



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

Provider Agreement may be found at:

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 plan to offer Health Home services.

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 and attach a copy of your certification.

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.

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.

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. 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 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

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 Homes not affiliated with any hospital should write “Maryland Medicaid Behavioral Health Division” in this field.

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

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 all required documents to dhmh.healthhomes@maryland.gov.