



Susana Martinez, Governor
Brent Earnest, Secretary
Nancy Smith-Leslie, Director

DEPARTMENTAL MEMORANDUM

MAD-MR: 15-18
DATE: 10/6/2015

TO: MEDICAL ASSISTANCE DIVISION
FROM: *NLS* NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION
THROUGH: MEGAN PFEFFER, QUALITY BUREAU *MP*
BY: NANCY SMITH, NURSE MANAGER, QUALITY BUREAU *NSS*
SUBJECT: HEALTH HOMES APPLICATION

GENERAL INFORMATION

This application will be used for providers to apply to be a Health Home

FILING INSTRUCTIONS

Please make the following changes to the MAD forms manuals:

INSERT Form #600

Please address any questions concerning these guidelines to Nancy Smith at Nancy.Smith2@state.nm.us or call (505) 827-3161.

Attachment: MAD 600 Issued 9/17/15 Health Homes Application



Health Home Service Certification Application and Pre-Assessment of Readiness SAN JUAN AND CURRY COUNTY ONLY

This application is required for those New Mexico community mental health services providers who are certified by the State and who are eligible and seeking to become health homes for adults with Serious Mental Illness (SMI) and children with Severe Emotional Disturbance (SED). Please label all attachments submitted with this application with the appropriate application section title and number/letter.

Please mail your application to:
HSD/MAD Health Homes
P.O. Box 2348
Santa Fe, NM 87504-2348

Anticipated Start Date of Health Home Service:
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I. Name of Agency			
Name of Agency		NPI Number:	
Physical Address	City	Zip	County
Contact Person	Phone	Email	
	()		

Please provide the name and address for each service location that will provide Health Home Services (make additional copies of this page as needed and attach to this packet)
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Name of Individual Service Provider :	Anticipated Start Date of Health Home		NPI Number:
Service:			

Service Location Address	City	Zip	County
Contact Person	Phone	Email	
	()		

Name of Individual Service Provider:	Anticipated Start Date of Health Home		NPI Number:
Service:			

Service Location Address	City	Zip	County
Contact Person	Phone	Email	
	()		

Name of Individual Service Provider:	Anticipated Start Date of Health Home		NPI Number:
Service:			

Service Location Address	City	Zip	County
Contact Person	Phone	Email	
	()		

Name of Agency: _____

II. Health Home Service Population

Describe the population to be served through the Health Home based on data and your experience to date.

- Applicant must demonstrate an understanding of the eligible populations to be served in the Health Home by addressing key characteristics, including: Chronic medical conditions; SMI/SED; utilization rates; locations; age; and culture.

III. Behavioral and Physical Health Integration

A. Accreditation and Certification

Identify current accreditations and/or certifications that demonstrate your Health Home's current or planned adherence to standards for integrated physical and behavioral health care. Please select one of the following:

- Current accreditation or recognition from _____, OR
- Plan to seek accreditation or recognition from the following and anticipated accreditation/recognition date _____

Please select at least one of the following:

- CARF Integrated Behavioral Health/Primary Care Core Program Accreditation
- CARF Health Home Core Program Accreditation
- Joint Commission Behavioral Health Care Accreditation Program Primary Physical Health Care Standards, or Primary Care Medical Home or Behavioral Health Home Certification
- Council on Accreditation Integrated Behavioral Health and Primary Care Supplement Standards
- NCQA Patient-Centered Medical Home (Level 1) Recognition
- NCQA Patient-Centered Specialty Practice Recognition
- Equivalent accreditation, certification or recognition approved by the State of New Mexico
- State Licensed Behavioral Health Agency (BHA), Core Service Agency (CSA), Community Mental Health Agency (CMHC) or Federally Qualified Health Center (FQHC), Comprehensive Community Support Services (CCSS) Certification.

B. Integrated Care Model, Health Home and Primary Care

Describe your planned behavioral health and primary care integration model. Describe the way your model will address how, what, when and where primary care is provided, and how the providers will collaborate in areas such as referrals, communication, information sharing and medical record management, staffing arrangements and supervision, and financial arrangements.

Include the following in your response: The level of behavioral and primary health care integration (see: <http://www.integration.samhsa.gov/>); your rationale based on your business model, market relationships, populations to be served, current capacity and how appropriate and feasible it is for your service population.

For applicants with ownership or membership interest in a primary care organization where primary care services are fully integrated and embedded: Attach a copy of your agency service plan or program description for primary care services.

