

**MISSOURI DEPARTMENT OF MENTAL HEALTH**  
*Division of Behavioral Health*  
**OFFICIAL MEMORANDUM**

**July 2, 2015**

**TO:** All CMHC Healthcare Home Providers

**FROM:** Natalie Fornelli, Manager of Integrated Care NF  
Division of Behavioral Health

**SUBJECT:** HCH Staffing Expectations

This memo reflects current staffing requirements of Community Mental Health Center (CMHC) Healthcare Homes (HCH).

**General Staffing Expectations**

CMHC HCH Staff to consumer ratios:  
HCH Director - 1 FTE: 500 enrollees  
Nurse Care Manager (NCM) - 1 FTE: 250 enrollees  
Care Coordinator/Clerical Support - 1 FTE: 500 enrollees  
Primary Care Physician Consultant (PCPC) - 1 hour, per enrollee, per year

CMHC HCHs should build their staffing based on the number of individuals served (i.e. enrollment, regardless of whether or not a per member per month (PMPM) payment for all enrollees is received.)

PCPC and NCM staffing expectations are not flexible. Failure to follow the staffing requirements of these positions may result in recoupment and/or enrollment suspension. Vacancies in these critical positions must be filled as soon as possible and agencies should provide regular hiring updates to the Division of Behavioral Health (DBH) Integrated Care Liaison.

HCHs with less than 500 enrollees must employ at least a half-time HCH Director.

HCHs over 500 enrollees must employ at least a full-time HCH Director and Care Coordinator/Clerical Support.

To allow for staff turnover, CMHC HCHs are required to maintain **at least an 85% staffing level** for the year based on the number of enrollees for whom they received a PMPM payment. Those who do not will face a recoupment of PMPM payments commensurate with their shortfalls in staffing.

Staffing changes must be reported to the DBH Integrated Care Liaison within five days of a vacancy or filled position. The *Team Contact Form* must be completed for all new hires. When staff vacate their CMHC HCH position, **the agency is responsible for deleting user accounts in Cyber Access, CIMOR, and Pro-Act.**

CMHC HCHs should continuously monitor enrollee counts, caseloads, and FTE requirements. As enrollment increases for any agency, HCH Director and Care Coordinator/Clerical FTE may be redistributed after minimum staffing requirements are met. This staffing reallocation may be used for a data analyst, nutritionist, or other positions that your agency feels would provide a greater benefit. Reallocation plans must be submitted to the HCH Implementation Team for approval prior to implementation.

### **Primary Care Physician Consultant**

A Primary Care Physician Consultant is required to provide one (1) hour per enrollee per year for the CMHC HCH.

The PCPC must be board certified in family practice or internal medicine and be current in their practice.

The following options meet this requirement:

- All required hours completed by one or multiple primary care physicians.
- Up to 50% of the time can be substituted with either an Advance Practice Nurse (APN) or a Physician Assistant (PA).
- If the substitution of an APN or PA for the PCPC role is utilized:
  - The substituted time must be based on double the physician time
    - Two (2) hours of APN/PA time for one (1) hour of physician time
    - Only 50% of the time may be substituted of the required primary care physician time.
    - The PMPM was calculated based on employment of a physician
      - ❖ Example: if you have 500 persons enrolled in your CMHC HCH, you must provide 500 hours annually of PCPC time. If you substitute an APN or PA for 250 hours of the PCPC time, the APN/PA must provide 500 hours themselves, in addition to the 250 hours remaining of the primary care physician, for a total of 750 hours.
    - A minimum of two hours per week of primary care physician time is required (104 hours per year).
      - ❖ This means a smaller CMHC HCH may not be able to substitute up to the allowable 50% of time. CMHC HCHs with fewer than 208 enrollees will not be able to substitute the full 50%, because that would leave them with less than 104 hours per year of actual primary care physician time.

- When substituting an APN, the APN must have a specialty in a primary care scope, not a behavioral health scope for this CMHC HCH function. Attached you will find a list of all specialties certified by the Missouri Board of Nursing, designating which are appropriate for the PCPC role.
- Please also note that in your contractual agreements with these primary care physicians, you should address “kickback protection” to assure compliance with federal statutes.

### **Nurse Care Manager**

NCMs may not exceed the maximum 1:250 staffing ratio.

Both primary care Registered Nurses (RN) and Licensed Practical Nurses (LPN) may be staffed in the NCM role. LPNs should have a minimum of five years post certificate experience in a primary care setting. For LPN candidates who don't meet this criterion, but are a good candidate for the NCM position, a request must be submitted and approved by the HCH Implementation Team. All current LPNs in the NCM role who do not meet this criterion are “grandfathered in” at their current role. NCMs assigned a predominately youth caseload should have experience serving youth in a primary care setting.

There must be at least one RN on the CMHC HCH team in either the NCM or HCH Director role. LPNs must be supervised by an RN or APN within the agency.

Please note that when determining the PMPM, the salary budgeted for the NCM position was for RN level nurses. While realizing not all NCM manager positions can be filled with RNs, agencies are strongly encouraged to utilize RNs in the NCM position.

If you have any questions, please contact Tara Crawford at [tara.crawford@dmh.mo.gov](mailto:tara.crawford@dmh.mo.gov).

Attachments: Team Contact Form  
Approved APN Specialties

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