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**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 22-0010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

# ME - Submission Package - ME2022MS0006O - (ME-22-0010-BHH) - Health Homes

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th Street  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

February 09, 2023

Michelle Probert  
Director  
Office of MaineCare Services  
109 Capitol Street  
11 State House Station  
Augusta, ME 04330-0011

Re: Approval of State Plan Amendment ME 22-0010 Behavioral Health Homes (BHH)

Dear Michelle Probert,

On June 30, 2022, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME 22-0010 Behavioral Health Homes (BHH) to address the needs of adults and children with significant mental health and co-occurring diagnoses.

We approve Maine State Plan Amendment (SPA) ME 22-0010 (BHH) with an effective date of July 01, 2022.

If you have any questions regarding this amendment, please contact Gilson DaSilva at [gilson.dasilva@cms.hhs.gov](mailto:gilson.dasilva@cms.hhs.gov).

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

# ME - Submission Package - ME2022MS0006O - (ME-22-0010-BHH) - Health Homes

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Related Actions

CMS-10434 OMB 0938-1188

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

### Package Header

**Package ID** ME2022MS0006O  
**Submission Type** Official  
**Approval Date** 2/9/2023  
**Superseded SPA ID** N/A

**SPA ID** ME-22-0010-BHH  
**Initial Submission Date** 6/30/2022  
**Effective Date** N/A

### State Information

**State/Territory Name:** Maine

**Medicaid Agency Name:** Office of MaineCare Services

### Submission Component

State Plan Amendment

Medicaid

CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

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**Package ID** ME2022MS0006O  
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**SPA ID** ME-22-0010-BHH  
**Initial Submission Date** 6/30/2022  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** ME-22-0010-BHH

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	7/1/2022	ME-18-0002
Health Homes Population and Enrollment Criteria	7/1/2022	ME-18-0002
Health Homes Providers	7/1/2022	ME-18-0002
Health Homes Payment Methodologies	7/1/2022	ME-18-0002
Health Homes Services	7/1/2022	ME-18-0002
Health Homes Monitoring, Quality Measurement and Evaluation	7/1/2022	ME-18-0002

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

### Package Header

<b>Package ID</b>	ME2022MS0006O	<b>SPA ID</b>	ME-22-0010-BHH
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2022
<b>Approval Date</b>	2/9/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Behavioral Health Homes (BHHs) are designed to address the needs of adults and children with significant mental health and co-occurring diagnoses. In Maine's Behavioral Health Home model, licensed Behavioral Health Home Organizations (BHHOs) will coordinate with primary care practices and/or have a practice agreement with applicable Primary Care Plus primary care practices (implemented July 1, 2022 as Maine's new value-based payment model). Operating as a team, provider organizations will collaboratively serve eligible MaineCare members with significant behavioral health needs. The team will coordinate services through an integrated and comprehensive plan of care. The Behavioral Health Home (BHH) program aims to achieve the following goals:

1. Reduce Inefficient Healthcare Spending 2. Improve Chronic Disease Management 3. Promote Wellness and Prevention 4. Promote Recovery and Effective Management of Behavioral Health Conditions 5. Promote Improved Experience of Care for Consumers/Families.

Members may opt out of Behavioral Health Home services at any time.

Behavioral Health Homes will integrate with and not duplicate services currently offered to MaineCare members. MaineCare will work with new and existing qualified providers to develop more integrated, coordinated, and comprehensive service systems across the state

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$580389
Second	2023	\$2176830

#### Federal Statute / Regulation Citation

1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS00060 | ME-22-0010-BHH | Behavioral Health Homes

### Package Header

**Package ID** ME2022MS00060  
**Submission Type** Official  
**Approval Date** 2/9/2023  
**Superseded SPA ID** N/A

**SPA ID** ME-22-0010-BHH  
**Initial Submission Date** 6/30/2022  
**Effective Date** N/A

### Governor's Office Review

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

**Describe** N/A

# Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

## Package Header

<b>Package ID</b>	ME2022MS0006O	<b>SPA ID</b>	ME-22-0010-BHH
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<b>Approval Date</b>	2/9/2023	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	ME-18-0002		
	System-Derived		

## Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

### Name of Health Homes Program

Behavioral Health Homes

## Executive Summary

### Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used

Behavioral Health Homes (BHHs) are designed to address the needs of adults and children with significant mental health and co-occurring diagnoses. In Maine's Behavioral Health Home model, licensed Behavioral Health Home Organizations (BHHOs) will coordinate with primary care practices and/or have a practice agreement with applicable Primary Care Plus primary care practices (implemented July 1, 2022 as Maine's new value-based payment model). Operating as a team, provider organizations will collaboratively serve eligible MaineCare members with significant behavioral health needs. The team will coordinate services through an integrated and comprehensive plan of care. The Behavioral Health Home (BHH) program aims to achieve the following goals:

1. Reduce Inefficient Healthcare Spending 2. Improve Chronic Disease Management 3. Promote Wellness and Prevention 4. Promote Recovery and Effective Management of Behavioral Health Conditions 5. Promote Improved Experience of Care for Consumers/Families.

Members may opt out of Behavioral Health Home services at any time.

Behavioral Health Homes will integrate with and not duplicate services currently offered to MaineCare members. MaineCare will work with new and existing qualified providers to develop more integrated, coordinated, and comprehensive service systems across the state.

