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**State Plan Amendment (SPA) #: MD-24-0014**

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# MD - Submission Package - MD2024MS0002O - (MD-24-0014) - Health Homes

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Financial Management Group  
230 South Dearborn  
Chicago, IL 60604



## Center for Medicaid & CHIP Services

Dennis Schrader  
Secretary of Health  
Maryland Department of Health, Office of Health Care Financing  
201 West Preston Street  
Baltimore, MD 21201

Re: Approval of State Plan Amendment MD-24-0014 Migrated\_HH.MD HHS

Dear Dennis Schrader,

On August 15, 2024, the Centers for Medicare and Medicaid Services (CMS) received Maryland State Plan Amendment (SPA) MD-24-0014 for Migrated\_HH.MD HHS to amend its Health Home Program. This Maryland Medical Assistance Assistance Behavioral Health, Health Home program reimbursement rates will increase by 3 percent.

We approve Maryland State Plan Amendment (SPA) MD-24-0014 with an effective date of July 01, 2024.

If you have any questions regarding this amendment, please contact Maria Ysabel Gavino at [Maria.Gavino@cms.hhs.gov](mailto:Maria.Gavino@cms.hhs.gov)

Sincerely,  
Todd McMillion  
Director, Division of Reimbursement Review  
Center for Medicaid & CHIP Services

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# MD - Submission Package - MD2024MS0002O - (MD-24-0014) - Health Homes

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	MD2024MS0002O	<b>Submission Type</b>	Official
<b>Program Name</b>	Migrated_HH.MD HHS	<b>State</b>	MD
<b>SPA ID</b>	MD-24-0014	<b>Region</b>	Philadelphia, PA
<b>Version Number</b>	2	<b>Package Status</b>	Review
<b>Submitted By</b>	Tyler Colomb	<b>Submission Date</b>	8/15/2024
<b>Milestone Date</b>	9/15/2024	<b>Regulatory Clock</b>	68 days remain
<b>Priority Code</b>	P2	<b>Review Status</b>	Review 1

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS0002O | MD-24-0014 | Migrated\_HH.MD HHS

## Package Header

<b>Package ID</b>	MD2024MS0002O	<b>SPA ID</b>	MD-24-0014
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/15/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

Reviewable Unit Instructions

## State Information

**State/Territory Name:** Maryland

**Medicaid Agency Name:** Maryland Department of Health, Office of Health Care Financing

## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS00020 | MD-24-0014 | Migrated\_HH.MD HHS

### Package Header

<b>Package ID</b>	MD2024MS00020	<b>SPA ID</b>	MD-24-0014
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/15/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

#### Reviewable Unit Instructions

### SPA ID and Effective Date

**SPA ID** MD-24-0014

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Payment Methodologies	7/1/2024	MD-24-0006
Health Homes Monitoring, Quality Measurement and Evaluation	7/1/2024	MD-18-0008

### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS00020 | MD-24-0014 | Migrated\_HH.MD HHS

### Package Header

<b>Package ID</b>	MD2024MS00020	<b>SPA ID</b>	MD-24-0014
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/15/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

Reviewable Unit Instructions

### Executive Summary

**Summary Description Including Goals and Objectives** For dates of service beginning July 1, 2024, the Maryland Medical Assistance Behavioral Health, Health Home program reimbursement rates will increase by 3% and up and including applicable mandatory Core Set measures in accordance with 42 CFR §§ 437.10 and 437.15.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$36580
Second	2025	\$109740

#### Federal Statute / Regulation Citation

42 CFR §447.201 - State plan requirements

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS00020 | MD-24-0014 | Migrated\_HH.MD HHS

### Package Header

<b>Package ID</b>	MD2024MS00020	<b>SPA ID</b>	MD-24-0014
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<b>Superseded SPA ID</b>	N/A		

#### Reviewable Unit Instructions

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS0002O | MD-24-0014 | Migrated\_HH.MD HHS

## Package Header

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<b>Superseded SPA ID</b>	N/A		


### Reviewable Unit Instructions

#### Name of Health Homes Program

Migrated\_HH.MD HHS

Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

#### Upload copies of public notices and other documents used

Name	Date Created	
<a href="#">FY25-BH-Provider-Rate-Increases-07.01.24-Public-Notice</a>	7/9/2024 12:23 PM EDT	



