

# Health Home Initiative Q & A

January 2013

Q: For providers with RRP, would Health Homes be considered an extension of this program? How does the Health Home model fit in with RRP vs. PRP vs. Supported Living Services?

**A: The provider types approved to serve as Health Homes are Psychiatric Rehabilitation Programs, Mobile Treatment Providers, and Opioid Maintenance Therapy Providers. Consumers must be receiving care from one of these providers to be eligible for Health Home services. Because Residential Rehabilitation Program consumers receive PRP services, they are eligible for Health Home services, assuming their PRP is a Health Home provider.**

Q: Is the intention for the PRP to become the Health Home for individuals served in their PRP only, or would any individual be able to enroll in the PRP provider's Health Home (even if not in PRP)?

**A: A PRP may only enroll into the Health Home individuals that are currently receiving PRP services. The same is true of MT or OMT providers; Health Home services must be paired with the applicable behavioral health services for a new enrollee. However, if an individual served in a PRP Health Home is subsequently discharged from PRP services because they are doing well, they may be able to continue in the Health Home independently of the PRP services for a period of time.**

Q: If a person is not in a PRP but is PRP eligible, can they participate in a Health Home?

**A: No. We envision the Health Home staff and PRP staff working together to carry out plans of care, so an individual must enroll with both the provider's PRP and Health Home services.**

Q: Providers eligible to be a Health Home include Mobile Treatment programs, right (including ACT teams)?

**A: Yes, Mobile Treatment providers are eligible to be Health Homes. Our understanding is that ACT falls under the MT provider type and is thus eligible.**

Q: How will shared consumers be handled?

**A: Consumers can only be in one Health Home. A consumer cannot be in an OMT provider Health Home and a PRP Health Home at the same time.**

Q: Are only Medicaid patients eligible for the Health Homes?

**A: Yes.**

Q: Are the Health Homes for adults only, or children and adolescents also?

**A: Health Home services will not be age-restricted, and we are in the process of determining how to best meet the unique needs of the child and adolescent population who may be eligible for Health Home services. We will continue to accept comments from stakeholders on this point and will share more information as decisions are made.**

Q: How do transitional age youth fit into the Health Home picture?

**A: Transitional age youth are treated in PRPs, so they will be included in the Health Home picture. Those who are adults can participate in a Health Home just like any other eligible adult. As mentioned previously, we are still in the process of determining how to best serve those who are children.**

Q: What happens when an individual exits PRP services?

**A: We will be developing Health Home discharge criteria to address those that "graduate" from PRP services. If the individual still has an SPMI and the Health Home is helping keep them well, we have discussed the possibility of keeping them in the Health Home. However, the PRP would need to ensure that they are continuing to provide services, short of full PRP services, to care for the individual.**

Q: Is there a minimum/maximum for number of Health Home enrollees?

**A: There is no minimum or maximum enrollee requirement for providers. However, all providers must meet the staffing ratio requirements, using the staff required per 125 enrollees as a minimum. Therefore, a provider with significantly less than 125 enrollees would need to make a decision of whether it is cost-effective to hire the staff required for an enrollment of 125. As an alternative, smaller providers may join together and share staff so long as they meet all other requirements.**

Q: As a semi-rural provider, we have significant concerns about the numbers of consumers required to make this Health Home program work. What efforts are you making to consider the situation in a lower density area?

**A: Much effort has been put forth to make this work. We will consider programs banding together and sharing Health Home staff, so long as the staff is dedicated to helping patients in all the programs involved, and has demonstrated a clear plan for doing so.**

Q: Will consumers be auto-enrolled into the Health Home, or will they be submitted one by one through intake?

**A: Auto-enrollment cannot occur because consumers must consent to be in the Health Home program and they must sign forms that allow sharing of their patient information. However, consumers will not need to go through another medical necessity determination if they are in a PRP, because they have already met the medical necessity criteria for PRP. So it is just a matter of the PRP or MT submitting some basic information to e-Medicaid and attesting that the individual agrees to participate in the Health Home and that they have signed the required confidentially paperwork.**

Q: How will specialty services, such as those for sex offenders, be managed?

**A: Services for sex offenders will be managed in the same way they are currently managed. It is important to understand that the Health Home program does not deliver health services, it coordinates care.**

Q: What are the staffing expectations if you have between 125 and 250 consumers?

A: **This information will be given following the upcoming Health Home provider meetings.**

Q: Can an agency hire one full-time person to be the Nurse Care Manager and the Health Home Director?