- **Applicants entering into a written integrated care agreement with a primary care provider for co-located coordinated care at each health home site:** Attach a copy of your agreements with primary care providers. Agreements must include the following: The population to be served; referral arrangements; information that will be exchanged between the health home and primary care provider; and role of providers in coordinating and managing care, including integrated care plan development and updates, team meetings and communication protocols.

V. Primary Care Screening Checklist

The organization will assure the following screening and treatment services:

- A. Initial health history and physical exam within two months of the first scheduled visit with the provider (if one has not been performed in the prior twelve months). Yes No
- B. Collection of the following data points at any visit for a physical health check or a medication adjustment, but no less frequently than quarterly:
 - Vital signs, including blood pressure, height, weight, calculation of body mass index, pulse, respiratory rate, and oxygen saturation level, as appropriate Yes No
 - Current medications and drug allergies Yes No
 - Current tobacco, drug, or alcohol use, including frequency and amount Yes No
- C. Routine preventive screenings and tests for the following:

- Yes No Diabetes specific tests (e.g., a Hemoglobin A1c screening, retinal exam, foot exam and end organ assessment)
- Yes No Comprehensive Lab Tests (Blood glucose, CMP, CBC, Urinalysis)
- Yes No Lipid profile
- Yes No Medical Screening (Hepatitis C, HIV, STD's, Cardiac testing)
- Yes No Cancer screenings, including mammogram, pap test, PSA test, pelvic exam and a colonoscopy
- Yes No Annual routine dental examination
- Yes No Immunizations and, if necessary, updates to the immunizations
- Other: _____
- Other: _____
- Other: _____

VI. Partner/Provider Outreach and Engagement

1. Attach a copy of your provider outreach plan that will be used to communicate with and engage providers and entities with whom you do not have formal agreements, but with whom you need to develop effective working relationships to serve clients in the health home.
 - The outreach plan should outline how the health home will educate providers about the services, goals and the value of the relationship or collaboration in the delivery of service components, and how and what type of information will be exchanged between the health home provider and the non-health home provider. The outreach plan should describe the role of the non-health home provider in coordinating and managing care to the consumer including but not limited to integrated care plan development and revisions and participation in meetings.

Name of Provider: _____

Partner/Provider Outreach and Engagement (cont.)

- Applicant’s outreach plan must include:
 - Defined accountabilities for provider outreach and engagement.
 - Dedicated education and outreach processes and materials.
 - An accurate and comprehensive description for providers about participating as part of a health home in New Mexico:
 - Reference key components that are included in the planned care model.
 - Reference goals for integration of physical and behavioral health care.
 - Acknowledge requirements of the New Mexico Rule.
- 2. Referencing **Table B below**, applicant should address why and how it will facilitate working relationships with entities listed to ensure that necessary services will be available and/or coordinated for its health home clients as part of their integrated care management.
- 3. When you identify a gap in your health home network relationships, describe your strategy to engage and establish effective working relationships.

Table B: Health Home Network Relationships

Please identify those providers that you have or will have relationships, collaborations or partnerships. Describe how those entities identified are appropriate to serve your health home population. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> CMHC, FQHC, BHA | <input type="checkbox"/> Third Party Payor Sources/COB |
| <input type="checkbox"/> Nursing Facility | <input type="checkbox"/> Specialty Care Provider |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Criminal Justice/Juvenile Justice | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Psychiatric Inpatient Hospital | <input type="checkbox"/> Hospital Emergency Department, EMS |
| <input type="checkbox"/> Certified Home Health Provider | <input type="checkbox"/> Substance Abuse Treatment Provider |
| <input type="checkbox"/> Social Service Provider – housing, peer, etc. | <input type="checkbox"/> Licensed Group Home or Adult Care Facility |
| <input type="checkbox"/> Indian Health Services (IHS) | <input type="checkbox"/> Other Mental Health Provider (RTC, ARTC, TLS) |
| <input type="checkbox"/> Medicaid Managed Care Organizations (MCOs) | |

Other (Please Specify): _____
Other (Please Specify): _____
Other (Please Specify): _____

VII. Consumer Informed Consent and Orientation

A. Consumer Informed Consent
Describe how your agency will assure consumer informed consent specific to enrollment in the health home service prior to provision of services.

B. Orientation
Attach a copy of your written health home service orientation informational materials. Materials must describe and confirm the process to orient and inform consumers regarding the benefits of active participation in the health home service.