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS0002O | MD-24-0014 | Migrated\_HH.MD HHS

## Package Header

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<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Reviewable Unit Instructions

#### Name of Health Homes Program:

Migrated\_HH.MD HHS

#### One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

#### This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

#### Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

##### Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
- All Urban Indian Organizations

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
7/10/2024	email

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
UIO Approval 24-0014	8/15/2024 1:01 PM EDT	

#### Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS00020 | MD-24-0014 | Migrated\_HH.MD HHS

## Package Header

**Package ID** MD2024MS00020

**Submission Type** Official

**Approval Date** N/A

**Superseded SPA ID** N/A

**SPA ID** MD-24-0014

**Initial Submission Date** 8/15/2024

**Effective Date** N/A

### Reviewable Unit Instructions

## SAMHSA Consultation

### Name of Health Homes Program

Migrated\_HH.MD HHS

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of consultation
2/15/2013
1/3/2013

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS0002O | MD-24-0014 | Migrated\_HH.MD HHS

## Package Header

<b>Package ID</b>	MD2024MS0002O	<b>SPA ID</b>	MD-24-0014
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<b>Approval Date</b>	N/A	<b>Effective Date</b>	7/1/2024
<b>Superseded SPA ID</b>	MD-24-0006		
	System-Derived		

### Reviewable Unit Instructions

## Payment Methodology

The State's Health Homes payment methodology will contain the following features

Fee for Service

Individual Rates Per Service

Fee for Service Rates based on

Severity of each individual's chronic conditions

Capabilities of the team of health care professionals, designated provider, or health team

Other

### Describe below

Health Homes may receive a one-time reimbursement for the completion of each participants' initial intake and assessment necessary for enrollment into the Health Home. The payment will be the same as the rate paid for monthly services on a per-member basis.

The monthly rate is contingent upon the Health Home meeting the requirements set forth in the Health Home applications, as determined by the State of Maryland, including the provision of a minimum of two services in the month. The Health Homes are not paying any monies to other providers. There is only one exchange of payment and that is from the State to the Health Home providers.

Health Home providers must document services and outcomes within the participant's file and in eMedicaid. These documents are accessible to the Department and the Department's designees through eMedicaid and are auditable.

Rates are reviewed annually.

Health Home participants may only be enrolled in one Health Home at a time. If a participant is enrolled in a Health Home, Maryland's system automatically blocks the participant from being enrolled in another Health Home.

Health Homes will be paid a monthly rate based on the employment costs of required Health Home staff, using salary and additional employment cost estimates for each of the required positions and their respective ratios. Payment is contingent upon the Health Home meeting the requirements set forth in the Health Home applications, as determined by the State of Maryland. Failure to meet such requirements is

ground for payment sanctions or revocation of Health Home status. The Department does not pay for separate billing for services which are included as part of another service. At the end of each month, Health Homes will ensure that all Health Home services and outcomes have been reported into eMedicaid. The provider will then submit a bill within 30 days for all participants that received the minimum Health Home service requirement in the preceding month. The provider may begin billing for a Health Home participant when the intake portion of that individual's eMedicaid file has been completed with the necessary demographics, qualifying diagnoses baseline data, and consent form. The initial intake process itself qualifies as a Health Home service. The ongoing criteria for receiving a monthly payment is:

1. The individual is identified in the State's Medicaid Management Information System (MMIS) as Medicaid-eligible and authorized to receive PRP, MT, or OTP services;
2. The individual was enrolled as a Health Home member with the Health Home provider in the month for which the provider is submitting a bill for Health Home services; and
3. The individual has received a minimum of two Health Home services in the previous month, which are documented in the eMedicaid system.

The agency's fee schedule (rate) was last updated on July 1, 2024 and is effective for services provided on or after that date. Effective July 1, 2024, the Health Home rate will be \$145.76.

