

# Guidance for Supplemental Application for Health Home Service for Individuals with Serious and Persistent Mental Illness Certification



Department of  
Mental Health

## **Health Home Service Provider Application Instructions**

The Ohio Department of Mental Health (ODMH) invites interested Community Mental Health Agencies (CMHAs) meeting eligibility requirements to apply for certification to deliver the Health Home Service for individuals with serious and persistent mental illness (SPMI).

### **Health Home Service Description**

Health Home service for individuals with SPMI is a person-centered holistic approach that aims to integrate physical and behavioral health care by offering and facilitating access to medical, behavioral, long-term care and social services that are timely, of high quality and coordinated by an individualized care team. The Health Home service for individuals with SPMI is designed to: improve care coordination; improve integration of physical and behavioral health care; improve health outcomes; lower rates of hospital emergency department use; reduce hospital admissions and readmissions; decrease reliance on long term care facilities; improve the experience of care and consumer quality of life; and reduce healthcare costs.

Adults and children who meet the ODMH definition of SPMI, which includes adults with serious mental illness and children with serious emotional disturbance, are eligible for health home service.

The health home service is comprised of the following components:

- Comprehensive Care Management;
- Care Coordination;
- Health Promotion;
- Comprehensive Transitional Care and Follow-up;
- Individual and Family Support; and
- Referral to Community and Social Support Services.

CMHAs that are certified by ODMH for the Health Home service are also required to meet the health home team requirements. Members of the team include: the health home team leader, embedded primary care clinician, care manager and qualified health home specialist. Health home service applicants must demonstrate integration of behavioral and physical health care; utilize health information technology; develop robust relationships, collaborations and/or partnerships with a diverse network of providers; and agree to report outcomes and performance metrics as required by the Centers for Medicare and Medicaid Services (CMS) and Ohio's Medicaid program.

## CMHA Eligibility and General Qualifications

Ohio CMHAs that are eligible to provide the health home service for individuals with SPMI include CMHAs which are certified by the Ohio Department of Mental Health in accordance with Chapters 5122-24 to 5122-29 of the Ohio Administrative Code and are certified by ODMH to provide each of the following services:

- behavioral health counseling and therapy;
- mental health assessment;
- pharmacological management; and
- community psychiatric supportive treatment (CPST).

### Applying for Health Home Service Certification

CMHAs with existing ODMH certification must complete the health home service certification supplemental application in order to become certified to provide health home service.

Organizations without existing ODMH certification must contact the ODMH Office of Licensure and Certification at 614-466-7940, and receive information about the requirements for initial ODMH Certification, which may include obtaining appropriate National Behavioral Health Accreditation prior to completing the health home service certification supplemental application.

The Health Home Service Certification Supplemental Application is available on the ODMH website here: <http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/licensure-and-certification/community-mental-health-agencies/certification-applications.shtml>.

## Describing Caseload Estimates, Staffing Ratios and Health Home Team Members

CMHAs must provide a brief description of how caseload estimates and staffing ratios were determined. In addition, agencies are required to provide detailed information about proposed Health Home team members, their credentials, total team FTEs and staffing ratios using the following table.

- **Team Description** – For each Health Home team, CMHAs should describe any additional characteristics of individuals who will receive the Health Home service (e.g., SMI Adult, SED Child, Homeless, etc.).
- **Client Need/Risk or Level of Care** – CMHAs are encouraged to develop caseloads based on client acuity, complexity or level of care. Please provide a brief description (*no more than 100 characters*) of the clinical/functional status of each caseload.
- **Estimated Caseload** (column (a)) – The total number of SPMI individuals to be served by a health home team.
- **Staffing Credentials (Cred.)** – The professional qualifications of Health Home team members (e.g., licensure, certification, degree, etc.).

- **Ratio** (column (b1)) – The number of SPMI individuals to which a member of the team of healthcare professionals is assigned. Each CMHA must develop ratios based on the clinical acuity or complexity of individuals with SPMI.
- **FTE** (column (b2)) – The proportion of a health team member’s time associated with the delivery of the Health Home service. FTE does not refer to the person’s full- or part-time employment with the agency; rather, FTE amounts reflect the percentage of the health home team member’s time devoted to the Health Home service. FTE (columns b2, c2, d2, e2) is calculated by dividing the *Estimated Caseload* (column a) by the relevant *Ratio* (columns b1, c1, d1, e1).
- **Total Team FTEs** (column (f)) – The total number of FTEs for a team. Calculated by summing each FTE (columns b2, c2, d2, e2).
- **Total Team Ratio** (column (g)) – Provides the total staff-to-client ratio for a team. Calculated by dividing *Estimated Caseload* (column a) by Total Team FTEs (column f).

