

Office of Health Services  
Medical Care Programs



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**Health Home Provider Transmittal No. 3**  
**February 3, 2015**

TO: Health Home Providers  
FROM: Susan J. Tucker, Executive Director  
Office of Health Services  
RE: Health Home Service Clarifications

**NOTE: Please ensure that the appropriate staff members in your organization are informed of the content of this transmittal.**

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This transmittal explains (1) the service and delivery requirements for the billing of Home Health Services and (2) the circumstances under which communications and consultations regarding a participant's care plan are properly billable as care plan update services.

**Health Home Services: Participant-Specific and Substantive**

As provided for in COMAR 10.09.33 and explained in the Health Home Provider Manual, Health Home services must be targeted to the specific participant's needs, delivered by an appropriately-trained staff member, and meet the service delivery requirements detailed in the regulations. Such services need not, necessarily, be delivered in a face-to-face interaction, nor is there minimum service duration. However, billing the Medical Assistance Program for an interaction that does not meet the requirements above is grounds for payment retraction or the loss of Health Home provider status.

An example of a general interaction that providers may not bill is the distribution of an informational pamphlet regarding smoking cessation. On the other hand, a discussion between staff and participant regarding the risks of smoking, how those risks relate to the individual's condition, the setting of smoking cessation-specific goals, and/or updating of the participant's care plan would be an appropriate and billable Health Home service.

**Care Plan Updates**

General communication and consultation between agency staff (including Psychiatric Rehabilitation Program, Mobile Treatment Services, or Opioid Treatment Program staff) are not billable services. However, updates to a participant's care plan that result from communications and consultation, such as

a treatment team meeting, may be a billable Health Home service. To be billable, the communications must be documented as updates to a participant's care plan and show a change in:

- i) care plan goal;
- ii) progress toward a care plan goal;
- iii) interventions for meeting a care plan goal; or
- iv) delineation of roles of staff in terms of those interventions.

Billable care plan updates can occur more frequently than the 6-month care plan reviews and do not require signatures of the treatment team or the presence of the participant.

The following is an example of a billable care plan update: A participant has been struggling to control her diabetes, and the Health Home Care Manager and PRP staff member meet to discuss ways in which this could be better addressed and to determine a new course of action. They then document the discussion and plan for implementation as an update to the participant's care plan.

Questions regarding information in this transmittal may be directed to  
[DHMH.HealthHomes@Maryland.gov](mailto:DHMH.HealthHomes@Maryland.gov).