STATE OF MARYLAND
DHMH
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, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Personal Care Services Transmittal No. 50
STEPS Transmittal No. 10
January 14, 2013

To: Health Officers
Adult Evaluation and Review Services Providers
Medical Assistance Personal Care Program Case Monitors

From: Susan J. Tucker, Executive Director
Office of Health Services

Note: Please ensure that appropriate information technology staff in your organization are informed of the contents of this memorandum.

Re: Billing guidance for the purchase of electronic devices to be used for completion of the interRAI-Home Care Maryland assessment

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In January 2013, the Department of Health and Mental Hygiene will release the interRAI-Home Care Maryland (interRAI-HC MD) assessment tool. This assessment is to be used by each local Adult Evaluation and Review Services (AERS) and Medical Assistance Personal Care (MAPC) program.

With the Department's authority under COMAR 10.09.30 Statewide Evaluation and Planning Services, as well as COMAR 10.09.20 Personal Care Services, the use of the interRAI-HC MD assessment replaces all previous assessments (i.e., DHMH 302, DHMH 4286). Additional forms, such as the 3871B for determining nursing facility level of care, do not need to be completed if an interRAI-HC MD has been completed and submitted. Please note that supporting documentation previously requested to be submitted may still be necessary.

To ensure the successful transition to the interRAI-HC MD, the assessment has been automated within the LTSSMaryland Tracking System for use by MAPC and AERS clinicians. LTSSMaryland is a web-based tracking system used by the Waiver for Older Adults, Living at Home Waiver, and the Money Follows the Person programs for enrolling participants, monitoring plans of care/services and tracking case management activities. Moving forward, each local health department will use this system to assign, manage and complete assessments and must ensure proper access to the site. Please review the following two sections, Browser Requirements and Purchase of Tablets and Manuals, for more information.

Browser Requirements (Desktop/Laptop use)
Since the system is web-based, it is accessible from any location that has the internet. However, there are certain browser requirements that will enable proper functioning of the system. The browser requirements are the minimum specifications for all desktop and laptop computers that will be accessing the system (including those at the local health department). This may require certain information technology (IT) departments to upgrade software, specifically, any one of the following web browsers. These upgrades, if necessary, can be downloaded at no cost.

- Microsoft Internet Explorer 9 or later
- Google Chrome 23 or later
- Apple Safari 5.1.7 or later
- Firefox 11 or later

Purchase of Tablets and Manuals
The assessment has been optimized for use on portable electronic devices such as tablets. Through the Department's Balancing Incentive Program, the Department will reimburse AERS and MAPC programs for the purchase of certain approved electronic devices to be used for the purpose of accessing LTSSMaryland and performing other tasks directly relating to persons served by Medicaid. The devices must meet the minimum requirements as defined in Appendix 1 and each department should contact their IT staff prior to purchasing.

Please follow the steps below for prompt reimbursement.

1. Submit a request to the State prior to the purchase of any electronic device. (Please see Appendix 2 for the format required.)
2. Upon receiving approval from the Department, purchase approved electronic devices.
   - **Please note that data plans and ongoing maintenance or repair are not reimbursable.** A data plan is not required for using the LTSSMaryland system. All assessments can be prepared offline using the "prepare offline" feature within the LTSSMaryland tracking system.
3. Submit an invoice to the Department for reimbursement including **a dated copy of the receipt of purchase**. (Please see Appendix 3 for the format required.)

The Department will be hosting trainings on the interRAI-HC MD during the month of January. During the training, each attendee will receive a manual on the completion and use of the interRAI-HC assessment. Local Health Departments may purchase additional copies of the manual and subsequently invoice the Department. The purchase of manuals must follow the same steps as described above and within Appendices 2 and 3. The purchase of manuals does not have to occur at the same time as the purchase of an electronic device.

If you have any questions regarding this process or about the implementation of the interRAI-HC MD, please contact Rebecca VanAmburg at rebecca.vanamburg@maryland.gov or by phone at 410-767-5886.

Attachments (3)
cc: Local Health Department Information Technology Department

Appendix 1. Minimum requirements for purchasing electronic devices.

Minimum Requirements	Notebook/laptop	Apple Tablet (iPad 2 or later)	Android Tablet	Windows Tablet
OS (version specified or later)	Windows Vista/7/8	iOS 5.1	Android 4.0 (Ice Cream Sandwich)	Microsoft Windows 8
Web Browsers (version specified or later)	Microsoft IE 10, Chrome 18, Firefox 11	Safari 5.1, Chrome 19	Android Browser 4, Firefox 12, Opera Mobile 12, Chrome 17	Microsoft IE 10 (Firefox and Chrome will also be available soon)
CPU	Intel Core Duo or equivalent, 2GHz or better	1GHz or better (preferably dual-core)		
Memory (RAM)	2GB or more	1GB or more (though it depends on other apps running)		
Storage	40GB or more (though it depends other data stored)	8GB or more (though it depends on other data stored)		
Encryption	Hard drive must be encrypted (client information with PHI may be stored locally for offline assessments). Encrypting protects information by converting it into unreadable code that cannot be deciphered easily by an unauthorized person. Please confer with your IT department.			
Display Size and Resolution	Approximately 10 inch or more, 1024 x 768 or higher			
Wireless Connectivity	Wi-fi			

Appendix 2.

Sample Request for Electronic Device Purchase

Health Department Name and Address	
Program (MAPC, AERS, Both)	

# full-time staff	
# part-time staff	
# contractual staff	
Estimated Full-Time Equivalent (FTEs) completing assessments	
Estimated # of assessments completed annually	

Description of item requested:

Description of Electronic Device (Tablet or Laptop)	**Make and Model of Device**	**Number devices to be purchased**	**Cost (per device)**	**Total cost**
			Total:	

Additional Comments / Requests:

Name _____ E-mail address _____

Title _____ Phone number _____

Signature _____ Date _____

DHMH-only - Approval	
Name	
Signature	
Date	

Appendix 3.

Sample Invoice for Reimbursement

Purchase of Electronic Devices

Health Department Name and Address:		Invoice #:	
Tax ID #:		Bill to:	Maryland Department of Health and Mental Hygiene 201 West Preston Street Baltimore, MD 21201

Description of item:

	Description of Electronic Device (Tablet or Laptop)	Make and Model of Device	Serial # (if applicable)	Cost (per device)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total:	

Please include a dated receipt of purchase for all electronic devices.

Name _____ E-mail address _____

Title _____ Phone number _____

Signature _____ Date _____