# **SUDHH Transition**

**When can we enroll beneficiaries with only an AUD or Stimulant Use Disorder?**

*Pending SPA approval, the OHH will transform into an SUD HH starting October 1, 2024.*

**Do current OHH beneficiaries have to be re-enrolled in the WSA under SUDHH?**

No, beneficiaries currently enrolled will stay enrolled in the WSA. No action will be required for the current enrolled beneficiaries.

**What if I have beneficiaries that would be eligible for the Medicaid SUDHH but are currently being funded through a grant. Do we enroll them into the SUDHH starting October 1, 2024?**

*Yes, if you have beneficiaries eligible for the SUD HH, you will want to switch enrollment to the WSA under the SUD HH. Please ensure beneficiaries understand the program and HHPs are following all SUD HH requirements*.

**Will Medicaid eligibility be the same for SUDHH?**

*Yes, beneficiaries must have Medicaid coverage. Keep in mind beneficiaries can have dual Medicaid/Medicare coverage*.

# **SUDHH Process Updates**

**When does the Care Plan need to be updated?**

The Care Plan should be updated at least ever 6 months and resubmitted in the WSA or to your LE. HHPs should be updating the Care Plan regularly as the goals of the beneficiary change.

**How do we determine if a beneficiary is at risk of developing mental health conditions, asthma, diabetes, heart disease, BMI over 25 and COPD?**

* If a beneficiary already has a risk factor identified ex: they have diabetes. The Peer/CHW/NCM would be able to note they have a qualifying risk factor and enroll the beneficiary. The risk factor should be documented in the treatment/care plan.
* If a beneficiary doesn’t have a risk factor identified the Physician or NCM (medical team) go through clinics screener and identify risk of medical conditions noted for program and it is documented in the treatment/care plan and the beneficiary is enrolled in the HH.

# **Start Up Questions**

**Where can I find resources for Health Homes?**

Michigan’s Integrated Health Homes for Medicaid Beneficiaries page on the MDHHS website houses information for the Opioid Health Home and Behavioral Health Home. For program specific information click on the respective link on the main page or visit [www.michigan.gov/sudhh](http://www.michigan.gov/sudhh) for SUDHH and [www.michigan.gov/bhh](http://www.michigan.gov/bhh) for BHH. Consumer and provider resources are housed on each of the pages.

***Is the Health Home Partner Application Required before SUDHH services can begin?***

Yes, we request the Health Home Partner Application be completed and approved by MDHHS before services can begin.

***In the absence of accreditation from a national recognizing body, the LE can certify that the HHP has met standards parallel to those required for accreditation. In that case, how should HHPs complete the accreditation portion?***

The HHP should check “other” and write in the lead entity’s name who is certifying them to participate in health homes.

***When MDHHS approves a Health Home Partner Application, will the LE receive a copy of it?***

Yes, MDHHS will copy the lead entity on all approved HHP applications.

**How will health home performance measures be reported to MDHHS?**

All performance measures will be assessed using claims data in the data warehouse. LEs and HHPs will not need to send data to MDHHS.

***Is the 5515-consent required for SUDHH beneficiaries?***

Yes, the 5515-consent form must be signed upon enrollment in the WSA. HHPs should ensure beneficiaries have completed the document entirely before submitting to the LE.

***Is the development of a care plan with the health home beneficiary a prerequisite for enrollment into the health home?***

Developing the care plan in not a prerequisite for enrolling a beneficiary into the program in WSA. With that said, a care plan must be developed with both the beneficiary and care team after the beneficiary is enrolled. The HHP must send the care plan to the LE. The LE can determine the required mode in which the care plan is sent to the LE (via WSA, email, fax, etc.) and the timeframe in which the HHP must send the care plan to the LE. The care plan must be complete within 30 days of the beneficiary enrollment.

**Does the NCM/Care Team and the beneficiary have to sign off on the care plan?**

It is best practice to have the NCM/Care Team and beneficiary sign off on the care plan. Signing the care plan ensures the beneficiary understands their goals and gives the HHP a receipt of who from the Care Team worked on creating the plan.

**Who can write and develop the Care Plan with the beneficiary?**

Any member of the Care Team can work with the beneficiary on the development of the Care Plan as long as they have been appropriately trained on Care Plan development and motivational interviewing.

***How can I assist a beneficiary to re-enroll in Medicaid?***

Please use the link to MIBridges [MDHHS - Tools and Resources (michigan.gov)](https://www.michigan.gov/mdhhs/0%2C5885%2C7-339-71551_82637_82642---%2C00.html) to assist the beneficiary in re-enrolling for services*.*

***Is the ASAM Continuum Assessment required for SUDHH HHPs who are SUD paneled providers?***

Yes, the ASAM Continuum Assessment must be used for SUDHH HHPs who are SUD paneled providers. Other contracted providers through the SUDHH are not required to complete the assessment, the assessments used should be determined between LE and HHP.

