

Expanding Opioid Health Homes

OHH OTP Registry

&

COVID Supplemental OHH Enrollment Overview

OTP Registry Overview

FOCUS enhancement to allow OHH cases to remain open during level of care transitions

Utilized for ALL OHH cases and authorizations

Requires minimum information to add

Allows for OHH services to be billed while a client is at a higher level of care outside of your agency

Opening an OHH Registry

MCOSA will add OHH OTP Registry Referral upon approval of OHH services


- Medicaid OHH Registries added upon WSA Approval
- Covid Supplemental Registries opened after FOCUS Message Approval

After notification of OHH approval, Provider:


- Enters OHH OTP Registry in FOCUS
- Completes appropriate Insurance Policy
- Requests OHH authorization according to established guidelines

MCO then reviews and approves/denies authorization request

OHH Admission Registry Example

07/27/2021	Eastwood Clinics (MCOSA)	SUD Registry OHH-OBOT Only			RELEASED BY: Carolyn Landy on 07/27/2021	Change View Delete Print
OHH Registries 0 Authorizations 0 Attachments						
SUD Registry records have not been completed for this referral Add OHH SUD Admission Registry. 						

SUD OHH Registry Admission

OHH Admission Date  [Use Current Date](#)

Staff [lookup](#) [clear](#) Carolyn Landy


Agency
101421 Eastwood Clinics (MCOSA)

Location
* Select Location

MAT Prescribed

- Methadone
- Buprenorphine
- Naltrexone
- Other

Notes

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Electronic Signatures

Instructions
When the form/document is completed, type in your password and click 'Sign and Save'. By entering your password you are electronically signing this form/document. Your signature represents your acceptance and approval of the records. Once signed, any future changes must be made via the 'Change Signed Document' option.

Staff Signature Required By: [lookup](#) Enter your password to sign

OHH Registry Discharge

07/27/2021	Eastwood Clinics (MCOSA)	SUD Registry OHH-OBOT Only	07/27/2021	RELEASED BY: Carolyn Landy on 07/27/2021	Change View Delete Print
OHH Registries 0 Authorizations 0 Attachments					
Type	Date	Status	Add OHH SUD Discharge ←		
Admission	07/27/2021	SIGNED BY: Carolyn Landy	Change Signed Document View Delete Print Document History		

SUD OHH Registry Discharge

Discharge Date

[Use Current Date](#)

Staff [lookup](#) [clear](#)
 Carolyn Landy

Agency
101421 Eastwood Clinics (MCOSA)

Location
* Select Location ▼

Discharge Reason

- Completed OHH Services but remains in other services
- Completed All Services
- Dropped out of OHH Services only
- Dropped out of services
- Discharged by provider due to rule violations/non-compliance
- Incarcerated
- Client died
- No longer eligible for funding (not Macomb Medicaid/HMP)
- Client relocated - no longer MCOSA eligible
- Other

Notes

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Current OHH Clients and Registries

Upon either re-authorization or HLOC request a registry will need to be completed

- The OHH authorization under the treatment admission layer will need to be closed/early terminated
- New authorization will be entered under the registry

Notification is required to Adam either at adam.mchenry@mccmh.net or through FOCUS Mail for the registry to be added

All OHH-OTP clients are required to have a registry with the authorization entered by 9/1/2022

OHH Expansion

Expanding OHH to all funded clients in MCOSA system

- Medicaid
- Block Grant

Opening OHH services for those accessing services at Sacred Heart Madison Heights

Transformation to the Gold Standard of Care

- Funding source will not dictate access to wraparound care
- Care integration, health promotion, peer support for all

Eligibility

Macomb County Residents

Diagnosis of Opioid Use Disorder

Currently receiving MAT

- Sacred Heart St Clair Shores
- Sacred Heart Madison Heights
- Biomed Behavioral Health
- Quality Behavioral Health – Sterling Heights

Block Grant Funded

- SH Madison Heights – Medicaid and Block Grant Funded
- ***MI Health Link Clients are not eligible for OHH services***

Requirements and Reminders

- OHH Teams Team Makeup:
 - Peer Recovery Coach OR Community Health Worker
 - Nurse Care Manager
 - Behavioral Health Specialist (social worker, counselor, etc)
 - Psychiatric Consult
 - Medical Consult
- MDHHS Staffing Rations per 100 enrollees
 - 1 FTE Nurse Care Manager
 - 2 – 4 FTE Peer Recovery Coaches/CHWs
 - .25 FTE Behavioral Health Specialists
 - .05 FTE Psychiatric Consult
 - .10 FTE Medical Consult

