



Frequently Asked Questions

CMHC Healthcare Homes

GENERAL QUESTIONS

1. Are Healthcare Home clients Medicaid only or do they include duals?

Medicare/Medicaid dual eligible clients may be enrolled in the Healthcare Home.

2. The initial run of potential auto-enrollment (March 2011) looks low. Does that number include both adults and kids?

Yes, this is based on Medicaid claims that were submitted and paid for adults, youths, and children.

3. What is the time frame in which organizations must get certified as a Healthcare Home through CARF, etc.?

Our current plan is for organizations to be accredited 18 months following implementation of PMPM payments to the organization (summer, 2013). However, this timeline may be adjusted based on decisions yet to be made regarding the actual vehicle to be used for accreditation.

4. Is an electronic health record a requirement or can this be done without it, if we are not able to get it done within 1-2 years?

An electronic health record is not required, but strongly encouraged. Organizations will be hard pressed to perform successfully as Healthcare Homes in the long run if they do not have an electronic health record. (You will be required to systematically use CyberAccess and the CMT disease management reports – this is a central support. Performance measures will be based on the use of these tools.)

5. Will the DM 3700 project go away when Healthcare Home begins? If not, will the DM 3700 clients be eligible for Healthcare Home? Just like some clarification on how they fit in.

DM 3700 clients will be eligible for enrollment in the Healthcare Home. However, the DMH 3700 project will continue until 3,000 clients have been enrolled in the program. Next run is expected July 15. We are working on the source of the Medicaid match for DMH 3700 clients who are enrolled in the Healthcare Home.

6. We are currently CARF certified (or in the process), so will be using CARF for our Healthcare Home accreditation?

Of course, several CMHC's have CARF accreditation which we believe is valuable. Currently, however, the CARF standards do not directly address Healthcare Home responsibilities. A representative from CARF has indicated an interest in working with DMH to develop CARF accreditation for community mental health center healthcare homes. We will be discussing this option with CARF, and also considering whether some other form or accreditation would be more appropriate. CMHC's will not be expected to be accredited or certified as Healthcare Homes until we either work with CARF to develop such standards, or choose another approach to accreditation/certification for CMHC Healthcare Homes.

7. When do we expect to hear back from CMS?

We hope to complete the submission of the Medicaid state plan amendment this week. CMS has indicated they will work to facilitate review of the amendment, but it is difficult to estimate how long it will be before they provide some response. It is likely they will ask clarifying questions, and

may require that we submit additional material. We still hope to receive approval in time to move ahead with recruiting and training in early fall, so that we can begin enrolling consumers and providing Healthcare Home services by December.

8. What does the transition from DMH Net nurse liaisons to Healthcare Home nurse care managers look like in terms of reporting time, receiving disease management allocation and job functions?

The functions currently performed by the DMH Net nurse liaisons fit nicely into the Healthcare Home Team functions. Nurse Care Managers will perform most of the functions currently performed by the DMH Net nurse liaisons, though some of the functions currently being performed by the nurse liaisons are likely to be picked up by the Healthcare Home Director or the additional clerical staff that will be included in the Healthcare Home. As part of the Healthcare Home Team training that we will be providing this fall, we will try to help teams consider the best way to allocate these responsibilities across the team. Funding for the DMH Net nurse liaisons will continue through December of this year and then transition to reimbursement through the Healthcare Home PMPM payment.

APPLICATION

1. When filling out the chart in section A2 of the application, should we list the number of physicians and nurse practitioners agency-wide or only those involved with the CPR Program?

Agency-wide.

2. On the application it asks if physicians and nurse practitioners have a patient panel. What does that mean exactly? We are not familiar with that terminology.

Clinicians have a “patient panel” when they are responsible for the care of specific patients who always come to them for care, in contrast to a system where patients see whichever clinician happens to be available when they need to be seen. Sometimes in large systems, although clinicians have a specific “panel” of patients whose care they are monitoring, on occasion individuals on their “patient panel” may be seen by another clinician. However when this occurs, the clinician who has that individual on their “patient panel” will review the notes in the patient chart, and may receive additional feedback from the clinician who saw them on an ad hoc basis.

3. If we bill Medicaid for medical services we provide outside of our current allocation and under a different provider number, do we need to complete 2 applications for the Healthcare Home? If this is the case, are they both due on July 20?

No, each organization is only required to submit one application. The draft Application requirements presented at the Coalition meeting on June 28 indicated that organizations should submit one application per assigned Medicaid number. However, this requirement was eliminated in the final Application requirements. However, if organizations expect to operate multiple sites Healthcare Home sites under the direction of separate Healthcare Home Directors, some sections of the Application will require distinct answers for the separate sites (e.g. Section B.8. describing anticipated staffing plans.