A: **Yes, so long as you are still meeting the Health Home staffing requirements. If enrollment is high, thereby requiring more than one Health Home Director, there is also an option to have a Lead Health Home Director and a Deputy Director.**

Q: What are the work responsibilities for the required Health Home staff?

A: **Please see the document describing Health Home staff responsibilities:**

[http://dhmh.maryland.gov/bhd/Documents/ChronicHealthHomeStaffRoles\\_DRAFT\\_12\\_11\\_12.pdf](http://dhmh.maryland.gov/bhd/Documents/ChronicHealthHomeStaffRoles_DRAFT_12_11_12.pdf)

Q: Is "FTE" 40 hours?

A: **In general, yes.**

Q: What are the expectations of the 24/7 availability?

A: **This is being worked out and will be presented at a later date.**

Q: Will there be an initial grace period to get CARF Health Home accreditation?

A: **Yes. We understand that this process takes some time. We require that you demonstrate you have started the application process, which can be proved by showing us your Letter of Intent to Survey, given to you upon applying for CARF Health Home accreditation. There is then a grace period until you receive accreditation.**

Q: Will there be any help/training from DHMH in preparing for meeting CARF standards?

A: **Yes. We will be bringing in a representative from CARF to perform a training session with providers to familiarize them with the requirements for accreditation and the necessary steps to get it.**

Q: Once Joint Commission has standards for Health Homes, will organizations with this accreditation be eligible to be a Health Home?

A: **The Joint Commission plans to launch a Health Home accreditation in January 2014. Providers who are currently accredited by The Joint Commission will have the option of enrolling as a Health Home provisionally, agreeing to obtain the accreditation when it becomes available. If they do not follow through on this, their status as a Health Home may be revoked.**

Q: Maryland ADAA has already required SMART, and organizations are paying for the development of EHR. Should we stop spending on EHR development?

**A: We see no reason to stop spending on EHR development, as EHR systems will enhance care management and coordination services, as well as significantly simplify the reporting required of Health Homes.**

Q: Will this system be integrated with SMART?

**A: We are still looking into SMART as a possible EHR if it meets all of the qualifications.**

Q: Whom do we contact at CRISP about this Health Home initiative?

**A: We will be in touch with providers about how to enroll with CRISP. We are in the process of testing this system for use by Health Homes.**

Q: What are the costs for CARF accreditation?

**A: Cost will depend on whether the provider already has CARF accreditation. For a provider without CARF accreditation, there will be a \$995 initial application fee, and a fee of approximately \$1500 per surveyor per day (two surveyors for two days is required for initial accreditation). Total costs will be approximately \$7000.**

Q: As we initiate our Health Homes, will there be start up funds or a grace period to meet staffing and structural requirements?

**A: There will not be any start-up funds provided to Health Home providers, as this was not included in the guidance from the Centers for Medicare and Medicaid Services. However, by enrolling providers and many participants prior to the official launch of the program, providers will be able to bill for their patient panel within one month of providing services, allowing for an influx of funds fairly quickly. All staffing and basic requirements of the program must be in place in order to enroll as a Health Home. There will be a grace period for obtaining Health Home accreditation on the condition the provider demonstrates they have begun the accreditation process.**

Q: Are the costs for the Nurse Practitioner, Health Home Director, etc., covered by the PRP billing?

**A: While Health Home payments will not directly fund the salaries of the required Health Home staff members, the monthly rate of approximately \$100 was developed based on the employment cost of the required Health Home staff (Health Home Director, Nurse Care Manager, etc). Therefore the payments that providers receive should be adequate to account for the additional staff needed to carry out the Health Home services.**

Q: What kind of provider meetings will occur? Will they mirror the ones that occurred during the health reform meetings?

**A: Future Health Home provider meetings will be different. We will be inviting specific PRP, MT and OMT providers and the meetings will have a specific focus that includes what the Health Home program is, how to meet Health Home requirements, etc.**

Q: How will the quality reviews be conducted and by whom?

**A: We are working on this issue. At present, we can say that we have internal staff who will carry out the quality reviews.**

Q: When will you be accepting applications for Health Homes?

**A: Sometime in the next 6 months. We must first ensure Federal approval of the project.**

Q: What is the projected go-live date?

**A: The go-live date depends on CMS approval and on our readiness. We plan to pre-enroll providers, and this will factor in to the start date. Our goal is to go live before July 1, 2013.**

*Documented updated November 13, 2015 to change the “per member per month” language to read “monthly rate” which is a more correct term for the type of reimbursement Maryland health homes utilizes.*