- Per Member, Per Month Rates
- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement

**Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided** There are no variations in payment.

- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS00020 | MD-24-0014 | Migrated\_HH.MD HHS

## Package Header

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	System-Derived		

### Reviewable Unit Instructions

## Agency Rates

### Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

### Effective Date

7/1/2024

### Website where rates are displayed

<https://health.maryland.gov/mmcp/Pages/Health-Homes.aspx>

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS00020 | MD-24-0014 | Migrated\_HH.MD HHS

## Package Header

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	System-Derived		

### Reviewable Unit Instructions

## Rate Development

### Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
  - the frequency with which the state will review the rates, and
  - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

**Comprehensive Description** Behavioral Health rates are typically reviewed and updated for inflation annually. This program was added to that annual review process in FY 2017. Effective July 1, 2024 the Health Home rate will be increased 3% bringing the rate to \$145.76 as a result of Maryland House Bill 350 Fiscal Year 2025 Budget (2024).

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS00020 | MD-24-0014 | Migrated\_HH.MD HHS

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	System-Derived		

### Reviewable Unit Instructions

## Assurances

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.


**Describe below how non-duplication of payment will be achieved** Recipients of specified waiver services and mental health case management that may be duplicative of Health Home services will not be eligible to enroll in a Health Home. In addition to offering guidance to providers regarding this restriction, the State may periodically examine recipient files to ensure that Health Home participants are not receiving similar services through other Medicaid-funded programs.

The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

## Optional Supporting Material Upload

Name	Date Created	
Standard Funding Questions Template Health Homes (1)	8/25/2023 10:33 AM EDT	

# Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS0002O | MD-24-0014 | Migrated\_HH.MD HHS

## Package Header

<b>Package ID</b>	MD2024MS0002O	<b>SPA ID</b>	MD-24-0014
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<b>Approval Date</b>	N/A	<b>Effective Date</b>	7/1/2024
<b>Superseded SPA ID</b>	MD-18-0008		
	System-Derived		

### Reviewable Unit Instructions

## Monitoring

**Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:**

Using claims data, the State tracks avoidable hospital readmissions by calculating ambulatory care sensitive conditions (ACSC) readmissions per 1000 enrollees. To calculate this rate: (# of readmissions with a primary diagnosis consisting of an Agency of Healthcare Research and Quality (AHRQ) ICD-9 code for ambulatory care sensitive conditions/member months) x 12,000. To measure cost savings generated by Chronic Health Homes, the State may compare the costs per member per month for participants by Health Home provider and by condition to costs for comparison groups of OTP, MT, and PRP participants enrolled with non-Health Home providers. The State may also compare overall costs between the groups for emergency room utilization, hospitalizations, nursing facility admissions, and pharmacy utilization. In this assessment, the State may review each Chronic Health Home independently for its overall costs and the allocation of its funds amongst services provided to inform future implementation and process modifications.

**Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).**

- 1.eMedicaid Portal: eMedicaid is a web-based portal accessible to all networks, allowing Health Home providers to record and review of services delivered as well as clinical and social outcomes related to the individuals' chronic conditions. The portal is secure, with Health Homes' access limited to access the records of their own current enrollees. The State uses eMedicaid reports to track enrollment, compliance, and outcomes at the provider and population levels.
- 2.Chesapeake Regional Information System for our Patients (CRISP): All Health Home providers must enroll with CRISP's Electronic Notification System to receive hospital encounter alerts. This entails an initial upload of the Health Home's patient panel with all necessary demographic information, followed by monthly panel updates, as well as the set up of a direct message inbox and/or an interface with the provider's EHR to receive alerts.
- 3.Pharmacy Data: CRISP will additionally provide pharmacy data to Health Homes, including all Schedule II-V through the State's Prescription Drug Monitoring Program (PDMP), as well as any prescription drug within the Surescripts network.
- 4.Electronic Health Records (EHR) and Clinical Management Systems:Qualification as a Health Home provider is in part dependent upon the ability to report detailed performance metrics, measure improvement in care coordination, and gauge clinical outcomes on a provider level. Providers who do not currently use a robust EHR or clinical management system may determine that such a tool is necessary to meet the reporting and care coordination requirements of the Health Home program, as well as to improve their overall care capabilities.



# Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | MD2024MS00020 | MD-24-0014 | Migrated\_HH.MD HHS

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	System-Derived		

### Reviewable Unit Instructions

## Quality Measurement and Evaluation

- The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 9/6/2024 2:33 PM EDT*