4. Since our population will require only a .7 FTE Nurse Care Manager and also a Healthcare Home Director, I would like to hire a RN half time to be director/care manager and another half time care manager. Can I use a half time RN to supervise a half time LPN?

Yes.

STAFFING

- 1. When looking at staffing, do I need to have a staffing plan for each site, or an overall staffing plan, indicating how the staffing plan will address the needs of clients for coverage in each location?**

If you have sites under the direction of separate Healthcare Home Directors, then you will have a staffing plan for each such site. Otherwise, you will have a single Healthcare Home staffing plan for your organization and explain how this will meet the needs of your multiple sites.

- 2. We are concerned about hiring staff prior to the state plan amendment being approved by CMS. On our application can we provide you with what our staffing might look like, and wait to hire anyone until we receive CMS approval? This may be after the scheduled training for the Healthcare Home team.**

Yes.

- 3. Do we need to calculate the Healthcare Home director FTE based on the 1:500 client ratio? At one point it was discussed that the director should be at least half-time and if the FTE went over 1, then that additional time could be transferred over to the nurse care manager. Is that still correct? I don't see us needing any additional time over 1 FTE for the Healthcare Home director, but that would be beneficial to add to the nurse care manager time.**

The FTE needed for the Healthcare Home Director position will be dependent on your organizations size and complexity. We believe at least a half-time Healthcare Home Director will be required at each organization. A few organizations with multiple sites and complex organizations may require more than one Healthcare Home Director. The PMPM was calculated based on a 1 to 500, Healthcare Home Director to client, ratio.

- 4. What are the qualifications for the Healthcare Home director?**

Many organizations may choose to employ an RN as the Healthcare Home director. This may be particularly attractive in organizations that are likely to have smaller numbers of Healthcare Home enrollees and who cannot justify a full time Healthcare Home director, and who wish to have the Healthcare Home director perform some Nurse Care Manager functions. Larger or more complex organizations may wish to employ someone with more organizational and management experience in the Healthcare Home director role. In any case, the Healthcare Home director should be an individual capable of champion the Healthcare Home initiative and promoting practice transformation within the organization.

- 5. What is the exceptions process for non-nurse care managers?**

The exceptions process has not been established yet. The PMPM reimbursement is being established based on a salary level that should enable most organizations to attract RNs. Certainly it will provide adequate reimbursement to attract LPNs. Because we believe nurses are best suited to fill the Care Manager role, it will likely be difficult to secure an exception to allow an organization to employ a non-nurse care manager.

PAVING THE WAY FOR HEALTHCARE HOME PRESENTATION

- 1. The application indicates that "Paving the Way" must be presented to ALL staff. Should we take this literally and assure that ADA prevention staff and all clerical, IT and janitorial staff, for example, are included?**

Because of the potential transforming nature of the Healthcare Home Initiative, organizations may choose to include literally all staff. But organizations have some discretion in this regard. All clinical staff and program staff along with all relevant support staff should be included.

- 2. Is using Essential Learning an option for sharing the “Paving the Way” slides with our staff who may not be able to attend our presentations?**

While we realize that it may not be practical for all staff to attend your “Paving the Way” presentations in person, we do expect that the majority of your staff will have this opportunity so that they can readily have their questions answered. For those individuals who are unable to attend, you may use other approaches such as Essential Learning to make the presentation available. Individuals who view the presentation in this way should sign an attendance sheet to indicate they have seen the presentation.

- 3. Is there any up-to-date information regarding completed metabolic screenings, including comparisons of each mental health center and the overall state average?**

You should have received an updated CyberAccess Patient History Utilization Report which you can use in completing your application. Except for the CyberAccess Patient History Utilization Report, none of the CMHC Benchmark Reports will be updated before the Application is due.

TRAINING

- 1. Will the training begin in August? The application indicates that the CMHC will be notified of status on Monday, August 15, but the training is to begin in August for Organizational Leadership. That doesn't seem realistic given most organizations are recruiting and trying to hire a Healthcare Home Director and we will not likely want to hire until we know we are accepted to move forward. That position is obviously a critical one, and CMHCs will want to ensure they are present for the training.**

We now expect training to begin in September and are targeting September 14 (Wednesday Coalition date) for continued training on Access to Care and introducing HealthCare Home 101 training designed to CMHC's in understanding and implementing the HealthCare Home initiative as specified in state rules, regulations, and manuals. Healthcare Home Team training will also begin in September.