CMHAs must also provide an agency total and summarize across all teams the *Estimated Caseload* (column a), total *FTE* by team member (columns b2, c2, d2, e2), *Total Team FTEs* (column f) and Total Team Ratio (column g).

### Example:

The example below is for illustrative purposes only and depicts a fictitious agency which identified 700 individuals with serious and persistent mental illness (500 adults with SMI; 200 children with SED) who could benefit from CMHA Health Home service. The agency plans to use a multidisciplinary team of healthcare professionals including Team Leaders/Program Managers (LISW), Physician (MD), Independent Marriage and Family Therapist (IMFT), Certified Nurse Practitioners (CNP), Nurse Care Managers (RN), Care Managers (LSW), Certified Peer Support Specialists (CPS), Community Psychiatric Supportive Treatment workers (BA), Clinical Pharmacist (RPH), Health Educator (CHES), Nutritionist (MS), and Tobacco Specialist (MA).

Fictitious Example of CBHC Health Home Team Composition, Caseload and Staffing Ratios																
Team Description	Client Need/Risk or Level of Care	Estimated Caseload <b>(a)</b>	Health Home Team Members												Total Team FTEs <b>(f)</b>	Total Team Ratio <b>(g)</b>
			Health Home Team Leader			Embedded Primary Care Clinician			Care Manager			Qualified Health Home Specialist				
			Cred.	Ratio <b>(b1)</b>	FTE <b>(b2)</b>	Cred.	Ratio <b>(c1)</b>	FTE <b>(c2)</b>	Cred.	Ratio <b>(d1)</b>	FTE <b>(d2)</b>	Cred.	Ratio <b>(e1)</b>	FTE <b>(e2)</b>		
Team #1 – SMI Adult	High Intensity	200	LISW	1:200	1.00	CNP	1:1000	.20	RN	1:40	5.00	CPS BA RPH	1:200 1:50 1:2000	1:00 4:00 .10	11.30	1:17
Team #2 – SMI Adult	Medium Intensity / High Risk	300	PCC	1:300	1.00	CNP	1:2000	.10	LSW	1:60	5.00	BA CHES BA	1:300 1:300 1:75	1.00 1.00 4.00	12.10	1:25
Team #3 – SED Child	Medium Intensity / High Risk	200	IMFT	1:200	1.00	CNP	1:1000	.20	LSW	1:50	4.00	MS CPS	1:400 1:50	.50 4.00	9.70	1:21
<b>TOTAL</b>		<b>700</b>			<b>3.00</b>			<b>.50</b>			<b>14.00</b>			<b>15.60</b>	<b>33.1</b>	<b>1:21</b>

## **Medicaid Rate Setting, Reimbursement and Provider Enrollment Information**

### **Medicaid Rate Setting and Reimbursement**

The Medicaid reimbursement methodology for the Health Home service is a monthly case rate. A monthly Health Home service claim must be submitted for each Medicaid person in order to receive the monthly case rate. In addition, Medicaid reimbursement will be limited to those geographical regions (i.e., counties) approved by Centers for Medicare and Medicaid Services in which the provider is physically located.

The monthly case rate includes the personnel, non-personnel and administrative overhead costs associated with the Health Home service based on proposed costs established in accordance with OAC rules 5122-26-19 and 5101:3-27-05. Each CMHA must develop and submit forms A1, A2, A3 and A4 of the ODMH Uniform Cost Report (UCR) which will be used to establish the monthly Health Home case rate. These forms must be submitted with the Health Home Service Certification Supplemental Application. Development of the forms shall be consistent with cost reporting principles specified in 42 CFR 413 as well as OMB Circular A-122, OMB Circular A-87 and the PRM, Part 1 as applicable for your organization. Completion of the forms shall also be pursuant to Sections [5122-26-19](#) and [5122-26-19.1](#) of the Ohio Administrative Code, including instructions contained in [Appendix A](#). A CMHA must submit Forms A1-A4 consistent with your provider enrollment in MITS. For example, if you have a single NPI and ODJFS provider number (Type 84) in MITS but have multiple locations, you can only have one (1) health home service rate. Alternatively, if you have two (2) NPI/ODJFS provider numbers (type 84), then you may have two (2) health home service rates. Please note that if you have multiple locations and want to have site specific health home service rates but currently have one NPI/ODJFS provider number (type 84), you will need to submit new MITS provider enrollments.