Name of Provider: _____

VIII. Comprehensive Assessment, Care Planning and Care Coordination

A. Comprehensive Assessment

1. Provide assurance that you will use the NM Health Homes assessment tool and will meet all of the data and reporting requirements of HSD.
2. Describe any additional practices, tools and/or specific community based approaches you plan to utilize such as: Changes in health status, needs, significant events, system supports and flags for routine updates, i.e., at least every 90 days and annual or semi-annual reassessments. Your response should include the following:
 - Describe data sources that will be used to complete the comprehensive assessment.
 - Describe how information from the assessment will be used to stratify individuals by categories of risk to develop behavioral, physical and other appropriate health interventions.

B. Care Planning

1. Provide assurance that you will use the CareLink NM Plan as required by HSD.
2. Describe any additional practices, tools and/or community based approaches you utilize to complete and maintain a person-centered and customized care plan that addresses items such as: Identification of measurable goals and objectives; interventions with specific time frames for completion; provisions for acknowledging client and relevant others' (i.e., family, guardians, significant others) input, preferences, and level of involvement in the care plan.

C. Care Coordination

1. Describe how you will coordinate with consumer, consumer's family members, caregivers, team members, PCP, specialists, social services and other providers (i.e. tracking tests, referrals, scheduled appointments, follow-up, etc.) in implementing the care plan. Provide the following supporting documents:
 - Attach your communication protocols or policies that describe information exchange between consumer, consumer's family members, caregivers, team members, PCP, specialists, and other providers.
 - Attach communication plan to address routine information exchange to ensure that collaboration and communication occurs between consumer, consumer's family members, caregivers, team members, PCP, specialists, other providers and payors.
2. Attach your Business Continuity/Disaster Management Plan.
3. Describe how you will coordinate care (e.g., assist consumer in obtaining health care, including primary, acute and specialty medical care, mental health, substance abuse services and developmental disability services, long-term care and ancillary services; perform medication management, including medication reconciliation; track tests, referrals and follow-up as necessary, etc.). Please include in your response your approach to meeting the care coordination requirements in Centennial Care and coordinating with MCOs to accomplish compliance.

Name of Provider: _____

IX. Health Promotion

Based on the assessed needs of your health home population, describe the following:

1. How you plan to use consumer-level clinical data to address health promotion programming for an individual's specific health promotion, self-monitoring and self-care needs and goals (e.g., working with a consumer on his/her individual health promotion goals). Please list any specific courses you intend to offer to your health home members.
2. Your strategies to address health promotion for your health home population through programs or initiatives (e.g., evidence-based, evidence-informed, best, emerging and/or promising practices related to smoking cessation, nutrition, chronic disease management, etc.).

X. Comprehensive Transitional Care

Describe how you will facilitate and manage comprehensive transitional care and follow up (e.g., inpatient-to-inpatient, residential and community settings, to prevent unnecessary inpatient admissions, inappropriate emergency department use and other adverse outcomes).

- The applicant should describe processes for:
 - Receiving timely notifications of admissions/discharges as well as receiving discharge records.
 - Follow up with primary care, specialists and social services.
 - Medication review and reconciliation.
 - Risk assessment (e.g., potential for re-admission/re-institutionalization, non-adherence to care plan.
 - Revisions to comprehensive care plan to integrate transition/discharge plan.

XI. Culturally and Linguistically Appropriate Services

Describe how your agency will ensure that the health home service is delivered in a manner that is culturally and linguistically appropriate, including how you will address staff education, training, recruitment and provisions for communication modalities (e.g., hearing or visual impairment).

Name of Provider: _____

XII. Data Sharing and Information Management for Care Management and Coordination

1. Describe your capacity and strategies for using data from a variety of sources to inform and support comprehensive and timely care management and care coordination. Address the sources and types of health data that you currently receive or expect to receive as a health home, including from Medical Assistance Division/HSD and other state agencies; behavioral, primary care and specialty providers; inpatient facilities; long term support service and social service agencies, and managed care organizations (MCOs).
2. Describe your ability to integrate hospital admission, discharge, utilization and other data into routine health home operations.
3. Describe your systematic processes for following up on tests, treatments, services and referrals and incorporating them into client's plan of care.
4. Describe the relevant certified health record solutions, databases, and data management protocols for documentation and bi-directional information sharing among providers, team members and agencies as part of ongoing care planning and coordination.

