Maryland Health Home Services

Maryland Health Homes may deliver the following services to their Health Home participants. Providers must report the date of service for each, and in some cases, a brief note using the eMedicaid Health Home system. Individuals must receive a minimum of two services per month in order for their Health Home provider to be reimbursed for the monthly rate.

Comprehensive Care Management		Comprehensive Transitional Care	
	Care Plan updated		Patient care plan developed/reviewed
	Care plan progress reviewed with patient		Transitional support
	Population Health Management activity		Medication review with participant
			Medication reconciliation
Care Coordination			Home visit
	Participant records request from PCP		Participant scheduled for follow-up
	Communication with other providers and		appointment
	supports		
	Medical scheduling assistance	<u>Individ</u>	lual and Family Support Services
	Referral to medical specialist		Health literacy
	Immunization tracking		Scheduling support
	Screening (cancer, STI, etc) tracking and		Advocacy for participants and/or caregivers
	referral		Medication adherence support
			Providing participant tool kits
Health Promotion			Other
	Health education regarding a chronic		
	condition	Referra	al to Community and Social Support Services
	Sexuality education and family planning		Medicaid eligibility
	Self-management plan development		Disability benefits
	Depression screening		Social services
	Medication review and education		Narcotics/Alcoholics Anonymous
	Other		Housing
	Promotion of lifestyle interventions		Legal services
	 Substance use prevention 		Peer support
	 Smoking prevention or cessation 		Life skills
	o Nutritional counseling		Educational/vocational training
	o Physical activity counseling, planning		Other
	o Other		