Enrollment Overview

WSA is not utilized

Two documents are required

- Updated OHH Consent to Treat Form
- MDHHS-5515

Documents are sent through FOCUS email messaging

- OHH Documents Distribution Group

MCOSA Reviews and Approves/Sends Back for corrections

Upon approval, MCOSA notifies provider and MCO

MCOSA adds OHH OTP Registry to the case

Provider completes OHH OTP Registry, enters COVID Supplemental Insurance Policy and authorization

Enrollment Walkthrough - Consent



Opioid Health Home Program Enrollment Consent

www.mccmh.net | 855-99-MCCMH

The Michigan Department of Health and Human Services (MDHHS) has launched a new service program to combat the opioid crisis. The program is available to Macomb County residents who have Medicaid, Healthy Michigan Plan, MI Child, or are uninsured and have a diagnosed opioid use disorder. MDHHS recognizes that living with a substance use disorder is hard; the Opioid Health Home (OHH) Program is designed to help. You will be provided services as part of your treatment benefits that will help you take control of your health and work toward long-term recovery. By signing below you are agreeing to enroll in the OHH Program at **(insert provider)**, and to working with your Care Team here. Additionally, if you have Medicaid benefits, signing below acknowledges that you understand your Care Team will have access to MDHHS administrative claims data through the Waiver Support Application for the purposes of care coordination and continuity of care. You may also opt-out (disenroll) now, or at any time in the future, with no impact on your currently entitled Medicaid services.

The Opioid Health Home Program...

- Is not a place, but is a model of care that offers care coordination services.
- Takes a holistic approach to your health care and provides you with one “home” base for coordinating your recovery and health needs.
- Provides one-stop access to care to amplify your success and make it simpler and easier
- Coordinates your health, social, and recovery needs.
- Assigns a personal care team to each enrolled individual.

Your Care Team...

- Consists of a Nurse Care Manager, Clinical Case Manager, Recovery Coach or Community Health Worker, your Doctor, and YOU.
- Works with other health care professionals you choose to coordinate your care.
- Ensures you get the medical and mental health services you need to feel healthy and well.
- Ensures you get connected to the social services you need, such as food, transportation, and housing.
- Provides individual and family support.
- Assists you to get both your behavioral health and your physical health care needs met.

Here's what you should know...

- You still choose which health care providers will be involved in your care.
- These services will be provided with no cost to you.
- You can opt out now, or at any time, and with no impact to Medicaid benefits, if applicable.

I acknowledge that I have been enrolled in the Opioid Health Home Program and received confidentiality information including MCCMH Notice of Privacy Practices and Advance Directives:

Signature: _____ Date: _____

Printed Name: _____

- OHH Consent to Treat replaces current Consent for all OHH enrollees
- Must be filled out entirely and legible
- Date of Signed Consent will be used for:
 - Authorization Start Date
 - COVIDSupplemental INS Date

Enrollment Walkthrough - Release

Opioid Health Home
CONSENT TO SHARE BEHAVIORAL HEALTH INFORMATION
Michigan Department of Health and Human Services

Use this form to give or take away your consent to share information about your:

- Mental and behavioral health services. This will be referred to as “behavioral health” throughout this form.
- Diagnosis, referral, and treatment for an alcohol or substance use disorder. This will be referred to as “substance use disorder” throughout this form.

This information will be shared to help diagnose, treat, manage and pay for your health needs.

Why This Form Is Needed

When you receive health care, your health care provider and health plan keep records about your health and the services you receive. This information becomes a part of your medical record. Under state and federal laws, your health care provider and health plan do not need your consent to share most types of your health information to treat you, coordinate your care, or get paid for your care. But they may need your consent to share your behavioral health or substance use disorder records.

Instructions

- To **give** consent, fill out Sections 1, 2, 3, and 4.
- To **take** away consent, fill out Section 5.
- Sign the completed form, then give it to your healthcare provider. They can make a copy for you.

Section 1: About You

First Name	Middle Initial	Last Name	Date of Birth	Date Signed

Section 2: Who Can See Your Information and How They Can Share It

Section 2a: Sharing Information Between Individuals and Organizations

Let us know who can see and share your behavioral health and substance use disorder records. You should list the specific names of health care providers, health plans, family members, or others. They can only share your records with people or organizations listed below.

