



# **Instructions for Completing the Maryland Medicaid**

## **Health Home Provider Application**

### **MARYLAND MEDICAID PROVIDER ENROLLMENT**

Providers interested in becoming Health Homes must first complete a Maryland Medicaid Provider application and agreement if they are not already enrolled in Medicaid. If already a Medicaid provider, skip this section and refer to the Health Home Application Section #1 below.

Provider Application may be found at:

[http://dhmh.maryland.gov/bhd/Documents/Provider\\_Application.pdf](http://dhmh.maryland.gov/bhd/Documents/Provider_Application.pdf)

Provider Agreement may be found at:

[http://dhmh.maryland.gov/bhd/Documents/Provider\\_Agreement.pdf](http://dhmh.maryland.gov/bhd/Documents/Provider_Agreement.pdf)

Mail completed application and agreement to:

Michael Cimmino  
Maryland Department of Health and Mental Hygiene  
Office of Health Services  
201 West Preston Street, Room 128D  
Baltimore, Maryland 21201

### **SECTION #1**

#### **HEALTH HOME APPLICANT INFORMATION**

Enter the National Provider Identification (NPI) and the Medicaid Provider number of the group.

Enter the organization name, address, telephone and fax number of the primary practice.

Enter the appropriate two-digit code for county of your business or practice location. A listing of the county codes is provided for your reference at the end of these instructions.

Enter the website address (if applicable).

Check the appropriate box for provider type. If a child PRP provider, list the number of years providing PRP services to children.

Enter the Federal Employer ID Number (EIN) and name of the EIN Owner.

Enter the Office of Health Care Quality (OHCQ) Registration Number, issue date and expiration date. Note that if the date on your certification has expired you must contact the Substance Abuse Certification Unit at 410-402-8054. Hospital providers may be exempt from this requirement.

If you have a current Letter of Exemption from the Alcohol and Drug Abuse Administration, enter the issue date and expiration date.

Enter the Pay-To-Address, for your Medicaid related correspondence and remittance advices mailed. If you leave this blank, your checks will be mailed to the primary practice location entered earlier in the application.

Enter contact name, title, telephone and fax number, and include a valid email address.

Enter other locations where you serve this population.

## **SECTION #2**

### **Health Home Accreditation**

Check the appropriate box regarding accreditation.

If you currently have CARF Health Home Accreditation, enter the CARF Certificate issue and expiration dates.

If you do not currently have CARF Health Home Accreditation but are in the process, attach a CARF letter of Intent to Survey for the Health Home.

If you are currently accredited by The Joint Commission and will pursue The Joint Commission Behavioral Health Home certification when it becomes available, enter the Certificate issue and expiration dates.

## **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**

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 Homes.

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.

4C. 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 perform it,
- How will the need be identified,
- Procedure for completing,
- How will outcome be assessed,
- What is process for evaluation, and
- 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**

### **HIT, Reporting, and Evaluation**

Check the appropriate box for each question. Provide CRISP and Value Options identification numbers, if applicable.

**SECTION #7**

**Attestations**

Check the appropriate box for each attestation question.

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**

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

Submit completed application and all required documents to [dhmh.healthhomes@maryland.gov](mailto:dhmh.healthhomes@maryland.gov).