## General Assurances

- The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

# Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS00060 | ME-22-0010-BHH | Behavioral Health Homes

## Package Header

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## Categories of Individuals and Populations Provided Health Home Services

The state will make Health Home services available to the following categories of Medicaid participants

Categorically Needed (Mandatory and Options for Coverage) Eligibility Groups

Medically Needed Eligibility Groups

### Mandatory Medically Needed

Medically Needed Pregnant Women

Medically Needed Children under Age 18

### Optional Medically Needed (select the groups included in the population)

#### **Families and Adults**

Medically Needed Children Age 18 through 20

Medically Needed Parents and Other Caretaker Relatives

#### **Aged, Blind and Disabled**

Medically Needed Aged, Blind or Disabled

Medically Needed Blind or Disabled Individuals Eligible in 1973



# Health Homes Population and Enrollment Criteria

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## Population Criteria

### The state elects to offer Health Homes services to individuals with:

- Two or more chronic conditions
- One chronic condition and the risk of developing another
- One serious and persistent mental health condition

### Specify the criteria for a serious and persistent mental health condition:

#### Adults:

1. Members must have a primary mental health diagnosis under the most current edition of the Diagnostic and Statistical Manual of Mental Disorders. The following diagnoses may not be primary diagnoses for purposes of this eligibility requirement:

- (a) Delirium, dementia, amnesic, and other cognitive disorders;
- (b) Mental disorders due to a general medical condition, including neurological conditions and brain injuries;
- (c) Substance abuse/dependence;
- (d) Intellectual disability;
- (e) Adjustment disorders;
- (f) V-codes; or
- (g) Antisocial personality disorders.

AND

2. Has a LOCUS score of seventeen (17) (Level III) or greater.

#### Serious Emotional Disturbance (children):

1. Members must have a mental health diagnosis under the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, or a diagnosis described in the current version of the Diagnostic Classification of Mental Health and Developmental Disabilities of Infancy and Early Childhood, except that the following diagnoses are not eligible for services in this section:

- (a) Learning Disabilities in reading, mathematics, written expression;
- (b) Motor Skills Disorder;
- (c) Learning Disabilities NOS;
- (d) Communication Disorders (Expressive Language Disorders, Mixed Receptive Expressive Language Disorder, Phonological Disorder, Stuttering, and Communication Disorder Not Otherwise Specified);

AND

2. After the first month, members must also have a significant impairment or limitation in adaptive behavior or functioning as evidenced by a Child and Adolescent Needs and Strengths assessment tool (CANS) score of a 2 or higher in both of the following domain: Child Behavioral/Emotional Needs and Life Functioning Domain.

# Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

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## Enrollment of Participants

**Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home:**

- Opt-In to Health Homes provider
- Referral and assignment to Health Homes provider with opt-out
- Other (describe)

### **Describe the process used:**

The BHH provider shall identify members who are potentially eligible for BHH services based on eligibility criteria for BHH services. Potentially eligible members will be given information about what a BHH provides, potential benefits of participating in a BHH, other services for which they may be eligible but are considered duplicative of BHH, and their ability to select among any qualified provider. If a member elects to pursue BHH services, the BHH provider will submit potentially eligible members through a certification process to approve services.

Members may also request BHH services or be referred for BHH services by another MaineCare provider. The Department or its authorized entity shall approve or deny the enrollment of members.

Members may select a primary care practice that does not have an agreement with a BHHO.

BHH providers must maintain documentation indicating that the member has enrolled and given consent to participate in the Health Homes program. This documentation should, at a minimum, indicate that the individual has received required information explaining the BHH program and the date that the individual enrolled in the program. This consent form must be documented in the health record. BHH providers are required to follow all applicable state and federal laws governing the sharing of protected health information.

The member can opt out of services at any time, and may choose to receive services from any qualified BHH by notifying their BHH provider of the Department's authorized entity.

# Health Homes Providers

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

## Package Header

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System-Derived

**SPA ID** ME-22-0010-BHH  
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**Effective Date** 7/1/2022

## Types of Health Homes Providers

- Designated Providers
- Teams of Health Care Professionals

**Indicate the composition of the Health Homes Teams of Health Care Professionals the state includes in its program. For each type of provider indicate the required qualifications and standards**

Physicians

### Describe the Provider Qualifications and Standards

Psychiatric Consultant – shall be a psychiatrist who has current and valid licensure as a physician from the Maine Board of Licensure in Medicine, and who is certified by the American Board of Psychiatry and Neurology Psychiatric medication management or is eligible for examination by that Board as documented by written evidence from the Board, or has completed three years of post-graduate training in psychiatry approved by the Education Council of the American Medical Association and submits written evidence of the training.

Clinical Team Leader – shall be an independently licensed mental health professional, who may be a physician, physician’s assistant, psychologist, a licensed clinical social worker, licensed master social worker, or licensed master social worker conditional II licensed clinical professional counselor, licensed marriage and family therapist, registered nurse, psychiatric nurse, advanced practice registered nurse, or an advanced practice psychiatric nurse; OR, for children’s BHH services, a person who was employed on August 1, 2009 as a case management supervisor under the former Section 13 of Chapter II of the MaineCare Benefits Manual.

Medical Consultant – shall be a physician licensed by the State of Maine to practice medicine or osteopathy, or a Certified Nurse Practitioner who is a registered nurse who meets all of the requirements of the licensing authority of the State of Maine to practice as a Certified Nurse Practitioner, or a Physician’s Assistant meets all of the requirements of the licensing authority of the State of Maine to practice as a Physician’s Assistant . The Medical Consultant shall collaborate with other providers of BHHO services and the primary care practice to select and implement evidence-based clinical initiatives, lead quality improvement efforts, evaluate progress, and convene provider clinical quality improvement meetings.