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

- Form must be filled out in entirety
- Required for Section 2a:
 - Macomb County Community Mental Health
 - Provider Name
- Recommended for Section 2a
 - Any outside healthcare provider currently identified

Enrollment Walkthrough – FOCUS Mail

Macomb County
Community Mental Health

Home Logout Help

SUD / CA (NEW)

Inbox Sent Saved Search Refresh Compose a New Message

No Messages
This list will be automatically refreshed every 60 seconds

SUD Treatment Referrals, Admissions and Discharges
SUD Treatment Referrals, Admissions and Discharges for a consumer + myPage

Search SUD Referrals by Provider
Search SUD Referrals by Provider + myPage

Release Pending SUD Referrals to Providers
Release Pending SUD Referrals to Providers + myPage

Change In Level Of Care Forms
Add, Change and View Change In Level Of Care Forms + myPage

Approve SUD Level Of Care change requests
Approve SUD Level Of Care change requests + myPage

Send New Message

To:

Subject:

Message

Send New Message

To: *Select a Distribution List Cancel

Subject: CW Authorization Approval Notice
Due Process Letter Notification
GL File Transfer Status Messages
Help Desk - New ticket notification
Incident Report - Critical Events
Incident Report - Immediately Reportable Events
Incident Report - Risk Events
Incident Report - Sentinel Events
Incident Report Review
MCCMH Administration
New CSR Request
New Hospital - Contract Provider Management
New Provider - Finance Notification
New Staff Added
OHH Documents
Deposit Authorization Approval Notice

- 1.) Login into FOCUS
- 2.) Click on Envelope next to Help button
- 3.) Click Compose New Message
- 4.) Click on the Icon with two people
- 5.) Selection OHH Documents as Distribution List

Enrollment Walkthrough – FOCUS Message

Send New Message

To: ADAM MCHENRY;

Subject: COVID Supplemental Enrollment

Message

Client: Joe Consumer
FOCUS ID: 1234567
DOB: 1/1/2000
Provider: Sacred Heart
OHH Start Date: 11/1/2021

Click the paper clip and attach the OHH Consent to Treat form and send

characters left: 19822

Send Message Cancel Spell Check

- Subject: Covid Supplemental Enrollment and FOCUS ID
- Body
 - Consumer Name
 - FOCUS ID
 - DOB
 - Provider Name
 - OHH Start Date
- Attach the consent to treat and 5515 send message

FOCUS MESSAGE WILL BE SENT NOTIFYING PROVIDER AND MCO WHEN APPROVED

Enrollment Walkthrough – Authorization and Insurance

Authorization

- Start date is the day the individual signs consent
- End date 90 days later
- Two CPT Codes
 - S0280 HG – 15 units total
 - S0280 HG TS – 15 units total

Covid Supplemental Insurance

- Start date is the day the individual signed the consent
- End date is open ended
- DO NOT USE OPIOID HEALTH HOME (OHH) POLICY for these cases

Name: Test, Mcosa (72/F)		Case #: 753298	Case: Open
Date of Birth: 01/01/1950	Home Phone: (586) 469-5278	Current Admission: Beaumont Family Medicine	Chart Documents
Address: 22550 Hall Road Clinton Township, MI 48036		Case Holder: Unassigned	Eligibility/Insurance Diagnosis
		Disability Designation: Click here for Evidence Based Programs	Health/PHCP Info
			Clinical Guidelines

To add a new insurance policy / funding source:

- | | |
|---|---|
| Click here to add Medicaid Deductible | Click here to add 3rd Party Insurance |
| Click here to add Autism Policy | Click here to add Medicare Part A/B |
| Click here to add Statewide | Click here to add SUD Self Pay |
| Click here to add SDA | Click here to add Women's Specialty Services |
| Click here to add CCBHC Policy | Click here to add 16th Drug Court Policy |
| Click here to add COVID Supplemental Policy | Click here to add Opioid Health Home (OHH) Policy |
| | Click here to add SOR Grant Policy |



Ongoing OHH Services

Quality standard of 3 encounters within 30 days for 75% of all OHH cases

Care plan must be completed within 30 days of OHH start date

Care plan review/update occurs minimally every 90 days after initial care plan completion

Efforts to assist client enrolling in Medicaid

Monthly checks to verify Medicaid/lack thereof

COVID Supplemental Reauthorization

All SH Madison Heights and Non-Medicaid Eligible

- Enter additional “initial authorization request”
- Authorization lasts between first non-covered day and the last day of current fiscal year (e.g. 1/1/22 to 9/30/22)
- S0280 HG – 45 units
- S0280 HG TS – 45 units
- Attach most recent care plan

Transition to Medicaid OHH

- Finish out initial authorization
- Additional authorization entered as “initial authorization request”
- Valid for 365 days
- S0280 HG – 60 units
- S0280 HG TS – 60 units
- No requirement to upload care plan to FOCUS

