Instructions for COVID Supplemental OHH Enrollment and Authorizations

Opioid Health Homes are expanding coverage to Block Grant funded individuals as well as both Medicaid and Block Grant Funded individuals at Sacred Heart Madison Heights. This will update expands eligibility to:

> **Block Grant Funded Clients**
> > Biomed Behavioral Health
> > Quality Behavioral Health – Sterling Heights
> > Sacred Heart SCS and Memphis
> **Block Grant or Medicaid Funded Clients**
> > Sacred Heart Madison Heights

*MI-Health Link funded individuals are not eligible for OHH services no matter the OHH provider

For these newly covered individuals, the following process will outline authorizations, funding source policies, and transitions to Medicaid.

1.) PROVIDER will identify eligible clients during intake. At this time, OHH orientation will be completed, with signing of OHH consents and MDHHS-5515 Release of Information
2.) PROVIDER will send a FOCUS message to OHH Document Distribution List containing the consent, MDHHS 5515, client name, FOCUS ID, OHH start date, and provider name
3.) MCOSA will review the submitted documentation and upon approval, send a FOCUS message to MANAGED CARE and the provider notifying of approval
4.) MCOSA updates the roster report indicating current roster of OHH COVID Supplemental clients located within the Microsoft Teams group
5.) MCOSA enters an OHH OTP Registry Referral into FOCUS
6.) PROVIDER completes the OHH OTP registry
7.) PROVIDER will then enter a COVID Supplemental Insurance Policy in FOCUS
   a. Start date matches the date of signed consent
   b. There is no end date entered
8.) PROVIDER then enters authorization request
   a. Initial authorization is for 90 days
   b. S0280 HG – 15 units
   c. S0280 HG TS – 15 units
9.) MANAGED CARE reviews the authorization and approves when
   a. COVID Supplemental Insurance Policy is present with a start date that matches the report
   b. Authorization date matches the COVID Supplemental Insurance Policy date and report start date
   c. Authorization is 90 days long containing
      i. S0280 HG – 15 units
      ii. S0280 HG TS – 15 units

Reauthorization – SH Madison Heights and all provider clients who are not eligible for Medicaid

1.) Provider will request additional authorization before the initial OHH authorization ends
2.) The provider will enter another initial authorization in FOCUS
   a. Start date is the first non-covered date
   b. End Date is the last day of the current fiscal year
      i. For example, a COVID Supplemental Start 1st authorization ends 1/1/22.
      ii. Next authorization is for 1/2/22 through 9/30/22.
   c. S0280 HG – 45 units
   d. S0280 HG TS – 45 units
   e. Most Recent Care Plan or treatment plan is uploaded in FOCUS
3.) MCO reviews new authorization request and verifies that the above requirements are met
   a. Approve
   b. Deny and send back with notes for correction

Reauthorization for Clients transitioning to Medicaid (does not apply to Sacred Heart Madison Heights)

During the course of COVID Supplemental OHH services, providers will be actively working to help clients obtain Medicaid. If Medicaid coverage is obtained the follow will occur:

1.) OHH COVID Supplemental and OHH Medicaid cannot occur in the same month. Therefore, Medicaid coverage will begin upon the month following identification of Medicaid eligibility. The provider will continue to provide OHH services under COVID Supplemental Insurance Policy through the end of the month
2.) Provider terminates the COVID Supplemental Policy as the last day of the current calendar month
   a. For example, client starts COVID Supplemental OHH 10/2021, and enrolls into Medicaid during 11/2021
   b. Provider ends COVID Supplemental Insurance Policy with an expiration date of 11/30/21
3.) Provider enters Opioid Health Home Insurance Policy effective the 1st day of the next calendar month.
   a. Using above example, Opioid health Home Insurance Policy is starts 12/1/21
   b. There is no end date to the Opioid Health Home Insurance Policy
4.) Upon the start of the next calendar month, the provider enrolls the Medicaid eligible client in the WSA
5.) MCOSA reviews WSA and approves as appropriate
6.) MCOSA updates the WSA Roster Report located in Microsoft Teams as new enrollments are approved.
7.) Provider continues to provide OHH services until initial authorization expires
8.) Prior to the end of the first authorization, the provider enters a new authorization
   a. Start date is the first non-covered OHH day
   b. End date is 365 days following
   c. S0280 HG – 60 units
   d. S0280 HG TS – 60 units

9.) MANAGED CARE will verify that the authorization request is complete and accurate
   a. Verify enrollment on the WSA Roster Report
   b. Verify that the Covid Supplemental Policy is expired
   c. Verify there is an Opioid Health Home Insurance policy is present and active