Nurse Practitioners

### Describe the Provider Qualifications and Standards

Psychiatric Consultant – shall be an advanced practice psychiatric and mental health registered nurse who is licensed as a nurse practitioner or clinical nurse specialist by the state of Maine, has graduated from a child and adolescent or adult psychiatric and mental health nurse practitioner, or clinical nurse specialist program, and is certified by the appropriate national certifying body.

Clinical Team Leader – shall be an independently licensed mental health professional, who may be a physician, physician’s assistant, psychologist, a licensed clinical social worker, licensed master social worker, or licensed master social worker conditional II licensed clinical professional counselor, licensed marriage and family therapist, registered nurse, psychiatric nurse, advanced practice registered nurse, or an advanced practice psychiatric nurse; OR, for children’s BHH services, a person who was employed on August 1, 2009 as a case management supervisor under the former Section 13 of Chapter II of the MaineCare Benefits Manual.

Medical Consultant – shall be a physician licensed by the State of Maine to practice medicine or osteopathy, or a Certified Nurse Practitioner who is a registered nurse who meets all of the requirements of the licensing authority of the State of Maine to practice as a Certified Nurse Practitioner, or a Physician’s Assistant meets all of the requirements of the licensing authority of the State of Maine to practice as a Physician’s Assistant . The Medical Consultant shall collaborate with other providers of BHHO services and the primary care practice to select and implement evidence-based clinical initiatives, lead quality improvement efforts, evaluate progress, and convene provider clinical quality improvement meetings.

Nurse Care Coordinators

**Describe the Provider Qualifications and Standards**

Nurse Care Manager – shall be a registered nurse, a psychiatric nurse licensed as a registered professional nurse by the state or province where services are provided and certified by the American Nurses Credentialing Center (ANCC) as a psychiatric and mental health nurse; an advanced practice psychiatric and mental health registered nurse licensed as a nurse practitioner or clinical nurse specialist by the state or province where services are provided, who has graduated from a child and adolescent or adult psychiatric and mental health nurse practitioner or clinical nurse specialist program, and is certified by the appropriate national certifying body; a nurse practitioner, or advance practice nurse, as defined by the Maine State Board of Nursing.

Nutritionists

Social Workers

**Describe the Provider Qualifications and Standards**

Clinical Team Leader – shall be an independently licensed mental health professional, who may be a physician, physician’s assistant, psychologist, a licensed clinical social worker, licensed master social worker, or licensed master social worker conditional II licensed clinical professional counselor, licensed marriage and family therapist, registered nurse, psychiatric nurse, advanced practice registered nurse, or an advanced practice psychiatric nurse; OR, for children’s BHH services, a person who was employed on August 1, 2009 as a case management supervisor under the former Section 13 of Chapter II of the MaineCare Benefits Manual.

Behavioral Health Professionals

Other (Specify)

Provider Type	Description

Provider Type	Description
Family or Youth Support Specialist	<p>Family or Youth Support Specialist – for children’s services is an individual who has completed a designated Maine Office of Child and Family Services curriculum for peer supports and receives and maintains that certification. The Youth Support Specialist is an individual who is receiving or has received services and supports related to the diagnosis of a mental illness, is in recovery from that illness, and who is willing to self-identify on this basis with BHH members. The Family Support Specialist is an individual who has a family member who is receiving or has received services and supports related to the diagnosis of a mental illness, and who is willing to self-identify on this basis with BHH members. Peer support staff may function as a Family/Youth Support Specialist for children’s services without certification for the first nine months of functioning as a Family/Youth Support Specialist, but may not continue functioning as a Family/Youth Support Specialist for children’s services beyond nine months: (a) without having received provisional certification by completion of the Core training , and (b)without continuing pursuit of full certification as a Family/Youth Support Specialist for children’s services and maintaining certification as a Family/Youth Support Specialist according to requirements as defined by the Maine Office of Child and Family Services.</p>
Health Home Coordinator for Members with Serious Emotional Disturbance (SED)	<p>Health Home Coordinator for Members with Serious Emotional Disturbance (SED) – shall be an individual who has a minimum of a Bachelor’s Degree from an accredited four year institution of higher learning, with specialization in psychology, mental health and human services, behavioral health, behavioral sciences, social work, human development, special education, counseling, rehabilitation, sociology, nursing, or closely related field; OR who has a Bachelor’s Degree from an accredited four year educational institution in an unrelated field and at least one year of full-time equivalent relevant human services experience; OR a who has Master’s Degree in social work, education, psychology, counseling, nursing, or closely related field from an accredited graduate school; OR who has been employed since August 1, 2009 as a case manager providing services under Chapter II, Section 13 of the MaineCare Benefits Manual.</p>

Provider Type	Description
CIPSS	<p>Certified Intentional Peer Support Specialist (CIPSS) for Adults – is an individual who has completed the Maine Office of Substance Abuse and Mental Health Services curriculum for CIPSS, and receives and maintains that certification.</p> <p>The CIPSS is an individual who is receiving or has received services and supports related to the diagnosis of a mental illness, is in recovery from that illness, and who is willing to self-identify on this basis with BHH members.</p> <p>Peer support staff may function as a CIPSS without CIPSS certification for the first nine months of functioning as a CIPSS, but may not continue functioning as a CIPSS beyond nine months: (a) without having received provisional certification by completion of the Core training, and (b) without continuing pursuit of full certification as a CIPSS and maintaining certification as an Intentional Peer Support Specialist according to requirements as defined by SAMHS.</p>
Health Home Coordinator for Members with Serious and Persistent Mental Illness (SPMI)	Health Home Coordinator for Members with Serious and Persistent Mental Illness (SPMI) – shall be an individual who is certified by the Department as a Mental Health Rehabilitation Technician/Community (MHRT/C).

