

# Maryland Department of Health - Medicaid Home Visiting Services Program Manual

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## **Background**

Effective January 13, 2022, Maryland Medicaid is expanding coverage for evidence-based home visiting services (HVS) for all Medicaid participants. Home visitors associated with one of two evidence-based models, Healthy Families America (HFA) or Nurse-Family Partnership (NFP), will provide supportive services for pregnant individuals during pregnancy and childbirth, as well as support for parents and children during the postpartum period. HVS providers deliver three kinds of supportive services: prenatal home visits, postpartum home visits, and infant home visits. Home visitors have experience in improving health outcomes for birthing parents and infants. Only HFA accredited and NFP programs meeting fidelity status may enroll with Medicaid to administer home visiting services.

This program manual contains related information for the implementation, costs/reimbursements, and use of home visiting within Maryland's Medicaid population.

## **Enrollee Eligibility Criteria**

To be eligible to receive HVS, Medicaid participants must:

- Receive services through a HealthChoice Managed Care Organization (MCO) or be enrolled in Fee-For-Service Medicaid; and
- Be pregnant or infant must be younger than 90 days old at the time of enrollment for HVS;
- Additionally, for NFP only: Enrollment limited to individuals with no previous live births.

## **Referral Requirements**

A health care professional or an MCO may refer HealthChoice enrollees to HVS; however, a referral is not required for participation. A physician, or other licensed clinician, such as a social worker, nurse practitioner or local health department worker may also refer Medicaid enrollees for HVS. Prior authorization is not required for HVS through an MCO's provider network.

<sup>1</sup> HVS providers should follow national HFA and NFP guidance for determining eligibility of infants or children on a case-by-case basis during transitions of care periods.

## **MCO Referrals and Reimbursement to Medicaid-enrolled HVS Providers**

MCOs must allow their network providers to refer eligible individuals directly to their in-network HVS providers. MCOs should track members who enroll with an HVS provider to ensure they have adequate capacity to serve the eligible population. Through the contracting process, MCOs may require HVS providers to provide notification back to the MCO when a member enrolls in their program.

## **HVS Provider Enrollment and Conditions of Participation**

### **Provider Enrollment**

Eligible HVS providers may now enroll in Maryland Medicaid. HVS providers who have received either (1) a designation of fully accredited by the HFA National Program Office or (2) the designation of fidelity by the NFP National Program Office are eligible to enroll as “HVS provider” type through electronic Provider Revalidation and Enrollment Portal (ePREP). To enroll as an HVS provider, please visit <https://eprep.health.maryland.gov/sso/login.do>. Individual home visitors are not eligible to enroll as an HVS provider.

1. General requirements for participation in HVS are that a provider shall meet all conditions for participation as set forth in COMAR 10.09.36; and
2. Specific requirements for participation in HVS are that the provider shall provide proof of accreditation/fidelity status by one of the following evidence-based home visiting models:
  - a. Health Families America; or
  - b. Nurse Family Partnership

To enroll as a Medicaid HVS provider, an organization must take two steps:

1. Obtain a type 2 National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES) for the organization it intends to enroll as an HVS provider. The NPPES website is <https://nppes.cms.hhs.gov>. Per Maryland Department of Health policy, HVS providers must obtain a separate NPI for each practice location.
2. Submit a new enrollment application via ePREP as an HVS provider. Please visit <https://eprep.health.maryland.gov/sso/login.do>. Please note: As part of the enrollment application, HFA and NFP accredited programs must also upload the requested addendum and proof of accreditation status. If either document is not uploaded with the application, this may cause delays in the application review process.

### **Applications from Local Health Departments**

Local Health Departments (LHDs) have some unique steps to take during the ePREP enrollment process. LHDs should review the recordings and PowerPoint presentations for guidance prior to enrolling in ePREP in order to minimize any delays or errors. The January 2022 ePREP enrollment training session was recorded and posted on the *Home Visiting*

Services Program Information for Providers webpage:

<https://health.maryland.gov/mmcp/medicaid-mch-initiatives/Pages/Home-Visiting-Services-Program-Information-for-Providers.aspx>.