Medicaid OHH transition

Complete

- Complete the current month of OHH services under COVID Supplemental policy

Start

- **Start of the next month**
 - Enter expiration date for COVID Supplemental Insurance Policy as last day of previous month
 - OHH Insurance Policy start date 1st of the new month
 - Continue current authorization until it ends

Follow

- Follow the WSA enrollment process to transition to Medicaid OHH

Medicaid Transition

The month following a client receiving Medicaid, enroll the client through the WSA

- For example – client starts COVID Supplemental OHH on 11/1/21. They obtain Medicaid on 11/12/21. Client transition to OHH – Medicaid on 12/1/21

Upload OHH consent, MDHHS 5515, and most recent Care plan to WSA

MCOSA will review and approve as appropriate

Continue to provide OHH services uninterrupted

COVID Supplemental -> Opioid Health Home Funding Source Example

Consumer Name Test, Mcosa	Case # 753298	DOB 01/01/1950 (Age: 72)	Home Phone 5864695278	Status Open
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[Eligibility/Insurance Information](#)

Other Funding Source Information

Funding Source [lookup](#)
COVID Supplemental

Effective From: 11/1/2021 Effective Thru:

[Use Current Date](#)

Notes

characters left: 4096

Billing Department Verification

Verification Status: Verified Awaiting Verification Ok To Bill?



Medicaid enrollment as of 11/12/21

Consumer Name Test, Mcosa	Case # 753298	DOB 01/01/1950 (Age: 72)	Home Phone 5864695278	Status Open
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[Eligibility/Insurance Information](#)

Other Funding Source Information

Funding Source [lookup](#)
COVID Supplemental

Effective From: 11/01/2021 Effective Thru: 11/30/2021

[Use Current Date](#)

Notes

characters left: 4096

Record Added
mchenrya 01/03/2022 16:47:28

Record Changed
mchenrya 01/03/2022 16:47:28

COVID Supplemental Policy starts 11/1/21
No end date is entered

COVID Supplemental Policy is updated to
reflect end date of 11/30/21

COVID Supplemental -> Opioid Health Home Funding Source Example

Consumer Name Test, Mcosa	Case # 753298	DOB 01/01/1950 (Age: 72)	Home Phone 5864695278	Status Open
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[Eligibility/Insurance Information](#)

Other Funding Source Information

Funding Source [lookup](#)
Opioid Health Home (OHH)

Provider [lookup](#)

Effective From
12/1/2021

Effective Thru

[Use Current Date](#)

Notes

Test

characters left: 4092

Billing Department Verification

Verification Status:
 Verified Awaiting Verification

Ok To Bill?

Opioid Health Home (OHH) Policy starts 12/1/21

Begins the 1st of the month with no end date

Name: Test, Mcosa (72/F)		Case #: 753298	Case: Open
Date of Birth 01/01/1950	Home Phone (586) 469-5278	Primary Program: Beaumont Family Medicine	Chart Documents
Address: 22550 Hall Road Clinton Township, MI 48036		Case Holder: Unassigned	Eligibility/Insurance Diagnosis
		Disability Designation:	Health/PHCP Info
		Click here for Evidence Based Programs	Clinical Guidelines

To add a new insurance policy / funding source:

Click here to add Medicaid Deductible	Click here to add 3rd Party Insurance
Click here to add Autism Policy	Click here to add Medicare Part A/B
Click here to add Statewide	Click here to add SUD Self Pay
Click here to add SDA	Click here to add Women's Specialty Services
Click here to add CCBHC Policy	Click here to add 16th Drug Court Policy
Click here to add COVID Supplemental Policy	Click here to add Opioid Health Home (OHH) Policy
	Click here to add SOR Grant Policy

Affiliate: **SUD CA**

Policies effective on: Include Disabled Policies

[Use Current Date](#)

Policies with Verification Status: All Verified Awaiting Verification

Sort Order: Billing Priority Insurance/Effective Effective Date

2 Insurance Policies

Affiliate	Insurance Company	Policy Number	Other Info	Verification Status	Scans	Ok to Bill	
SUD CA	Opioid Health Home (OHH)		Effective: 12/01/2021 Expiration:	Awaiting Verification	0 Scans	Y	Change Delete View Scanned Documents
SUD CA	COVID Supplemental		Effective: 11/01/2021 Expiration: 11/30/2021	Awaiting Verification	0 Scans	Y	Change Delete View Scanned Documents



Once the transition is completed, the Insurance Policy page will look like this

Reporting

Not requiring reporting at this time

May change in the future

Questions?

Follow up with Adam McHenry as needed

Adam.mchenry@mccmh.net

(586)469-6589