



REGION 10 PIHP

SUBJECT Opioid Health Home Benefit		CHAPTER 05	SECTION 03	SUBJECT 16
CHAPTER Clinical Practice Guidelines		SECTION Care Delivery		
WRITTEN BY Kayla Parzynski	REVIEWED BY Jacqueline Gallant		AUTHORIZED BY PIHP Board	

I. APPLICATION:

- PIHP Board CMH Providers SUD Providers
 PIHP Staff CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of Region 10 Pre-Paid Inpatient Health Plan (PIHP) to coordinate the provision of the Opioid Health Home (OHH) benefit, according to all applicable federal regulations, the requirements set forth in the Michigan Medicaid State Plan Amendment (SPA), the current version of the Michigan Department of Health and Human Services (MDHHS) OHH Handbook, and all applicable MDHHS policies.

III. DEFINITIONS:

Health Home Partner (HHP): Herein after, ‘the Provider’, a qualified Opioid Treatment Program (OTP) Provider or Office Based Opioid Treatment (OBOT) Provider, that provides Medication Assisted Treatment (MAT), and has entered into a contract with a PIHP for the provision of the OHH benefit.

Lead Entity (LE): Herein after, ‘the PIHP’, as defined in Michigan’s Mental Health Code (330.1204b), holds a contract with a Health Home Partner (HHP) for the provision of the OHH benefit.

Medication Assisted Treatment (MAT): The use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Opioid Use Disorder (OUD) MAT medications include, but are not limited to, buprenorphine, methadone, and naltrexone.

Opioid: The entire family of opiates including natural, synthetic, and semi-synthetic. Opioids are a medication or drug that can be derived from the opium poppy. Opioids are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Examples include morphine, methadone, codeine, heroin, fentanyl, oxycodone, and hydrocodone.

SUBJECT Opioid Health Home Benefit	CHAPTER 05	SECTION 03	SUBJECT 16
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

Opioid Health Home (OHH): A comprehensive care management and coordination service for qualified Medicaid beneficiaries diagnosed with an OUD, comprised of a partnership between a Lead Entity (LE) and Health Home Partners (HHPs) that can best serve the needs of each unique beneficiary.

Opioid Use Disorder (OUD): A diagnosed problematic pattern of opioid use that leads to serious impairment or distress.

IV. **STANDARDS:**

OHH Services:

- A. OHH services shall be provided according to all applicable federal regulations, the requirements set forth by the Michigan Medicaid State Plan Amendment (SPA), the Michigan Department of Health and Human Services (MDHHS) OHH Handbook, and all applicable MDHHS policies.
- B. OHH services will provide integrated, person-centered, and comprehensive care to eligible Medicaid beneficiaries, diagnosed with an OUD, to successfully address the complexity of comorbid physical and behavioral health conditions.
- C. OHH services must include the following six core health home services, as appropriate for each beneficiary, and as defined in the MDHHS OHH Handbook:
 - i. Comprehensive Care Management
 - ii. Care Coordination
 - iii. Health Promotion
 - iv. Comprehensive Transitional Care
 - v. Individual and Family Support (including authorized representatives)
 - vi. Referral to Community and Social Support Services
- D. OHH services shall be provided in consideration of Michigan's three (3) overarching goals for the OHH program:
 - i. Improve care management of beneficiaries with Opioid Use Disorders, including MAT
 - ii. Improve care coordination between physical and behavioral health care services
 - iii. Improve care transitions between primary, specialty, and inpatient settings of care
- E. The following core utilization and quality measures will be evaluated by MDHHS and/or the PIHP for purposes of quality assurance and program longevity, according to the MDHHS OHH Handbook:
 - i. Core Utilization Measures (reported annually)
 1. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
 2. Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence
 3. Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries

SUBJECT Opioid Health Home Benefit	CHAPTER 05	SECTION 03	SUBJECT 16
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

