

REGION 10 PIHP

SUBJECT Substance Use Disorder Health Home	CHAPTER 05	SECTION 03	SUBJECT 16
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		
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I. APPLICATION:

- ☐ PIHP Board
 ☐ CMHSP Providers
 ☒ SUD Providers
☐ PIHP Staff
 ☐ CMHSP Subcontractors

II. POLICY STATEMENT:

It shall be the policy of Region 10 Pre-Paid Inpatient Health Plan (PIHP) to coordinate the provision of the Substance Use Disorder Health Home (SUDHH) 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) SUDHH Handbook, and all applicable MDHHS policies.

III. DEFINITIONS:

Health Home Partner (HHP): An entity that contracts with MDHHS or a designated Lead Entity (LE) to provide comprehensive care management and care coordination services to Medicaid beneficiaries with chronic conditions.

Lead Entity (LE): A managed care entity, as defined in Michigan's Mental Health Code (330.1204b), who holds a contract with a Health Home Partner (HHP) for the provision of the SUDHH benefit.

Medications for Opioid Use Disorder (MOUD): 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) MOUD medications include, but are not limited to, buprenorphine, methadone, and naltrexone.

Medication Assisted Treatment (MAT): A method of drug and alcohol treatment that utilizes medication while simultaneously incorporating behavioral therapy to address substance use disorder. Alcohol Use Disorder (AUD) MAT medications include, but are not limited to, acamprosate, disulfiram and naltrexone.

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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.

Substance Use Disorder Health Home (SUDHH): A program that provides comprehensive care management and coordination services to Medicaid beneficiaries with an alcohol use disorder, stimulant use disorder or opioid use disorder.

Opioid Use Disorder (OUD): A problematic pattern of opioid use leading to clinically significant impairment or distress.

Alcohol Use Disorder (AUD): A problematic pattern of alcohol use leading to clinically significant impairment or distress.

Stimulant Use Disorder (StUD): A problematic pattern of stimulant use leading to clinically significant impairment or distress.

IV. STANDARDS:

SUDHH Services:

- A. SUDHH services shall be provided according to all applicable federal regulations, the requirements set forth by the Michigan Medicaid State Plan Amendment (SPA), the MDHHS SUDHH Handbook, and all applicable MDHHS policies.
- B. SUDHH services will provide integrated, person-centered, and comprehensive care to eligible Medicaid beneficiaries, diagnosed with an OUD, AUD and/or StUD, along with a risk of developing mental health conditions, asthma, diabetes, heart disease, body mass index (BMI) over 25 or COPD to successfully address the complexity of comorbid physical and behavioral health conditions.
- C. SUDHH services must include the following six core health home services, as appropriate for each beneficiary, and as defined in the MDHHS SUDHH Handbook:
 - 1. Comprehensive Care Management
 - 2. Care Coordination
 - 3. Health Promotion
 - 4. Comprehensive Transitional Care
 - 5. Individual and Family Support (including authorized representatives)
 - 6. Referral to Community and Social Support Services

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- D. SUDHH services shall be provided in consideration of Michigan's five (5) overarching goals for the SUDHH program:
1. Improve care management of beneficiaries including MOUD and medications for alcohol use disorder
 2. Improve care coordination between physical and behavioral health care services
 3. Improve care transitions between primary, specialty, and inpatient settings of care
 4. Improve coordination to dental care
 5. Educate on fetal alcohol spectrum disorders

The PIHP shall:

- A. Develop and maintain a contract or Memorandum of Understanding (MOU) with Provider(s) for the provision of the SUDHH benefit, according to the requirements set forth in the MDHHS SUDHH Handbook.
- B. Act as the liaison between MDHHS and the Provider on SUDHH 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 enroll the Medicaid beneficiary into the SUDHH benefit.
- G. Will provide information about the SUDHH 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 SUDHH Handbook,
 1. 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:

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

V. PROCEDURES:

The PIHP shall:

- A. Manage the enrollment and disenrollment of SUDHH referred beneficiaries within the WSA.
- B. Verify the eligibility of Provider recommended SUDHH beneficiaries through the Waiver