Health Teams

## Provider Infrastructure

### Describe the infrastructure of provider arrangements for Health Home Services

Maine's Behavioral Health Homes will be multi-disciplinary teams of Behavioral Health Home professionals that partner with members (and their families/caregivers) to develop and implement a comprehensive and integrated plan of care for all Behavioral Health Home members. The plan of care will serve as the centralized, member-driven care management document for the member's behavioral and physical health care needs. The BHHO provider will be required to coordinate care with the members primary care provider and/or have a practice agreement with applicable Primary Care Plus primary care practices.

## Supports for Health Homes Providers

### Describe the methods by which the state will support providers of Health Homes services in addressing the following components

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family- centered Health Homes services
2. Coordinate and provide access to high quality health care services informed by evidence-based clinical practice guidelines
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders
4. Coordinate and provide access to mental health and substance abuse services
5. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care
6. Coordinate and provide access to chronic disease management, including self-management support to individuals and their families
7. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services
8. Coordinate and provide access to long-term care supports and services
9. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services
10. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate
11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level

### Description

MaineCare provides a comprehensive BHH support strategy. Components include site visits, facilitated peer-to-peer learning opportunities, sharing of quality and utilization measures through an online portal to support care management, sharing of educational/training materials (e.g. workforce training), regional forums, HIT support and development resources, training opportunities and data sharing to support quality improvement efforts, and other opportunities designed to support core health home expectations and functions.

Providers shall participate in a site assessment to establish baseline status in meeting Core Expectations and identify training and educational needs. Throughout the program BHHs shall participate in technical assistance activities as required by the Department to further program objectives.

## Other Health Homes Provider Standards

The state's requirements and expectations for Health Homes providers are as follows

Behavioral Health Home Requirements:

1. The BHH must execute a MaineCare Provider Agreement.
2. The BHH must be a community-based mental health organization, licensed to provide services in the state of Maine, that provides care to adult and/or children members, is located in the state of Maine, and delivers services through a team-based model of care. The BHH must maintain documentation of all its BHH providers' qualifications in their personnel files, including transcripts, licenses, and certificates, and other documentation as specified in MaineCare regulation. Each team member role must be filled by a different individual (though child and adult teams may overlap if all specified requirements are met). If there is a lapse in fulfillment of team member roles of greater than 30 continuous days, the BHH must notify the Department in writing and maintain records of active recruitment.
3. The BHH must be approved as a BHH by MaineCare through the BHH application process.
4. The BHH must have an EHR system and an EHR for each member.
5. The BHH must participate in BHH technical assistance opportunities, as determined by the Department. At least one member of the care team must engage in these opportunities.
6. Within the first six (6) months following the start of the BHH's participation, the BHH shall obtain a written site assessment to establish a baseline status in meeting the Core Standards (below) and identify the BHH's training and educational needs.
7. The BHH must be co-occurring capable.
8. In accordance with state and federal law, the BHH shall ensure that it has policies and procedures in place to ensure that the Health Home Coordinator can communicate changes in patient condition that may necessitate treatment change with treating clinicians, on as needed basis.
9. The BHH shall have processes and procedures, and member referral protocols with local inpatient facilities, Emergency Departments (EDs), child/adult residential facilities, crisis services, etc. for prompt notification of an individual's admission and/or planned discharge to/from one of these facilities or services. The BHHO shall have systematic follow-up protocols to assure timely access to follow-up care.
10. Within one year of the BHH's participation, the BHH must fully implement the following Core Standards:
  - a. Demonstrated Leadership
  - b. Team-Based Approach to Care
  - c. Population Risk Stratification and Management
  - d. Enhanced Access
  - e. Comprehensive Consumer/Family Directed Care Planning
  - f. Behavioral-Physical Health Integration
  - g. Inclusion of Members and Families
  - h. Connection to Community Resources and Social Support Services -
  - i. Commitment to Reducing Waste, Unnecessary Healthcare Spending, and Improving Cost-Effective Use of Healthcare Services
  - j. Integration of Health Information Technology

The Core Standards will be further defined by MaineCare rule. Behavioral Health Homes will be required to provide periodic reports on compliance/successes/challenges in meeting the Core Standards, as further defined by MaineCare. Providers that do not meet Core Standards may be terminated from the program.

Name	Date Created
No items available	

## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

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	System-Derived		

### Payment Methodology

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

- Fee for Service
- Individual Rates Per Service

Per Member, Per Month Rates

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

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**

Pay-for- Performance Provisions: One percent of total BHH PMPM payments are subject to recoupment based on the performance measure below. BHH performance will be assessed every six (6) months, using twelve (12) months of claims data. Of the twelve (12) months of data used to measure performance, at least six (6) months of claims data will be drawn from a time period following the implementation of a new or adjusted performance measure or threshold.

The Department will provide interim performance data throughout the assessment period. Providers will have the opportunity to review and refute Department findings on their performance score before recoupment. Notice of recoupment and the right to appeal will be provided in accordance with 22 M.R.S. §1714-A and MBM, Section 1, Chapter 1, General Administrative Policies and Procedures. Recoupment will be pursuant to 22 M.R.S. §1714-A and recoupment shall not occur until any appeals have been exhausted.

Providers will receive at least one-hundred and eighty (180) days' notice prior to a change to pay-for-performance stipulations.

Recoupment under the pay-for-performance provision of this chapter shall not interfere with the ability of the Department to enforce compliance with any other requirements of the MaineCare Benefits Manual (MBM).

