



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Maryland Medicaid Health Home Provider Application Instructions

Providers interested in establishing a Health Home Program must complete and submit a Maryland Health Home Provider Application.

Eligible Health Home programs include Psychiatric Rehabilitation Programs (PRP), Opioid Treatment Programs (OTP), and Mobile Treatment Programs (MT).

The Maryland Health Home Provider Application can be found at:

[Health Home Provider Application](#)

If you are not currently a Maryland Medicaid provider, you must also submit a Maryland Medicaid Provider agreement.

[Maryland Medicaid Provider Agreement](#)

Submit completed applications to mdh.healthhomes@maryland.gov

SECTION #1: Health Home Applicant Information

1. Enter the National Provider Identification (NPI) and the Medicaid Provider number of the group.
2. Enter the organization name, physical address, telephone and fax number of the primary location.
3. Enter the appropriate two-digit code for county of your location. A listing of county codes is provided at the end of this document.
4. Enter the website address (if applicable).
5. Check the appropriate box for provider type. If any sites provide child PRP services, list the number of years of experience as an agency providing PRP services to children.
6. Enter the Federal Employer ID Number (EIN) and name of the EIN owner.
7. Attach (for each site) current licensure or approval/exemption from the Office of Health Care Quality (OHCQ) or Alcohol and Drug Abuse Administration (ADAA). Note that if the date on your ADAA certification has expired you must contact the Substance Abuse Certification Unit at 410-402-8054. Hospital providers may be exempt from this requirement.
8. Enter the Pay-To-Address for your Medicaid related correspondence and remittance advices mailed. If you leave this blank, communications will be mailed to the primary practice location entered earlier in the application.

9. Enter contact name, title, telephone and fax number, and include a valid email address. Enter other locations where you plan to offer Health Home services, and the required information for each.

SECTION #2: Health Home Accreditation

1. Check the appropriate box regarding accreditation. Accreditation must be obtained for each site offering Health Home services.
2. If you currently have CARF Health Home Accreditation, enter the CARF Certificate issue and expiration dates and attach a copy of your certification.
3. If you do not currently have CARF Health Home Accreditation but are in the process or gaining it, attach a CARF letter of Intent to Survey for the Health Home.
4. If you are currently accredited by The Joint Commission and will pursue The Joint Commission Behavioral Health Home certification when it becomes available, attach a copy of your current accreditation certificate or a Letter of Intent to Survey.

SECTION #3: Consortium

Check the appropriate box. If providing Health Home services as a consortium for the purpose of staff sharing, both agencies should submit an individual application. However, sections 4b through 5 will be submitted jointly.

SECTION #4 Health Home Staffing

1. 4A- Enter your organization's current number of Medicaid enrollees receiving PRP, MT and OTP services (this should include all sites that are planning to become Health Home providers).
2. 4B- Based on the Medicaid enrollment number entered in 4A and Health Home COMAR regulations (10.09.33), enter the staffing levels required for each position. Consortium providers will complete this information based on the combined number of Medicaid enrollees and the shared staff. Health Home positional requirements are as follows:

Health Home Care Manager- At minimum, the Health Home shall maintain Health Home Care Manager staff at a ratio of .5 FTE per 125 participants. Among providers with more than 1 FTE care manager, the initial 1FTE care manager role must be filled by a nurse, while subsequent staff in this role may be physicians' assistants.

Health Home Director- At minimum, the Health Home shall maintain a Health Home Director at a ratio of .5 FTE per 125 Health Home participants. Health Homes with less than 125 participants may employ 1 FTE individual to serve as

both the Health Home Care Manager and Health Home Director, provided that individual meets the requirements for both positions. Health Homes with 375 or more participants, requiring more than 1 FTE Health Home Director, may choose to designate a Lead Health Home Director and subsequent Deputy Directors or other key management staff.

Physician or Nurse Practitioner-At minimum, the Health Home shall maintain Physician or Nurse Practitioner services at a ratio of one and one half (1.5) hours per Health Home participant per 12-month period.

Staffing levels for organizations with multiple sites can be based on the overall population and shared between sites. An explanation of how staff will be shared should be submitted with the application.

3. 4C- Health Home staff job descriptions should be submitted with the application for each position.

SECTION #5 Health Home Provider Standards

The systems and protocols should include detailed descriptions of the procedure for meeting the standard or requirement. For example, it should describe:

- The goal, component or requirement
- The staff that will be responsible for the standard or requirement
- How will the need be identified
- Procedure for completing
- How will outcome be assessed
- What the process for evaluation is
- The method for documentation

In care management or transitional care, the following is an example of what should be completed in utilizing the CRISP notifications:

- Who will receive the notification emails
- What are parameters for responding (i.e. 24-48 hours for emergency room visits)
- Who is responsible for outreach
- What type of outreach
- What strategies will be used when client does not respond to outreach attempts
- Who will monitor outcomes and follow up as needed

If attaching additional documents, please clearly reference the section and associated standard.

SECTION #6: Health Information Technology

Attach a copy of the email received from CRISP when you initiated the registration process. This would have been received in response to your initial inquiry regarding registration.

Please note: CRISP’s registration process asks providers to report the hospital with which they are affiliated. Health Home’s that are not affiliated with any hospital should write “Maryland Medicaid Behavioral Health Division” in this field.

SECTION #7: Attestations

1. Check the appropriate box for each attestation question.
2. An authorized staff person should sign the attestations, including their title. Print a copy of the page; sign, scan and return with application. Electronic signatures are accepted.

SECTION #8: Rights of the State

Check the box to indicate you have read and understand the Rights of the State.

COUNTY CODES

01 Allegany	07 Cecil	13 Howard	19 Somerset	40 Washington, DC
02 Anne Arundel	08 Charles	14 Kent	20 Talbot	99 Other State
03 Baltimore County	09 Dorchester	15 Montgomery	21 Washington	
04 Calvert	10 Frederick	16 Prince George’s	22 Wicomico	
05 Caroline	11 Garrett	17 Queen Anne’s	23 Worcester	
06 Carroll	12 Harford	18 St. Mary’s	30 Baltimore City	

**Submit completed application and supporting documentation to
mdh.healthhome@maryland.gov**