### **Provider Qualifications**

1. HFA home visitors must meet HFA program training requirements, including: core training; curriculum training; wraparound training; customized advanced training; and any additional program-based continuing education training requirements.
  - a. Typical HFA Home Visitor Educational Qualifications:
    - i. Bachelor's Degree in Behavioral Sciences (Social Work, Psychology, Sociology, Mental Health, Nursing and Education) preferred;
    - ii. Associate Degree in Human Services or related field;
    - iii. May have a high school diploma or GED.
  - b. Typical HFA Home Visitor Experience Qualifications:
    - i. Three-five years' experience working in Human or Social Services;
    - ii. One year working with or providing services to children and families;
    - iii. Case management or service coordination experience preferred;
    - iv. Experience and willingness to work with a culturally diverse population;
    - v. A Master's Degree in nursing or public health may be substituted for one year of the required experience.
  - c. Preferred HFA Home Visitor Skills:
    - i. Oral and written communication skills;
    - ii. Ability to develop trusting relationships;
    - iii. Ability to maintain professional boundaries;
    - iv. Acceptance of individual differences;
    - v. Knowledge of infant and child development;
    - vi. Openness to reflective practice.
2. NFP home visitors must complete comprehensive training and preparation as required by the NFP model.
  - a. Typical NFP Home Visitor Educational Qualifications:
    - i. Registered nurse (RN) with Baccalaureate degree in nursing;
    - ii. may have additional degrees beyond BSN such as MSN or, other related/advanced practitioner designations e.g. nurse practitioner, nurse midwife;
    - iii. Current licensure.
  - b. Typical NFP Home Visitor Experience Qualifications:
    - i. At least five years of experience in public health nursing, maternal

- and child health, behavioral health nursing pediatrics, or other fields;
  - ii. May have American Heart Association HealthCare provider CPR (Cardiopulmonary Resuscitation) and valid AED (automated External Defibrillator) certification;
  - iii. A Master’s Degree in nursing or public health may be substituted for one year of the required experience.
- c. Preferred NFP Home Visitor Skills:
- i. Providing care management and care coordination to high-risk populations;
  - ii. Understanding and applying federal, state, local, and grant program regulations and policies in a public health environment;
  - iii. Leadership skills, interpersonal and relationship building;
  - iv. Communication and quality improvement analysis skills.

### **HealthChoice and Fee-For-Service Reimbursement Methodology for In-Person and Virtual HVS**

Qualifying home visits will be reimbursed at \$188 per home visit through the Fee-for-Service program.

**MCOs must reimburse contracted HVS providers at a rate no lower than the fee-for-service rate for a home visit.**

Participating HVS providers must use the appropriate diagnosis and CPT codes and modifiers when submitting claims for reimbursement. The reimbursement timeframe differs between models and is contingent upon Medicaid eligibility. If enrolled in HFA, a participant is eligible for services from the date of acceptance into the program until the child reaches the age of three. If enrolled in NFP, a participant is eligible for services from the date of intake into the program until the child reaches the age of two. These age limits are standards set by the respective evidence-based models.

Medicaid will reimburse home visits at \$188 per home visit. HVS providers should use the diagnosis code, Z34.90<sup>2</sup> for home visits that occur prior to delivery. HVS providers should use the diagnosis code, Z76.2<sup>3</sup> for any home visit that occurs after delivery. HVS providers should use the CPT code 99600 to bill for an in-person home visit. The only modifier that would be applicable for use with this code would be if a home visit were to be delivered via telehealth. **Telehealth services are allowable in accordance with Maryland Medicaid and the national evidence based model standards**, in which case the GT modifier would be appropriate.

HVS providers may bill for services, typically delivered **once per calendar week**, using one of the codes specified in Table 1 below. Visit frequency is contingent upon the needs of the family and the evidence- based model requirements themselves. **HVS providers are to follow national**

model guidance regarding visit frequency. HFA and NFP models allow for visits once per calendar week (Sunday through Saturday). For example: A participant can receive a visit on Wednesday of one calendar week and then receive visits on a Tuesday the following week. HVS providers are to follow HFA and NFP national guidance and Best Practice Standards for visit cadence. Exceptions allowing more than one visit per week can be made in specific instances, such as for a family in crisis.

When home visits begin in the prenatal period, the birthing parent will need to be enrolled with

<sup>2</sup> [Z34.90](#): Encounter for supervision of normal pregnancy, unspecified, unspecified trimester

<sup>3</sup> [Z76.2](#): Encounter for health supervision and care of other healthy infant and child

Medicaid, as they are the primary Medicaid participant of the service until the child is born. When home visits begin after an infant is born, during the postpartum period, but within the model’s required starting date parameters, the infant will need to be enrolled with Medicaid, as they become the primary individual after birth.

If multiple children are enrolled with the same caregiver (i.e., twins), separate visits can be billed for each unique child under their individual Medicaid Identification Number.

**Table 1. Medicaid Home Visiting Services Reimbursement Methodology for Minimum Payment for In-Person and Virtual HVS**

CPT Code and Description	Payment (per unit rate)	Place of Service Description	Place of Service Code	Modifier
99600 - Home Visit - non-specific	\$188	Home visit in home	4/12	none
99600	\$188	Home visit in community	99	none
99600	\$188	Home visit via telehealth	12	GT

Limitations: Providers may only bill the 99600 codes once per calendar week.

### Provider Payments

Each home visiting service will be billed for and reimbursed separately.

