Health Home Consortium Application Addendum

The Health Home consortium addendum allows providers to share Health Home staff and associated costs. While the consortium option is generally intended for providers with enrollment below the 125 participant level used to determine staffing requirements, providers of any size may participate.

The consortium is limited to agreements between two (2) providers. In areas affected by shortages in health care professionals, three (3) agencies may enter into an agreement, subject to Departmental approval.

The consortium is contingent upon geographic proximity; agencies that wish to form a consortium must be physically located within 50 miles of each. Exceptions to the geographic proximity requirement are subject to Departmental approval.

Participants will be served at the location at which they currently receive PRP, OMT, or MTS services. Each provider is responsible for individual billing and eMedicaid documentation.

Staff sharing is limited to the following clinical positions: Registered Nurse, Nurse Practitioner, Physician, and Physician Assistant (contingent upon all COMAR requirements for supervision of Physician Assistants). Professionals in consortiums that serve adults and children must be trained to serve both populations; documentation of such training must be provided and is subject to Department approval.

Shared staff should be given dual access for utilization of eMedicaid.

Shared staff should participate in team meetings with both agencies.

The consortium must agree to have policies and procedures that are consistent across agencies and available to all staff. Additionally, a community resource manual should be developed for each agency.

The consortium agreement must include the following components:

1. The goals and objectives;
2. An effective date and period covered by the agreement;
3. Definitions included in the agreement. It is permissible to state “As per COMAR 10.09.33” if no additional definitions are utilized;
4. The target populations to be served, especially significant if multiple populations are being served. For example, if a PRP that serves children links with an OMT, then the rationale for such a consortium must be included;
5. A list of professional credentials needed to successfully serve adults and children;
6. A description of the procedures for information-sharing between agencies and access to records; including a confidentiality agreement;

7. A description of how a breach of confidentiality will be addressed. The description must include a statement that mentions that DHMH, Health Home staff Adrienne Hollimon, 410-767-1690 will be notified immediately;
8. A description of management of shared staff, including:
    - Who will be responsible for verifying credentials, hiring and evaluating?
    - Who will be responsible for clinical supervision?
    - Who will oversee nonclinical matters, such as work hours and absences?
    - How will payment for their services be handled?
    - Where and when will work space be provided?
    - Who will order and pay for supplies?
9. A description of documentation of time exclusively dedicated to the planning and delivery of Health Home services;
10. A brief description of employee orientation for shared staff.
11. A description of emergency response availability and/or referral processes;
12. A description of the procedures for resolving operational problems and/or disagreements with minimal disruption to service provision;
13. A sample termination agreement that specifies a 60-day notice will be given in the event of the termination of the consortium agreement; a plan for continuing as an independent Health Home will also be included. The agreement must also include procedures to notifying DHMH and Health Home staff of immediate, unforeseen, or urgent resignation or termination; and
14. A description of the financial agreement, including how shared staff services will be reimbursed.