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Support Application (WSA), verification shall include the following:

1. Beneficiary Medicaid eligibility
 2. Receipt of the MDHHS-5515 Consent to Share Behavioral Health Information form
 3. Confirmation of OUD, AUD and/or StUD Diagnosis
 4. Confirmation of beneficiary being at risk of developing mental health conditions, asthma, diabetes, heart disease, BMI over 25 or COPD.
 5. Receipt of an appropriate individualized Healthcare Plan
- C. Following WSA SUDHH enrollment for each beneficiary, the PIHP shall complete the SUDHH Treatment Referral, Admission, and Authorization.
- D. Monitor Healthcare Plan timeliness within the WSA.
1. If provider fails to provide appropriate individualized Healthcare Plan within 30 days of enrollment, beneficiary may be disenrolled from the SUDHH program.
- E. Monitor SUDHH payments, retro-payments, and recoupments within the WSA.
1. PIHP staff shall report potential recoupments to the PIHP Finance Director/Designee
- F. Pay Provider(s) directly on behalf of MDHHS for the SUDHH benefit, at a minimum of the MDHHS defined rate.
1. 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
 2. 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 SUDHH beneficiaries for enrollment through the WSA, recommendations shall include the following:
1. The MDHHS-5515 Consent to Share Behavioral Health Information initially and annually
 2. Address of residence within PIHP boundaries
 3. OUD, AUD or StUD diagnostic verification
 4. Confirmation of beneficiary being at risk of developing mental health conditions, asthma, diabetes, heart disease, BMI over 25 or COPD.
 5. An established individualized Healthcare Plan within 30 days of enrollment
- B. Update SUDHH beneficiaries individualized Healthcare Plan(s), as appropriate for each beneficiary, minimally every 6 months.
1. Submit updated beneficiary individualized Healthcare Plan(s) to the PIHP, as

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requested/required by the PIHP for monitoring purposes

2. Provide at least one SUDHH service (as defined in the “Covered Services” Section of the SUDHH Handbook) within the service month.
- C. Submit clean SUDHH claims to the PIHP through MIX
1. The S0280 with HG Modifier shall be utilized for all SUDHH service submissions according to the PIHPs claim and pay date schedule.
 2. The initial service must be delivered in person. An in-person encounter must be completed with the beneficiary and Provider physically together in the same location.
 3. All subsequent services may be delivered
 - a) May be delivered face-to face A face-to-face encounter is defined as either in person or telehealth (simultaneous audio and visual technology).
 - b) The TS Modifier must be used to document non-face-to-face encounters.
 - c) Outside of the Provider physician site/main office.
 4. 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 SUDHH Handbook.
- D. HHPs wishing to discontinue SUDHH services must notify the regional PIHP and MDHHS before ceasing SUDHH operations.
- E. Follow additional requirements as listed in the SUDHH Handbook.

PIHP and Provider(s):

- A. Must have the capacity to evaluate, select, and support providers who meet the standards for HHPs, including:
 1. Identification of providers who meet the HHP standards
 2. Provision of infrastructure to support HHPs in care coordination
 3. Collecting and sharing member-level information regarding health care utilization and medications
 4. Providing quality outcome protocols to assess HHP effectiveness
 5. 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 a substance use disorder.
- C. Must pay providers directly on behalf of the State for the SUDHH Program at the State defined

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rate.

- D. The PIHP must be contracted with MDHHS to execute the enrollment, payment, and administration of the SUDHH 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 SUDHH 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 SUDHH to beneficiaries, while health plans will provide support in addressing beneficiary questions. Bi-directional communication is imperative throughout the process so that all parties have current knowledge about a beneficiary.

VI. EXHIBITS:

None.

VII. REFERENCES:

- A. Michigan Medicaid State Plan Amendment (SPA), MI-24-1501, September 24, 2024
- B. Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration, Substance Use Disorder Health Home (SUDHH) Handbook, October 1, 2024 (Version 1.0)
- C. MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services, Section 19 – Substance Use Disorder Health Home.