Performance Measure:

Numerator: MaineCare members assigned to the BHH who had two (2) or more prescriptions filled for an anti-psychotic medication (anti-psychotic medications are those included in the most recently published HEDIS Listing which is available at [www.ncqa.org](http://www.ncqa.org)) AND who had an HbA1c or blood glucose test during the twelve (12)-month time period.

Denominator: MaineCare members assigned to the BHH who had two or more prescriptions filled for an anti-psychotic medication during the twelve (12)-month period.

Performance Threshold for Recoupment:

The current threshold for the BHH pay-for-performance will be listed on: <http://www.maine.gov/dhhs/oms/vbp>

The Department will set a performance threshold based on at least twelve (12) months of data from members in existing BHHs. The performance threshold will be set so that at least 70% of eligible BHHs are expected to be above the recoupment threshold based on the data available at the time of the calculation. The Department cannot anticipate the percent of providers that will, during the performance period, fail to meet the performance threshold.

Eligible Behavioral Health Homes are those in which at least ten percent (10%) of their member panel is clinically eligible for inclusion in the performance measure.

The State will consider reporting this measure annually to the Health Homes Quality Measure portal, as an additional measurement of program effectiveness and improvement.

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 | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

## Package Header

<b>Package ID</b>	ME2022MS0006O	<b>SPA ID</b>	ME-22-0010-BHH
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2022
<b>Approval Date</b>	2/9/2023	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	ME-18-0002 System-Derived		

## 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

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

## Package Header

<b>Package ID</b>	ME2022MS0006O	<b>SPA ID</b>	ME-22-0010-BHH
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<b>Superseded SPA ID</b>	ME-18-0002		
	System-Derived		

## 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** Individuals with SPMI and SED have significant and inter-related behavioral and physical health care costs. Recent studies in Maine indicate that this population incurs higher than average physical health care costs that could be avoided through more integrated and comprehensive care management of both behavioral and physical health care needs. MaineCare currently reimburses its behavioral health providers on a FFS basis. Behavioral Health Homes, a team of health care professionals supported by a PMPM payment, will facilitate achievement of key goals for this population by addressing both physical and behavioral health care issues for individuals with significant behavioral health needs within a unified plan of care. The PMPM payment will allow providers with expertise in the needs of this population to move away from volume-driven care and focus on the development of services and systems that support specified quality outcomes. Payment as of July 1, 2022 (for cost assumptions, see below):

- Member with SED or SMI: \$394.40 PMPM

Rate Model: BHH

MaineCare will pay for reimbursement of the cost of staff associated with the delivery of Behavioral Health Home services to Health Home-eligible members not covered by other reimbursement under MaineCare.

Health Home Coordinator

- Monthly Cost of Wages and Benefits: \$4,306.75
- Number of Cases per Health Home Coordinator 24
- Monthly Health Home Coordinator Cost per Case \$179.45

Clinical Team Leader

- Monthly Cost of Wages and Benefits: \$6,892.51
- Number of Cases per Clinical Team Leader: 192
- Monthly Clinical Team Leader Cost per Case: \$35.90

Nurse Care Manager

- Monthly Cost of Wages and Benefits: \$6,185.09
- Number of Cases per Nurse Care Manager: 200
- Monthly Nurse Care Manager Cost per Case: \$30.93

Peer Support Specialist/Family or Youth Support Specialist

- Monthly Cost of Wages and Benefits: \$2,756.00
- Number of Cases per Peer/Family or Youth Support Specialist: 100
- Monthly Peer/Family or Youth Support Specialist Cost per Case: \$27.56

Psychiatric Consultant

- Hourly Cost of Wages and Benefits: \$101.29
- Annual Psychiatric Consultant Hours per 200 Cases: 42
- Monthly Psychiatric Consultant Cost per Case: \$1.76

Medical Consultant

- Hourly Cost of Wages and Benefits: \$91.20
- Annual Medical Consultant Hours per 200 Cases: 42
- Monthly Medical Consultant Cost per Case: \$1.58

Administrative Support

- Monthly Cost of Wages and Benefits for Administrative Support: \$3,723.18
- Number of Cases per Administrative Support Staff: 200
- Monthly Administrative/Support Cost per Case: \$18.62

Operating/Overhead

- Monthly Operating/Overhead Cost per Case: \$98.60
- Total Operating and Overhead Costs: \$117.22
- Total Operating and Overhead Rate: 29.7%

Monthly Case Rate: \$394.40

Minimum billable services

BHH:

The member is identified as meeting BHH eligibility criteria through the state/vendor prior authorization process; Individual is enrolled as a Behavioral Health Home member at that location; The BHH has performed the following functions per

member per month:

- The BHH, in collaboration with the member will develop a plan of care or has updated this plan of care within the last 90 days or more frequently (with monthly activities or developments, when appropriate);
- The BHH has submitted required reports on cost/utilization;
- The BHH has delivered at least one BHH service during the reporting month. At least one of the services must include a face-to-face or telehealth member encounter. While a covered BHH service is always required for payment, there may be an exception to the requirement of a face-to-face or telehealth encounter for one month during a twelve-month period, to allow for covered services that were delivered but where there was not a face-to-face or telehealth encounter (e.g. telephone based covered BHH services).

Beginning July 1, 2022, BHH reimbursement rates will receive an annual cost of living adjustment (COLA) equal to the percentage increase in the U.S. Department of Labor's Bureau of Labor Statistics cost-of-living index (CPI-W) for the Northeast Region. Services that receive an increase to their rate within the previous 12-month period will not receive the annual July 1 COLA increase. Annual updates will be posted on the Department's website at:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?>

RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20092%20%2D%20Behavioral%20Health%20Home%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D.

