

FAQ 2/9/15

1) For first line of grandfathered HH pa, if there is a minimum # of days left in the 1st month of the grandfathered HH pa, is there a lesser set of minimum service requirements to meet in order to bill the PMPM codes? If not and we cannot meet the minimum service requirement due to the # of days left in HH pa line, we will just not be able to bill and receive the PMPM rate for the 1st month? **The system has no way to know if you met the AVERAGE minimum service requirements. This is not an absolute for every client in every month. You will be able to bill HH bundled rate.**

Example:

If we grandfathered a High Intensity child on 2/2/2015 but first month ends of HH pa line ends 2/18/2015, is the minimum service requirements care coordinator for this HH pa line still 12 hours of service contact per month and 2 face to face contacts? **It would be pro-rated, but again, the system will pay the bundled rate – there is no audit check in the system to see if you have met a number of contacts. We will be monitoring the number of average contacts on a CM/CC caseload through reviewing reports. We will be looking for meeting the minimum service contracts on average for the entire caseload.**

2) What types of assessments are required upon admission to a Health Home?

For now, psychosocial assessment, and Ohio Scales for children at time of admission (unless grandfathered)

3) Please provide further explanation of the 6 assessments listed in 450:17-5-151 which state they each have to have a written narrative. This appears to be 6 separate assessments done by different staff. PACT is given 6 weeks to complete these same types of assessments; what is the timeframe given to complete these? Would one bio psychosocial assessment suffice for this requirement if all these areas are addressed and there was one narrative assessment at the end? **PACT programs must still adhere to Chapter 55 standards. Please refer to those. We will (as stated in the last PACT meeting), be analyzing possible needed changes in PACT rules for the future. HH high intensity outside of PACT does not have to do these.**

4) The treatment team composition requires the following positions:

Health Home Director

Nurse Care Manager

Hospital Liaison/Health Home Specialist

Wellness Coach/Peer Support Specialist

These are people we already have on the PACT teams but these aren't the titles of our staff currently. For instance, the Team Leader would meet requirements of Health Home Director and the PACT Nurse would meet requirements for Nurse Care Manager. Do we need to formally change all these staff titles to meet the Health Home requirements or would we keep the same job titles the current PACT standards require?

There's no need to change job titles

5) Can we bill outreach on any active client who potentially meets HH criteria but does not have an active HH Prior Auth (PA)? **Yes**

6) Once we pass the readiness review and confirm with you and David Melton we are ready to "flip the switch", will all of our ODMHSAS identified grandfathered clients have an active PA for Health Homes and therefore eligible for the HH reimbursement rate? **Yes**

7) Can we bill HH outreach for someone who likely meets criteria for HH but is not yet an active client of our agency? **Basic identifying information is required to bill.**

8) Can HH outreach be billed the same day as another service such as counseling or medication clinic? **Yes**