- ii. Core Quality Measures (reported annually)
 - 1. Adult Body Mass Index (BMI) Assessment
 - 2. Screening for Clinical Depression and Follow-up Plan
 - 3. Plan All-Cause Readmission Rate
 - 4. Follow-up After Hospitalization for Mental Illness
 - 5. Controlling High Blood Pressure
 - 6. Care Transition – Timely Transmission of Transition Record
 - 7. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
 - 8. Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite

The PIHP shall:

- A. Develop and maintain a contract or Memorandum of Understanding (MOU) with Provider(s) for the provision of the OHH benefit, according to the requirements set forth in the MDHHS OHH Handbook
- B. Act as the liaison between MDHHS and the Provider on OHH benefit technical assistance, updates, and concerns
- C. Maintain relative Health Home administrative staff
- D. Recommend a Healthcare Plan Template, for utilization by the Provider
- E. Review and process all beneficiary enrollment and disenrollment in the Waiver Support Application (WSA)
- F. Will identify potential enrollees from the WSA and coordinate with a Health Home Partner (HHP) to fully enrollee the Medicaid beneficiary into the OHH benefit.
- G. Will provide information about the OHH to all potential enrollees through community referrals, peer support specialist networks, other providers, courts, health departments, law enforcement, and other community-based settings.

The Provider(s) shall:

- A. Meet all applicable state and federal licensing requirements, including specifications set forth in the most recent version of the MDHHS OHH Handbook,
 - i. OTP Providers must meet all state and federal licensing requirements of an OTP
 - ii. OBOT Providers must attain the proper federal credentials from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Agency (DEA) to provide MAT
 - iii. Adhere to all federal and state laws regarding Section 2703 Health Homes recognition/certification, including the capacity to perform all core services specified by CMS. Providers shall meet the following recognition/certification standards:
 - 1. Attain accreditation from a nationally recognized body specific to a health home, patient-centered medical home, or integrated care (e.g., NCQA, AAAHC, JC, CARF, etc.).

SUBJECT Opioid Health Home Benefit	CHAPTER 05	SECTION 03	SUBJECT 16
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

- B. Execute any necessary agreement(s)/contract(s) with the LE
- C. Attest to the requirements set forth in the MDHHS-5745 Provider application
 - i. Submit and obtain approval for the MDHHS-5745 Provider application
- D. Actively participate in MDHHS and PIHP sponsored activities related to OHH benefit training and technical assistance
- E. Maintain relevant Health Home staff and appropriate staffing ratios as defined in the OHH Handbook, including but not limited to,
 - i. Behavioral Health Specialist
 - ii. Nurse Care Manager
 - iii. Peer Recovery Coach, Community Health Worker, Medical Assistant
 - iv. Medical Consultant
 - v. Psychiatric Consultant
- F. In addition to the above Provider Infrastructure Requirements, OHH Provider's should coordinate care with the following professions:
 - i. Dentist
 - ii. Dietician/Nutritionist
 - iii. Pharmacist
 - iv. Peer support specialist
 - v. Diabetes educator
 - vi. School personnel
 - vii. Others as appropriate
- G. Provide the six core health home services, as appropriate for each beneficiary, and as defined in the MDHHS OHH Handbook

V. PROCEDURES:

The PIHP shall:

- A. Manage the enrollment and disenrollment of OHH referred beneficiaries within the WSA.
- B. Verify the eligibility of Provider recommended OHH beneficiaries through the Waiver Support Application (WSA), verification shall include the following:
 - i. Beneficiary Medicaid eligibility
 - ii. Receipt of the MDHHS-5515 Consent to Share Behavioral Health and Substance Use Disorder Information form
 - iii. Confirmation of OUD Diagnosis
 - iv. Receipt of an appropriate individualized Healthcare Plan
- C. Following WSA OHH enrollment for each beneficiary, the PIHP shall complete the OHH Treatment Referral, Admission, and Authorization.
- D. Monitor OHH payments, retro-payments, and recoupments within the WSA,
 - i. PIHP staff shall report potential recoupments to the PIHP Finance Director/Designee
- E. Pay Provider(s) directly on behalf of MDHHS for the OHH benefit, at a minimum of the MDHHS defined rate