For purposes of establishing the Health Home monthly case rate ODMH requires that CMHAs submit the following.

- **[Form A-1: ODMH Uniform Cost Report \(DMH FIS-047\)](#)** – A complete DMH FIS-047 is required in order for ODMH to understand the estimated number of Health Home units, the budgeted Health Home unit rate and the change in other service units (i.e., CPST) resulting from implementation of the Health Home service.
- **[Form A-2: Mental Health Services Personnel Services Costs Worksheet](#)** –The personnel services worksheet must contain personnel costs and hours associated with all services, including the personnel costs for the required Health Home team members (i.e., Health Home Team Leader, Embedded Primary Care Clinician, Care Manager and Qualified Health Home Specialist) as well as personnel who provide management, oversight and administrative support for the Health Home service.

- [Form A-3: Mental Health Services Non-Personnel Costs Worksheet](#) – The non-personnel costs worksheet must contain non-personnel costs associated with all services, including those specific to the new Health Home service.
- [Form A-4: Mental Health Services Administrative Overhead Cost Distribution Worksheet](#) – The administrative overhead cost distribution worksheet should contain personnel and non-personnel costs that benefit the CMHA as a whole and cannot be allocated to any specific services.

### **Medicaid Provider Enrollment**

CMS requires that the Medicaid Information Technology System (MITS) identify claims for the Health Home service in order for Ohio to receive the 90% Federal match. This enhanced match rate is available for eight quarters from the effective date of each State Plan Amendment (SPA). Currently, the Health Home roll-out plan is for the state to submit three separate SPAs to align with three separate geographic implementation phases. The first SPA authorizes implementation beginning October 2012 in five counties; the second SPA will authorize implementation in April; and the third SPA will authorize the remaining counties in July 2013. For this reason, CMHAs providing the Health Home service in multiple SPA phases with different CMS approved implementation start dates will be required to have separate NPI numbers for each phase in which they are participating. For example, a CMHA providing the Health Home service in two SPA phases-Phase 1 and Phase 2- will be required to have two NPI numbers; a CMHA providing Health Home service in three SPA regions –Phase 1, 2 and 3 Counties-will be required to have three NPI numbers, etc.).

Please note that if a CMHA is providing the Health Home service at multiple service locations within a single implementation phase and chooses to establish a Medicaid rate at the corporate level (single NPI/ODJFS provider number) as opposed to the organization level, a separate Medicaid enrollment will be required for each NPI and tax identification number combination. In addition, CMHAs providing the Health Home service under different corporate structures across multiple implementation phases will be required to have separate NPI numbers for each corporate structure for each phase.

## **Submission of the Completed Health Home Service Certification Supplemental Application**

Submission Checklist:

- All pages of the completed “Health Home Service Certification Supplemental Application” with applicable supporting documentation. **BE SURE TO SIGN THE APPLICATION.**
- Forms A1, A2, A3 and A4 of the ODMH Uniform Cost Report (UCR).

Per the application, the original application and all required supporting documentation must be submitted to:

**Ohio Department of Mental Health  
Office of Licensure and Certification  
30 E Broad Street, Suite 742  
Columbus, Ohio 43215**

Inquiries related to application status and rate information should be submitted to the:

**Ohio Department of Mental Health  
Office of Health Integration  
30 E Broad Street, Suite 720  
Columbus, Ohio 43215  
(614) 387-2799  
Healthhomes@mh.ohio.gov**

Only complete applications will be reviewed by ODMH and ODMH reserves the right to reject any application due to incompleteness.

**Related links:**

- [Health Home Provider Standards and State Plan Amendment \(SPA\)](#) .
- [Rule 5122-29-33 of the Ohio Administrative Code \(health home service\)](#)

### **Notification of Approval**

Applicants will be notified via letter by ODMH regarding the outcome of their health home service certification supplemental application.