# **Encounters and Billing**

**What benefit plans exclude a beneficiary to be eligible for Substance Use Disorder Health Homes?**

A beneficiary cannot be enrolled in HHBH (Behavioral Health Home), HHMICare (Health Home MI Care Team), ICO-MC (Integrated Care MI Health Link), NH (Nursing Home), TCM-INCAR (Targeted Case Management for Incarceration) or Hospice at the same time as the HH. A beneficiary cannot be in spend down.

***Do Health Home Partners need to submit any documentation to the state?***

No, the state will gather reports/metrics from the WSA and the Data Warehouse. Each PIHP may require HHPs to submit additional documentation or metrics. The HHP will submit claims to the PIHPs.

**Can a LE contract with a HHP outside of their designated PIHP region for HH services?**

Yes, a LE can contract outside of their PIHP region for HH services, but all beneficiaries must reside within that PIHP to be eligible for services.

***Can dual eligible beneficiaries (Medicaid/Medicare) that are enrolled in MI Health Link be enrolled in a Health Home?***

Although dual eligible beneficiaries are eligible for health homes, those enrolled in MI Health Link are not eligible for health homes.

***Can health home services be provided outside of the office?***

Yes, health home services can be provided out of the HHP provider site.

***Does the first HH visit have to be in-person?***

Yes, all new SUDHH beneficiaries must have their first SUDHH visit in-person. Face-to face visits maybe utilized after the first HH visit.

***What is the definition of in-person vs face-to-face.***

**In person:** an encounter that must be completed with beneficiary and provider physically together in the same location and is not allowed through telehealth. **Face-to-face:** an encounter that can be either in person or using telehealth (simultaneous audio and visual technology).

***Can beneficiaries receive services from Health Homes and CCBHC?***

Yes, beneficiaries can be enrolled/assigned in both CCBHC and SUDHH programs. SUDHH should take lead on all care coordination activities.

***Do HHPs have to change the billing process for treatment services?***

No, the purpose of health homes is to provide comprehensive care coordination services on top of other Medicaid reimbursable services.

***What happens if a beneficiary switches to a new provider in the same month?***

The payment for a beneficiary will only be billed once per month. If the first provider has billed for services and the beneficiary moves to another provider, the second provider will not be reimbursed until the next month when the beneficiary is enrolled in the WSA under the new organization.

**Can HH services be billed while a beneficiary is in residential or inpatient care?**

Yes, SUDHH services can be billed while a beneficiary is in residential treatment or inpatient care, if appropriate. SUDHH LE and HHP need to ensure Medicaid billing is not duplicated.

***Does the HG modifier need to be submitted with each claim to the LE and encounter to the State?***

Yes, the HG modifier must be submitted to the LE for each SUDHH claim and to the state for each encounter.

***Can HHPs contract or create MOUs with other organizations to meet the HH staffing requirements?***

Yes, health home partners can create MOUs or contract with other organizations to meet the staffing requirements for health homes.

***Do the care team's efforts to re-engage the person in SUDHH services count as a service?***

The care team’s effort to re-engage a beneficiary does not fall into one of the core health home services legally. Simply calling the patient to re-engage them, for example, would not fall under one of the six core health home services. If you are providing a health home service but do not necessarily contact the patient, that would count (such as appointment making assistance or referral tracking). Maintaining contact with the beneficiary would also count as long you contact them either in-person or telephonically to support one of the qualified health home services (such as care coordination). HHPs should refer to the beneficiaries’ care plan and provider support with goals and objectives.

***If the enrolled beneficiary is a child, can a staff member meet with the parent/guardian and still bill for the health home service?***

Yes, if a health home service is provided, such as Individual and Family Support, it can be billable as a health home service and if the family member is an authorized representative of the child. It is recommended that the care team meets with the beneficiary as much as possible.

***Is it required that a health home service must be provided in an office setting?***

No, health homes services can be provided outside of the HHP provider site.

***When should the TS modifier be used?***

The TS modifier is used when a Health Home service is provided without the beneficiary in the room (telephone call with the beneficiary, team huddles, etc.)

***When should the GT modifier be used?***

The GT modifier should be used if a telemedicine service is being performed for treatment related services. There should not be an instance where an HHP would use both the TS and GT modifier together.

***Can a HHP bill a regular billable Medicaid Service and a Health Home Service on the same day?***

Yes, a Medicaid Service and a Health Home Service can be billed on the same day if they are not duplicative to the Health Home Service provided that day. The Health Home Service should be “above and beyond” the regular Medicaid Service provided*.*

***Can a HHP bill an SUDHH encounter and a Targeted Case Management (TCM) encounter in the same month?***

Yes, SUDHH and TCM can billed during the same month because both encounters are serving different needs for the beneficiary, except for TCM-INCAR.