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

## Package Header

<b>Package ID</b>	ME2022MS0006O	<b>SPA ID</b>	ME-22-0010-BHH
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2022
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<b>Superseded SPA ID</b>	ME-18-0002		
	System-Derived		

## 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** Members must receive a prior authorization/certification for BHH services. Authorization for the service will include utilization review of other services, such as Targeted Case Management (TCM) and Community Support. Members will have the choice to either continue receiving existing services or to receive this care through their BHH.

MaineCare already has in place tracking systems to ensure that no member is enrolled in more than one Health Home SPA at a time, and is tracking Health Home service utilization across the Health Home initiatives to ensure that no member receives more than eight quarters of enhanced match through any combination of Health Home SPA options.

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
No items available	

# Health Homes Services

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

## Package Header

<b>Package ID</b>	ME2022MS0006O	<b>SPA ID</b>	ME-22-0010-BHH
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<b>Superseded SPA ID</b>	ME-18-0002		
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## Service Definitions

Provide the state's definitions of the following Health Homes services and the specific activities performed under each service

### Comprehensive Care Management

#### Definition

The BHH shall:

- assess medical, behavioral, social, residential, educational, vocational, and other related needs, strengths, and goals of the member (and the family/caretaker if the member is a minor), including use of screening tools for co-occurring disorders, and including a comprehensive psychosocial assessment. The member will have a periodic clinical reassessment of need and the Plan of Care shall be updated accordingly.
- draft and manage implementation of a comprehensive, individualized, and member-driven Plan of Care. Plan may include, but is not limited to, prevention, wellness, peer supports, health promotion/education, crisis planning, and other social, residential, educational, vocational, long-term care, home and community-based services, and community services/supports that enable member to achieve physical/behavioral health goals.
- monitor and address gaps in care (including those identified via the Value-Based Purchasing portal).
- provide all health home services including the coordination/integration of the member's physical, behavioral, and long-term services needs.
- The BHH will communicate with each member's primary care provider.

#### Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

HIT plays a central role in BHH service delivery. Through MaineCare's web-based Value-Based Purchasing portal, providers can access information regarding eligible and pending members, and get information on key quality and utilization measures. Online utilization reports supply BHH providers monthly utilization data from MaineCare claims to assist providers with identifying high needs/high cost members and as a tool to scan for and act upon any gaps in care.

All BHHs must have certified EHR systems that allow integration of secure messaging into the EHR.

BHHs should be able to share health information, including care planning documents, to and from other treating providers/organizations and across the team of BHH professionals. The BHH will also be expected to use population-based management tools, such as disease registries and other tracking techniques in order to engage members in care.

#### Scope of service

#### The service can be provided by the following provider types

- Behavioral Health Professionals or Specialists
- Nurse Practitioner
- Nurse Care Coordinators
- Nurses
- Medical Specialists
- Physicians
- Physician's Assistants
- Pharmacists
- Social Workers
- Doctors of Chiropractic
- Licensed Complementary and alternative Medicine Practitioners
- Dieticians
- Nutritionists
- Other (specify)

Provider Type	Description
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Provider Type	Description
BHH	The Behavioral Health Homes shall provide comprehensive care management services. Services may be provided by the Clinical Team Leader, Nurse Care Manager, and/or HH Coordinator.

## Care Coordination

### Definition

The BHH shall:

- identify specific resources and the amount, duration, and scope of services necessary to achieve the goals identified in the Plan.
- provide referrals to other services and supports, as identified in each member's Plan, and shall follow up with each member to assist the member in taking action in regard to each referral. The BHH shall have an organizational understanding and provide systematic identification of local medical, community, and social services and resources that may be needed by the member.
- assign to each member a Health Home Coordinator, who shall be responsible for overall management of the Plan of Care, and coordinate and provide access to other providers, including the primary care provider, as set forth in the Plan. Members cannot be enrolled in more than one care management program funded by Medicaid.
- follow up with each member following a hospitalization, use of crisis service, or out of home placement.
- ensure that members have access to crisis intervention and resolution services, coordinate follow up services to ensure that a crisis is resolved, and assist in the development and implementation of crisis management plans.
- coordinate and provide access to psychiatric consultation and/or medication management.

### Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

HIT plays a central role in BHH service delivery. Online utilization reports supply BHH providers monthly utilization data from MaineCare claims to assist providers with identifying high needs/high cost members and as a tool to scan for and act upon any gaps in care.

All BHHs must have certified EHR systems that allow integration of secure messaging into the EHR.

BHHs should be able to share health information, including care planning documents, to and from other treating providers/organizations and across the team of BHH professionals. The BHH will also be expected to use population-based management tools, such as disease registries and other tracking techniques in order to engage members in care.

### Scope of service

#### The service can be provided by the following provider types

- Behavioral Health Professionals or Specialists
- Nurse Practitioner
- Nurse Care Coordinators
- Nurses
- Medical Specialists
- Physicians
- Physician's Assistants
- Pharmacists
- Social Workers
- Doctors of Chiropractic
- Licensed Complementary and alternative Medicine Practitioners
- Dieticians
- Nutritionists
- Other (specify)

Provider Type	Description
BHH	The Behavioral Health Homes shall provide care coordination services. Services may be provided by the Clinical team leader, Nurse Care Manager, and/or HH Coordinator and Peer Support Specialist (under the supervision of the Clinical Team Leader and within the scope of their license/credential).

## Health Promotion

### Definition

Health Promotion is a set of services that emphasize self-management of physical and behavioral health conditions, in an effort to assist the member in the implementation of the Plan of Care.

Health Promotion Services - The BHH shall provide education, information, training, and assistance to members in developing self-monitoring and management

skills.