1. HFA sites offer at least one home visit per calendar week for the first six months after the child’s birth. After the first six months, visits might be less frequent. Visit frequency depends on families’ needs and progress over time. Typically, home visits last one hour. Participants complete the program when the child turns three years of age.
2. NFP sites partner with their participants to determine the content and frequency of visits. Visit frequency is flexible and content is adapted to meet the needs of the

client based on the client’s strengths, risks, and preferences. Home visits typically last 60 to 75 minutes. The NFP program begins as early as possible in pregnancy, no later than the end of the 28th week of pregnancy. Participants complete the program when the child turns two years of age.

**Payment Coding and Procedures**

1. The provider shall submit the request for payment of services rendered according to procedures established by the Department and in the form designated by the Department.
2. The Department reserves the right to return to the provider, before payment, all invoices not properly signed, completed, and accompanied by properly completed forms required by the Department.
3. Payment advances are not made routinely.
4. Medicaid will make no direct payment to recipients.

The Maryland Medicaid Home Visiting Program reimburses directly for home visits delivered under HFA and NFP. Home visiting reimbursement does not cover lactation consultant services, program startup costs or services that are not medical necessary.

**Limitations**

- a. Medicaid will not cover:
  1. Expenses including:
    - Administrative overhead;
    - Lactation consulting services; and
    - Program start-up costs for evidence-based model accreditation, initial training, or consultation; or
  2. Services that are not medically necessary.

**ICD-10 Diagnosis Codes, Descriptions and HVS Provider Assignment Guidance**

The following ICD-10 diagnosis codes may be used for billing:

**Table 2. Medicaid Home Visiting Services ICD-10 Codes**

<b>Diagnosis Code</b>	<b>Description</b>	<b>When to Use</b>
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester	Prior to delivery
Z76.2	Encounter for health supervision and care of other healthy infant and child	After delivery

## **HVS Benefits and Service Components**

HVS aims to facilitate screening and care coordination needed to support healthy outcomes through pregnancy and up to the child's second or third birthday (HVS provider dependent).

Service components of prenatal home visits includes:

- Monitoring for high blood pressure or other complications of pregnancy (NFP only);
- Diet and nutritional education;
- Stress management;
- Sexually Transmitted Diseases (STD) prevention education;
- Tobacco use screening and cessation education;
- Alcohol and other substance misuse screening and counseling;
- Depression screening;
- Domestic and intimate partner violence screening and education;
- Pregnancy education; and
- Facilitation of access to community or other resources that can improve birth-related outcomes such as transportation; housing; alcohol, tobacco, and drug cessation; WIC and SNAP; and intimate partner violence resources.

Service components of postpartum home visits include:

- Diet and nutritional education;
- Stress management;
- Sexually Transmitted Diseases (STD) prevention education;
- Tobacco use screening and cessation education;
- Alcohol and other substance misuse screening and counseling;
- Depression screening;
- Postpartum depression education;
- Domestic and intimate partner violence screening and education;
- Breastfeeding support and education;
- Guidance and education with regard to well woman visits to obtain recommended preventive services;
- Medical assessment of the postpartum mother and infant (NFP only);
- Child development education;
- Maternal-infant safety assessment and education (e.g. safe sleep education for Sudden Infant Death Syndrome (SIDS) prevention);
- Counseling regarding postpartum recovery, family planning, and needs of a newborn;
- Assistance for the family in establishing a primary source of care and a primary care provider (i.e. ensure that the mother/infant has a postpartum/newborn visit scheduled);
- Parenting skills, parent-child relationship building, and confidence building; and
- Facilitation of access to community or other resources that can improve birth-related outcomes such as transportation; housing; alcohol, tobacco, and drug cessation; WIC and SNAP; and intimate partner violence resources.

Service components of infant home visits includes:

- Child developmental screening at major developmental milestones;
- Parenting skills, parent-child relationship building, and confidence building;
- Breastfeeding support and education; and
- Facilitation of access to community or other resources that can improve birth-related outcomes such as transportation; housing; alcohol, tobacco, and drug cessation; WIC and SNAP; and intimate partner violence resources.

### **Frequently Asked Questions (FAQ)**

Please also refer to the HVS Frequently Asked Questions document posted on the HVS website here: <https://health.maryland.gov/mmcp/medicaid-mch-initiatives/Pages/Home-Visiting-Services-Program-Information-for-Providers.aspx> for additional implementation guidance. This document will be updated periodically as additional questions are received, or additional clarification is added.

To apply, and for resources, including instructions for providers, visit <https://eprep.health.maryland.gov/sso/login.do>. For enrollment assistance, call the ePREP Call Center at 1-844-4MD-PROV (1-844-463-7768).

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Please direct questions regarding Maryland's Home Visiting Services or provider enrollment qualifications to [mdh.medicaidmch@maryland.gov](mailto:mdh.medicaidmch@maryland.gov)