XIII. Team Composition

1. Applicant should complete **Table C** to describe its staffing model.
2. Explain how the professional competencies and expertise of the health home team will align with and serve the needs of the identified health home service population.
3. Attach position descriptions for each of the required health home team members.

Name of Provider: _____

XIV. Table C: Health Home Team Composition

Please provide team compositions and descriptions in the table below.
 A health home service provider shall utilize an integrated, multidisciplinary team to deliver health home service.
Please complete the table below for number of teams, estimated caseloads, health home team members, staff credentials, and staffing ratios.

Team Description (e.g., generalist team, high-need child and adolescent team, etc.)	Estimated Caseload	Clinical Supervisor			Health Promotion Coordinator			Care Coordinator			Peer Support Specialist			Total Team FTEs	Total Team Ratio
		Cred	Ratio	FTE	Cred	Ratio	FTE	Cred	Ratio	FTE	Cred	Ratio	FTE		
A															
B															
C															
D															
E															
F															
G															
H															
I															
J															

Name of Provider: _____

XV. Quality Improvement/Performance Measures & Outcomes

1. Attach your organizations' quality improvement program description/plan.
2. Describe how you have incorporated health home services into this quality improvement plan.
3. Describe your readiness to collect, monitor and report the health home performance measures as identified by the state. Include the job title of the staff person responsible for oversight of performance measures and quality improvement.

XVI. Health Information Technology

A. Electronic Health Record

A health home provider must at the time of certification implement and actively use an electronic health record (EHR) product that is certified by the Office of the National Coordinator for Health Information Technology as evidenced by **at least one** of the following criteria (check all that apply):

- Receipt of structured laboratory results
- Utilization of continuity of care records
- Share information with MCOs
- Receive real-time ER utilization
- Participation in a Health Information Exchange

1. Describe the extent to which the health home and its various sites share a common electronic record system.
2. Describe if and how the health home participates in a Health Information Exchange (HIE) network e.g., direct exchange or bi-directional query based exchange; and if not currently participating in HIE, what plans are being developed to participate in HIE?

Name of Provider: _____

XVII. Health Home Service Attestation

The undersigned certifies that the information submitted in this Health Home Service Provider Application and any attached pages are true, accurate, and complete. The Health Home applicant agrees to comply with all current and future State and Federal laws, rules, regulations and statutes concerning Health Home Service delivery, including but not limited to: Payment, operations, confidentiality of records, staffing, managed care collaboration and service taxonomy.

The Health Home applicant also agrees to notify the Human Services Department (HSD) within 10 Days if any changes should occur as a Health Home Service Provider in the following areas: Accreditation, certification, behavioral and physical health integration arrangement, health home staffing level as contained in this application, collection and reporting of required health home outcomes data, Health Information Technology requirements, capacity to provide all components of health home service delivery and ability to serve all eligible population in the designated service area.

Provider: _____

Authorized Signature: _____

Date: _____

Title: _____

Print Name: _____ **Title:** _____

IV. TABLE A: Health Home Site(s), Integrated Care Model(s), Primary Care Capacity and Expanded Access

Use Table A to describe arrangements for ensuring behavioral and primary care capacity, including screening, treatment, and expanded access to services provided by the organization.

- Complete this table once if you will implement the same model at all of your health home sites.
- If you are implementing different integrated care models in multiple sites, make additional copies of this table as needed.

Health Home Site (A)	Expanded Access to Services (B)	Primary Care Screening & Treatment Model (C)	Integrated Care Model (D)	COMPLETE THIS COLUMN ONLY if Having an Ownership or Membership Interest in a Primary Care Organization Where Primary Care Services are Fully Integrated and Embedded: Projected Number of Health Home Consumers Served (E)	COMPLETE ONLY IF CO-LOCATED IN A PRIMARY CARE SETTING		
					Name of Primary Care Provider(s) If Co-located (F)	Location of Primary Care Provider(s) (G)	Projected Number of Health Home Consumers Served by Each Primary Care Provider If Co-located (H)
	<input type="checkbox"/> Additional Business Hours (e.g., evening or weekend hours) <input type="checkbox"/> Same day appointments (i.e., open scheduling) <input type="checkbox"/> Non-urgent clinical advice and triage by a live person 24 hours/7days a week (e.g., electronic access, email, etc.) <input type="checkbox"/> Other:	<input type="checkbox"/> On-site <input type="checkbox"/> Coordinated off-site	<input type="checkbox"/> Co-located <input type="checkbox"/> Fully Integrated and Embedded/Owner- ship or Membership Interest				