



STATE OF MARYLAND  
**DHMH**

Office of Health Services  
Medical Care Programs

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Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, Secretary

To: Maryland Mobile Treatment and Assertive Community Treatment (ACT) Providers  
From: The Mental Hygiene Administration & the Office of Health Services  
RE: Inclusion of Assertive Community Treatment and Mobile Treatment Providers as Health Homes  
Date: February 20, 2013

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Maryland's Mental Hygiene Administration and Office of Health Services are finalizing a draft of a Chronic Health Home State Plan Amendment (see attached) which will be submitted to the Centers for Medicare and Medicaid Policy (CMS).

Proposed provider eligibility includes psychiatric rehabilitation programs (PRPs), outpatient methadone treatment centers (OMTs), and mobile treatment (MT) programs, including assertive community treatment (ACT) programs. However, CMS has advised that states should limit the provision of health home services to avoid unnecessary duplication of services.

In addition to mental health services such as psychiatric assessment, diagnosis, and medication management, MT and ACT also provide or coordinate the provision of: somatic and substance use treatment; case management; independent and community living skills; and community and family resources that are considered essential to meeting the individual's identified needs (see COMAR [10.21.19.05](#) and [10.21.19.06](#)). These services are provided via a multidisciplinary team, including a program director, psychiatrist, registered nurse, social worker, and other licensed mental health professionals (see COMAR [10.21.19.08](#)). MT and ACT providers are paid a monthly rate for, at a minimum, four face-to-face contacts with an enrolled consumer per month.

Maryland is seeking feedback on how it might be possible to include MT and ACT as health home providers while avoiding the duplication of staff or services. At least one other state, Missouri, has received CMS approval for Mobile Treatment and ACT, but that state has fewer coordination of care requirements and lower rates than are present in Maryland's public mental health system.

Comments from the stakeholder and provider community should be submitted no later than Friday, March 1<sup>st</sup>, 2013. We welcome feedback as we seek to improve the quality of care and care coordination for consumers with serious mental illness.