SUBJECT Opioid Health Home Benefit	CHAPTER 05	SECTION 03	SUBJECT 16
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

- i. The PIHP shall pay the Provider the designated case-rate, per beneficiary, per month, for which at-least one (1) appropriate service (*S0280 with HG Modifier*) is submitted through MIX
- ii. The PIHP shall pay the designated case-rate, per beneficiary, per month, for the first appropriate monthly service submitted in MIX, all subsequent services shall be billed at a \$0.00 rate

The Provider(s) shall:

- A. Recommend potentially eligible OHH beneficiaries for enrollment through the WSA, recommendations shall include the following:
 - i. The MDHHS-5515 Consent to Share Behavioral Health and Substance Use Disorder Information initially and annually
 - ii. Address of residence within PIHP boundaries
 - iii. OUD diagnostic verification
 - iv. An established individualized Healthcare Plan
- B. Update OHH beneficiaries individualized Healthcare Plan(s), as appropriate for each beneficiary
 - i. Submit updated beneficiary individualized Healthcare Plan(s) to the PIHP, as requested/required by the PIHP for monitoring purposes
 - ii. Provide at least one OHH service (as defined in the "Covered Services" Section of the OHH Handbook) within the service month.
- C. Submit appropriate OHH claims to the PIHP through MIX
 - i. The S0280 with HG Modifier shall be utilized for all OHH service submissions according to the PIHPs claim and pay date schedule.
 - ii. The initial service must be delivered in-person
 - iii. All subsequent services may be delivered
 - 1. Non-face-to-face, as appropriate
 - 2. The TS Modifier must be used to document non-face-to-face encounters
 - 3. Outside of the Provider physician site/main office
 - iv. Applicable ICD-10-CM Z diagnosis codes shall be submitted with the S0280 with HG Modifier code. The Z-code shall NOT be used as the primary diagnosis code. The applicable Z diagnosis code groups can be found in the current MDHHS OHH Handbook.
- D. HHPs wishing to discontinue OHH services must notify the regional PIHP and MDHHS before ceasing OHH operations.
- E. Follow additional requirements as listed in the OHH Handbook

PIHP and Provider(s):

- A. Must have the capacity to evaluate, select, and support providers who meet the standards

SUBJECT Opioid Health Home Benefit	CHAPTER 05	SECTION 03	SUBJECT 16
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

for HHPs, including:

- i. Identification of providers who meet the HHP standards
 - ii. Provision of infrastructure to support HHPs in care coordination
 - iii. Collecting and sharing member-level information regarding health care utilization and medications
 - iv. Providing quality outcome protocols to assess HHP effectiveness
 - v. Developing training and technical assistance activities that will support HHPs in effective delivery of health home services
- B. Must maintain a network of providers that support the HHPs to service beneficiaries with an Opioid Use Disorder.
 - C. Must pay providers directly on behalf of the State for the OHH Program at the State defined rate.
 - D. The PIHP must be contracted with MDHHS to execute the enrollment, payment, and administration of the OHH with providers; MDHHS will retain overall oversight and direct administration of the PIHP; The PIHP will also serve as part of the Health Homes team by providing care management and care coordination services.
 - E. The PIHP and HHPs must work with Medicaid Health Plans to coordinate services for eligible beneficiaries who wish to enroll in the OHH program. The LE has responsibility for SUD services for all enrolled Medicaid beneficiaries within its region and will have a list of all qualifying beneficiaries including the health plan to which they are assigned. MDHHS will require the PIHP and health plans to confer to optimize community-based referrals and informational materials regarding the OHH to beneficiaries, while health plans will provide support in addressing beneficiary questions. Bi-directional communication is imperative throughout the process that all parties have current knowledge about a beneficiary.

VI. REFERENCES:

- A. Michigan Medicaid State Plan Amendment (SPA), Opioid Health Home (OHH), MSA 20-31, July 21, 2020.
- B. Michigan Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration, Opioid Health Home (OHH) Handbook, October 1, 2022 (Version 2.0).
- C. MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services, Section 19 – Opioid Health Home.