## 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

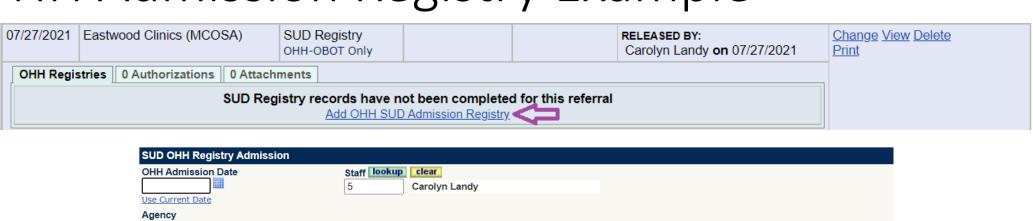
- Medicaid OHH Registries added upon WSA Approval
- Covid Supplemental Registries opened after FOCUS Message Approval

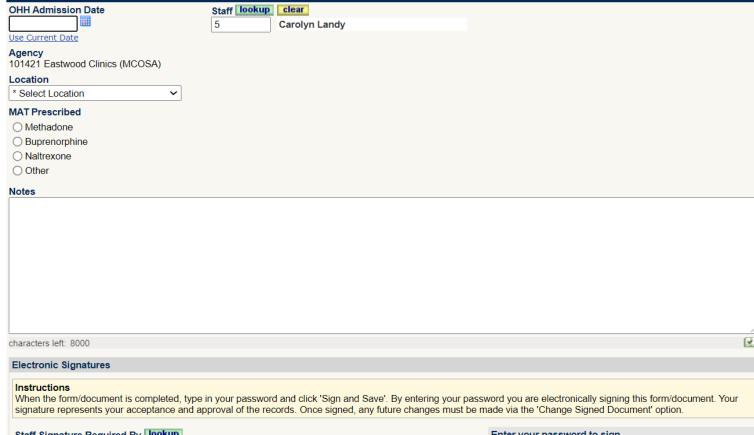
#### After notification of OHH approval, Provider:

- 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

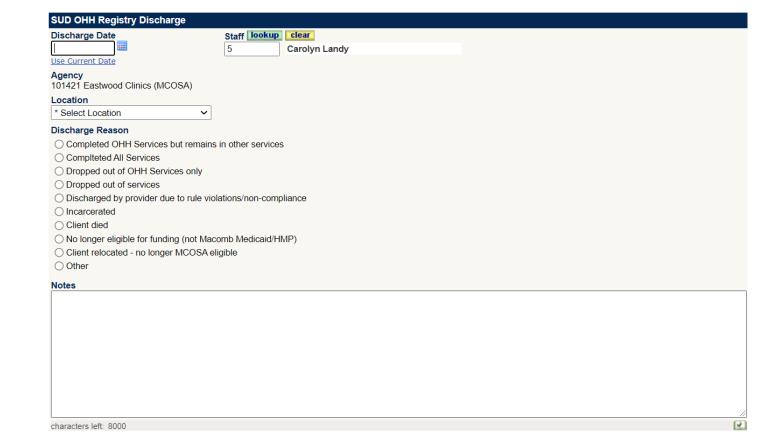
## OHH Admission Registry Example





## OHH Registry Discharge





# 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 <a href="mailto:adam.mchenry@mccmh.net">adam.mchenry@mccmh.net</a> 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

se 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.

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

#### /hy This Form Is Needed

/hen you receive health care, your health care provider and health plan keep records about you ealth and the services you receive. This information becomes a part of your medical record. Ur ate and federal laws, your health care provider and health plan do not need your consent to shost types of your health information to treat you, coordinate your care, or get paid for your care ut they may need your consent to share your behavioral health or substance use disorder scords.

#### structions

- 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 f you.

| ection 1: About You |                   |           |               |             |  |  |
|---------------------|-------------------|-----------|---------------|-------------|--|--|
| irst Name           | Middle<br>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

.et us know who can see and share your behavioral health and substance use disorder records fou 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.

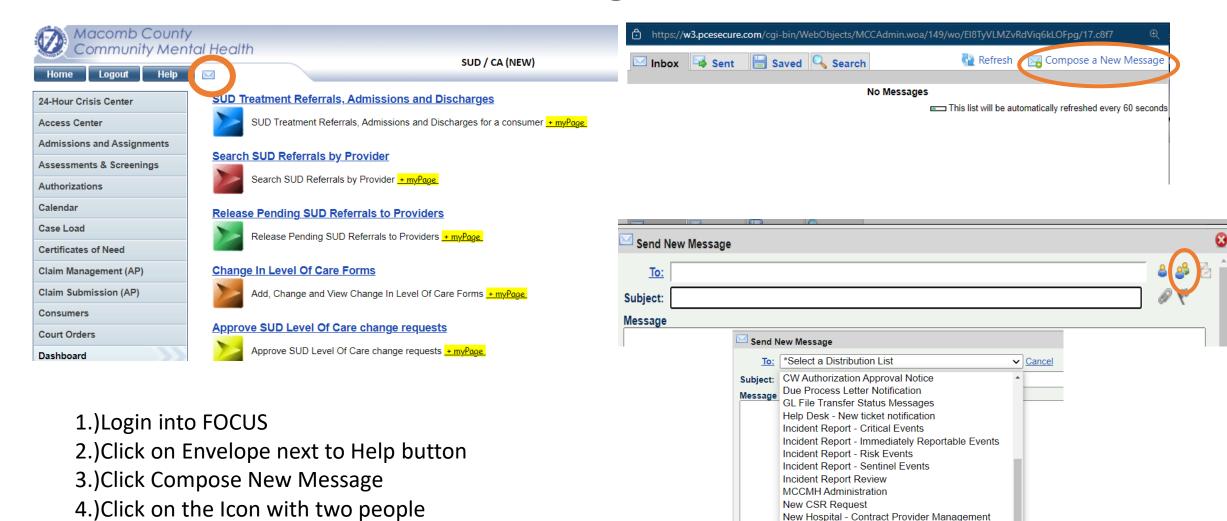
|           | 2 |
|-----------|---|
| <u>}</u>  | 4 |
| <u>i.</u> | 6 |

