendance that employees receive upon completion of the required training.

### **Training**

This policy will be disseminated for review and questions before a policy training is given. If more time is needed outside of the initial policy training, a future in-depth training will be developed and/or identified for Health Home Care Managers to gain an understanding of Evidence-based methods for increasing engagement including; Motivational Interviewing, Recovery-Oriented Practices, Person-Centered Planning, role and benefits of a Certified Peer Specialist/Peer Advocate and wellness Recovery Action Plans. Trainings regarding co-morbidities and single qualifying conditions will also be given/found by the Health Home.

**Contact Person:** Director, Health Home and Care Management

**Responsible Person:** Health Home Service Provide

**Approved By:** Chief Operating and Compliance Officer



**POLICY AND PROCEDURE**

**Attachment 1**

**Desk Guide for Adult Health Home**

Requirement	Health Home Qualifications
Education Requirements to provide Health Home Care Management Services to the Adult Health Home Population/ HARP Population	<p><b>HHCM:</b> At a minimum, care managers should have the below education level/experience: Registered Nurse with one-year care management experience; OR master’s degree with one year of experience; OR bachelor’s degree with one year of experience; OR Associates with two years of experience; ORLPN with two years of experience; ORH.S. Diploma/GED with six years of experience.</p>
Education Requirements to provide Health Home Care Management services to the Adult HH+ Population	<p><b>Supervisors:</b> Licensed level healthcare professional with prior experience in a behavioral health setting; OR Master’s level professional with two years of supervisory experience in a behavioral health setting.</p> <p><b>HHCM:</b> A Master’s degree in one of the qualifying fields and one years of experience; OR A Bachelor’s degree in one of the qualifying fields and two years of experience; OR A Credentialed Alcoholism and Substance Abuse Counselor (CASAC) and two years of experience; OR A Bachelor’s degree in ANY field with either: 3 years’ experience or two years’ experience as a Health Home Care Manager serving the SMI or SED population.</p> <p><b>And Experience:</b> Providing direct services to people with Serious Mental Illness, developmental disabilities, alcoholism or substance abuse, and/or Children with SED; OR Linking individuals with Serious Mental Illness, Children with SED, developmental disabilities, and/or alcoholism or substance abuse to a broad range of services essential to successful living in a community setting (e.g. medical, psychiatric, social, education, legal, housing, and financial services.)</p>



Adirondack Health Institute

Lead Empower Innovate

**POLICY AND PROCEDURE**

**Attachment II**

**Desk Guide for Children’s Health Home**

Requirement	Health Home Qualifications
<p>Education Requirements to provide Health Home Care Management to the <b><i>High Acuity Population for Children’s Health Home and High-Fidelity Wraparound</i></b></p> <p style="text-align: center;">-and-</p> <p>Supervisory Education Requirements to oversee Children’s Health Home Care Management</p>	<p><b>Supervisor and HHCM:</b>            A Bachelor of Arts or Science with two years of relevant experience, OR            A License as a Registered Nurse with two years of relevant experience, OR            A Masters with one year of relevant experience.</p> <p><b>And the listed competencies:</b>            Familiarity with and ability to refer patients/consumers/families to appropriate community resources and services,            Strong communication skills,            Ability to work both independently and as part of a team,            Ability to develop and work from a person-centered plan of care designed to build on the client and/or his/her family’s strengths as appropriate,            Basic computer skills</p>
<p>Education Requirements to provide Health Home Care Management to the <b><i>Medium and Low Acuity Population for Children’s Health Home</i></b></p>	<p><b>HHCM:</b> This minimum level of education will be left to the discretion of the CMA.</p>
<p>Education Requirements to provide Health Home Care Management to <b><i>Early Intervention Population for Children’s Health Home</i></b></p>	<p><b>HHCM:</b> 2 Years of Service Coordination (Voluntary or Paid), OR            One Year of Service Coordination and an additional year of experience in a service setting with infants/toddlers with developmental delays or abilities, OR            An Associate’s Degree with One year of Service Coordination, OR            A Bachelor’s degree in the Health and Human Services Field</p> <p>All with the Demonstrated Competencies listed in the above Policy</p>