1. The BHH shall promote healthy lifestyle and wellness strategies, including, but not limited to: substance use prevention, smoking prevention and cessation, nutritional counseling, obesity reduction and prevention, and increasing physical activities.
2. The BHH shall coordinate and provide access to self-help/self-management and advocacy groups, and shall implement population-based strategies that engage members about services necessary for both preventative and chronic care. For members who are minors, the BHH shall provide training to the member's parent/guardian in regard to behavioral management and guidance on at-risk behavior.

**Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum**

HIT plays a central role in BHH service delivery. Through MaineCare's web-based Value-Based Purchasing portal, providers can access information on key quality and utilization measures. Online utilization reports supply BHH providers monthly utilization data from MaineCare claims to assist providers with identifying high needs/high cost members and as a tool to scan for and act upon any gaps in care.

All BHHs must have certified EHR systems that allow integration of secure messaging into the EHR.

BHHs should be able to share health information, including care planning documents, to and from other treating providers/organizations and across the team of BHH professionals. The BHHO will also be expected to use population-based management tools, such as disease registries and other tracking techniques in order to engage members in care.

**Scope of service**

**The service can be provided by the following provider types**

- Behavioral Health Professionals or Specialists
- Nurse Practitioner
- Nurse Care Coordinators
- Nurses
- Medical Specialists
- Physicians
- Physician's Assistants
- Pharmacists
- Social Workers
- Doctors of Chiropractic
- Licensed Complementary and alternative Medicine Practitioners
- Dieticians
- Nutritionists
- Other (specify)

Provider Type	Description
BHH	The Behavioral Health Homes shall provide Health Promotion services. Services may be provided by the Clinical team Leader, Nurse Care Manager, and/or HH Coordinator and Peer Support Specialist (under the supervision of the Clinical Team Leader and within the scope of their license/credential).

**Comprehensive Transitional Care from Inpatient to Other Settings (including appropriate follow-up)**

**Definition**

Comprehensive Transitional Care Services –

1. The BHH shall develop processes and procedures with local inpatient facilities, Emergency Departments, residential facilities, crisis services, and corrections for prompt notification of an individual's admission and/or planned discharge to/from one of these facilities.
2. The BHH shall collaborate with facility discharge planners, the member and the member's family or other support system, as appropriate, to ensure a coordinated, safe transition to the home/community setting, and to prevent avoidable readmission after discharge. The BHHO shall assist the member with the discharge process, including outreach in order to assist the member with returning to the home/community.
3. The BHH shall collaborate with members, their families, and facilities to ensure a coordinated, safe transition between different sites of care, or transfer from the home/community setting into a facility.
4. The BHH shall assist the member in exploration of less restrictive alternatives to hospitalization/institutionalization.
5. The BHH shall ensure a continuity of care and the coordination of services for members in transitional care. The BHHO shall provide timely and appropriate follow up communications on behalf of transitioning members, which includes a clinical hand off, timely transmission and receipt of the transition/discharge plan, review of the discharge records, and coordination of medication reconciliation.

6. The BHH shall facilitate, coordinate, and plan for the transition of members from children's services to the adult system.

**Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum**

HIT plays a central role in BHH service delivery. Through MaineCare's web-based Value-Based Purchasing portal, providers can access information on key quality and utilization measures. Online utilization reports supply BHH providers monthly utilization data from MaineCare claims to assist providers with identifying high needs/high cost members and as a tool to scan for and act upon any gaps in care.

All BHHs must have certified EHR systems that allow integration of secure messaging into the EHR.

BHHs should be able to share health information, including care planning documents, to and from other treating providers/organizations and across the team of BHH professionals. The BHHO will also be expected to use population-based management tools, such as disease registries and other tracking techniques in order to engage members in care.

**Scope of service**

**The service can be provided by the following provider types**

- Behavioral Health Professionals or Specialists
- Nurse Practitioner
- Nurse Care Coordinators
- Nurses
- Medical Specialists
- Physicians
- Physician's Assistants
- Pharmacists
- Social Workers
- Doctors of Chiropractic
- Licensed Complementary and alternative Medicine Practitioners
- Dieticians
- Nutritionists
- Other (specify)

Provider Type	Description
BHH	Transitional care Services may be delivered within the BHHO by the Clinical team Leader, the Nurse Care Manager, and/or by the HH Coordinator and the Peer Support Specialist (under the supervision of the Clinical Team leader and within the scope of their license/credential).

**Individual and Family Support (which includes authorized representatives)**

**Definition**

Individual and family support services include assistance and support to the member and/or the member's family in implementing the Plan of Care.

Individual and Family Support Services –

1. The BHH shall provide assistance with health-system navigation, and training on self-advocacy techniques.
2. In accordance with the member's Plan of Care, the BHH may provide information, consultation, and problem-solving supports, if desired by a member, to the member, and his or her family or other support system, in order to assist the member in managing symptoms or impairments of his or her illness.
3. The Peer Support shall coordinate and provide access to Peer Support Services, Peer advocacy groups, and other Peer-run or Peer-centered services, maintain updated information on area Peer services, and shall assist the member with identifying and developing natural support systems.
4. The BHH shall discuss advance directives with members and their family or caregivers, as appropriate.
5. The BHH shall assist the member in developing communication skills necessary to request assistance or clarification from supervisors and co-workers when needed and in developing skills to enable the individual to maintain employment.

**Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum**

HIT plays a central role in BHH service delivery. Through MaineCare's web-based Value-Based Purchasing portal, providers can access information on key quality and utilization measures. Online utilization reports supply BHH providers monthly utilization data from MaineCare claims to assist providers with identifying high needs/high cost members and as a tool to scan for and act upon any gaps in care.