- 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

5.) Selection OHH Documents as Distribution

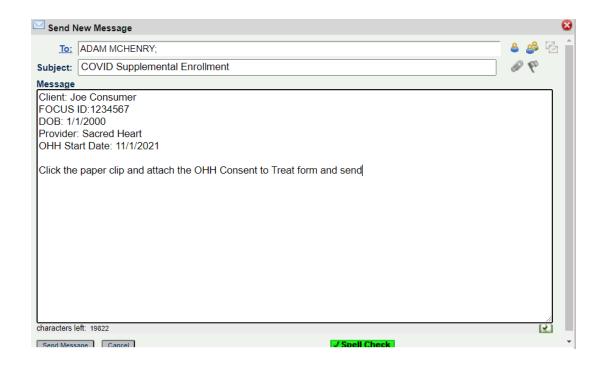
List



New Provider - Finance Notification

New Staff Added

## Enrollment Walkthrough – FOCUS Message



- 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

## Enrollment Walkthrough – Authorization and Insurance

Click here to add COVID Supplemental Policy

#### **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

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 noncovered 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

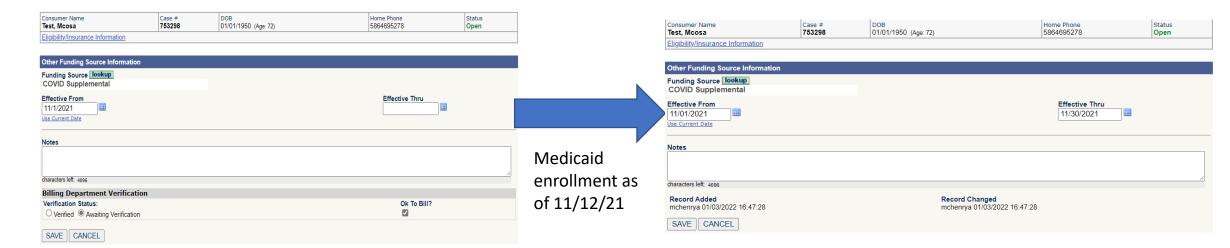
 For example – client starts COVID Supplemental OHH on 11/1/21. They obtain Medicaid on 11/12/21. Client transition to OHH – Medicaid on 12/1/21

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

MCOSA will review and approve as appropriate

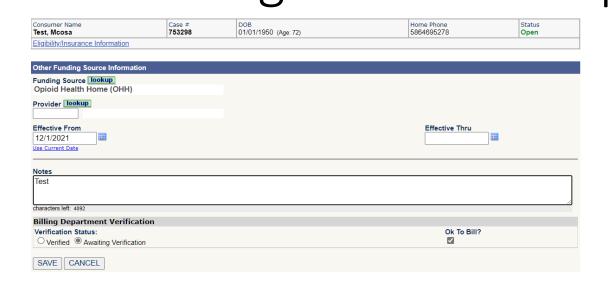
Continue to provide OHH services uninterrupted

## COVID Supplemental -> Opioid Health Home Funding Source Example



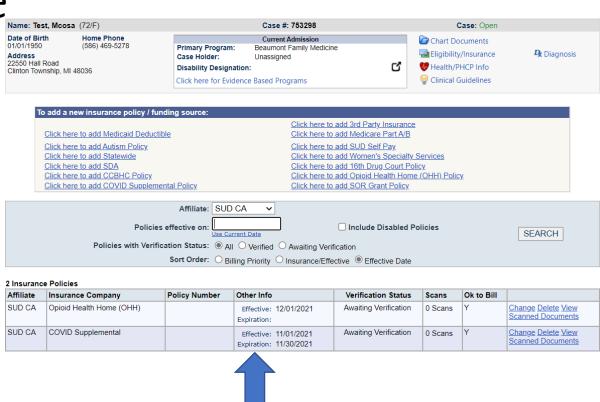
COVID Supplemental Policy starts 11/1/21
No end date is entered

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



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

Begins the 1<sup>st</sup> of the month with no end date



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



Follow up with Adam McHenry as needed

Adam.mchenry@mccmh.net

(586)469-6589