All BHHs must have certified EHR systems that allow integration of secure messaging into the EHR.

BHHs should be able to share health information, including care planning documents, to and from other treating providers/organizations and across the team of BHH professionals. The BHH will also be expected to use population-based management tools, such as disease registries and other tracking techniques in order to engage members in care.

#### Scope of service

##### The service can be provided by the following provider types

- Behavioral Health Professionals or Specialists
- Nurse Practitioner
- Nurse Care Coordinators
- Nurses
- Medical Specialists
- Physicians
- Physician's Assistants
- Pharmacists
- Social Workers
- Doctors of Chiropractic
- Licensed Complementary and alternative Medicine Practitioners
- Dieticians
- Nutritionists
- Other (specify)

Provider Type	Description
BHH	The Behavioral Health Homes shall provide Individual and family support services. Individual and family Supports shall be delivered by the Clinical team Leader, Nurse Care Manager, and/or the HH Coordinator and Peer Support Specialists (under the supervision of the Clinical Team Leader and within the scope of their license/credential).

#### Referral to Community and Social Support Services

##### Definition

Referral to community and social support services involves providing assistance to members to obtain and maintain diverse services and supports as identified in their plan of care. Referral may include outreach and coordination by providers, reminders, and scheduling appointments to ensure a successful referral. Referral to community and social services involves an organizational understanding and systematic identification of area the resources, services and supports likely needed by the BHH member.

The BHH will also provide linkages to services, including linkages to long term care services and home and community supports.

##### Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

HIT plays a central role in BHH service delivery. Through MaineCare's web-based Value-Based Purchasing portal, providers can access information on key quality and utilization measures. Online utilization reports supply BHH providers monthly utilization data from MaineCare claims to assist providers with identifying high needs/high cost members and as a tool to scan for and act upon any gaps in care.

All BHHs must have certified EHR systems that allow integration of secure messaging into the EHR.

BHHs should be able to share health information, including care planning documents, to and from other treating providers/organizations and across the team of BHH professionals. The BHH will also be expected to use population-based management tools, such as disease registries and other tracking techniques in order to engage members in care.

#### Scope of service

##### The service can be provided by the following provider types

- Behavioral Health Professionals or Specialists
- Nurse Practitioner
- Nurse Care Coordinators
- Nurses

- Medical Specialists
- Physicians
- Physician's Assistants
- Pharmacists
- Social Workers
- Doctors of Chiropractic
- Licensed Complementary and alternative Medicine Practitioners
- Dieticians
- Nutritionists
- Other (specify)

Provider Type	Description
BHH	Referral to community and social support services shall be delivered by the BHH by the Clinical team leader, the Nurse Care Manager, and/or by the HH Coordinator and Peer Support Specialist (under the supervision of the Clinical Team Leader).

# Health Homes Services

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS00060 | ME-22-0010-BHH | Behavioral Health Homes

## Package Header

<b>Package ID</b>	ME2022MS00060	<b>SPA ID</b>	ME-22-0010-BHH
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2022
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<b>Superseded SPA ID</b>	ME-18-0002 System-Derived		

## Health Homes Patient Flow

**Describe the patient flow through the state's Health Homes system. Submit with the state plan amendment flow-charts of the typical process a Health Homes individual would encounter**

1. MaineCare members enter the Behavioral Health Home system through the Behavioral Health Home.
2. BHH performs an initial eligibility assessment and requests authorization from MaineCare/its PA vendor
3. PA is approved/denied.
4. If approved, member receives comprehensive assessment and develops plan of care with BHH within 30 days.
5. Plan of care is reviewed/revised with member every 90 days.
6. Member may opt out of the service at any time and revert to traditional case management or stop services entirely.

Name	Date Created	
BHH PatientFlow	6/29/2022 3:12 PM EDT	

# Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

## Package Header

<b>Package ID</b>	ME2022MS0006O	<b>SPA ID</b>	ME-22-0010-BHH
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2022
<b>Approval Date</b>	2/9/2023	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	ME-18-0002		
	System-Derived		

## 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**

Maine reports annually on the Health Home core set. In addition, Maine is concluding a multi-year study of the Behavioral Health Home (BHH) model in comparison to similar Medicaid services for similar populations. This evaluation assessed characteristics, quality of care, service use, and costs for enrollees in MaineCare's BHHs, and compared these data with corresponding metrics for members enrolled in alternative MaineCare programs with similar eligibility. The study period ranged from 2016 to 2019. Specific aims were:

1. To compare enrollment trends and characteristics; and
2. To explore differences in service use and cost patterns across groups in order to determine whether BHHs have quality or efficiency advantages in any domains of behavioral health-related or non-behavioral health service use (hospital, emergency department [ED], outpatient, residential care, and prescription drug use).

Maine will report relevant findings through Health Home core set reporting, including data related to dual eligible (though Medicare data was not used in the analysis).

**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)**

Maine requires BHHS to use EHRs. The state has an advanced HIE (HealthInfoNet). Maine has also committed to assisting its behavioral health providers in accessing HIT. Maine provides resources/training to BHH providers connect to the HIE.

MaineCare makes available to BHHs utilization and quality data via a web portal.

# Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | ME2022MS0006O | ME-22-0010-BHH | Behavioral Health Homes

## Package Header

<b>Package ID</b>	ME2022MS0006O	<b>SPA ID</b>	ME-22-0010-BHH
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<b>Superseded SPA ID</b>	ME-18-0002		
	System-Derived		

## 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 submitted by Health Homes providers 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
- 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 2/10/2023 1:40 PM EST*