***What can P4P funds be used for?***

P4P funds are restricted to be reinvested into public behavioral health services.

***Should HHPs submit all encounters for a beneficiary even though payment is only associated with the first encounter submitted per month?***

Yes, the HHP should submit all encounters per beneficiary per month.

***If an enrolled beneficiary is no longer or is not ready to receive MOUD, can the HHP still bill for the SUDHH benefit?***

Yes, MOUD is not a requirement for the SUDHH benefit.

***If a beneficiary is unresponsive, can the HHP bill for outreach attempts?***

No, the HHP cannot bill for outreach attempts for an unresponsive beneficiary.

If a beneficiary is unresponsive and disenrolled from the WSA the LE or designated HHP must attempt to re-engage the beneficiary every 6 months up to a 1 year from the disenrollment date in the WSA. If the beneficiary’s phone number is no longer in service or their address is invalid a LE does not need to continue to do outreach. The LE should note the reason why outreach to the beneficiary was discontinued.

**Additional Questions**

***Does a Peer Recovery Coach have to be MDHHS certified to bill for SUDHH services?***

A Peer Recovery Coach does not have to be MDHHS certified to bill for SUDHH services. The LE should ensure the Peer Recovery Coach has other appropriate certifications to work with SUDHH beneficiaries.

**How does a beneficiary determine what kind of Dental Services they need?**

The beneficiary can go to *myhealthporta*l or they can contact Beneficiary Support. Beneficiary Help Line: 1-800-642-3195 or beneficiarysupport@michigan.gov

# **Waiver Support Application**

***What is the WSA?***

The Waiver Support Application (WSA) is the enrollment, maintenance, and management tool for the health home benefit. Beginning on October 1, 2020 both Lead Entities (LEs) and Health Home Partners (HHPs) who are approved will have access to the health home program in WSA.

* Potential enrollees are identified based on the nightly batch process
	+ Health Home Partners (HHP) can recommend beneficiaries for enrollment or disenrollment
	+ Lead Entities (PIHP) will approve or reject recommended enrollment or disenrollment
* Lead Entities (PIHP) can also enroll or disenroll beneficiaries
* Allows enrollment of beneficiaries who have not been potentially enrolled
	+ (aka walk-in)
	+ Enrollment requires attestation of clinical criteria, consent, and the signed consent form uploaded into the system
	+ Beneficiary demographics, chronic condition counts, and Symmetry risk scores are displayed
* Case comments can be added where appropriate
* Documents can be uploaded into the system

***What criteria is considered for identifying a potential enrollee to health homes?***

* County of residence in one of the eligible counties served
	+ Currently enrolled in one of the Medicaid full benefit plans (Medicaid, Healthy Michigan Plan, MiChild)
	+ Has a diagnosis of Alcohol Use Disorder, Opioid Use Disorder or Stimulant Use Disorder in the past 18 months
* Not in spenddown
* Not deceased
	+ Not in an excluded benefit plan (Behavioral Health Home, MiCare, Integrated Care Organization, Nursing Facility, Hospice)

***Why do I need WSA?***

Lead Entities – Lead Entities will use the WSA to identify potential enrollees from MDHHS administrative claims data. LE’s are also responsible for reviewing beneficiary information and required materials from health home partners during the provider recommended enrollment process as well as enrolling each beneficiary into the Health Home. LE’s can also review region-specific reports.

Health Home Partners – Health Home Partners will use the WSA to recommend potential health home enrollees to the LE. HHPs will confirm eligibility, diagnosis, and consent through the WSA for LEs to review. HHPs will have access to limited region-specific reports.

***How do I sign up for WSA?***

All users must request access to the WSA by submitting the WSA Access Request Form. The WSA Access Request Form is in the Database Security Application (DSA). Both the WSA and the DSA are accessed through the State of Michigan (SOM) single sign-on portal, called MILogin. If you have completed any of the steps below in the past, you may not need to repeat them.

There are three steps that must be completed in order to be granted or maintain access to the WSA:

1. Create a MILogin account
	1. [**https://milogintp.michigan.gov/eai/tplogin/authenticate?URL=/**](https://milogintp.michigan.gov/eai/tplogin/authenticate?URL=/)
2. Request access to the Database Security
3. Request access to the Waiver Support Application

 Refer to the WSA Gaining Access Guide.

***Where do I find the WSA Training Documents?***

You can find Training Documents in the WSA under the Training Tab and in the TEAMS SUDHH Drive in the Section VI Health Information Technology folder.

# **WSA Enrollment/Disenrollment**

***Can a walk-in be enrolled by the HHP or do they have to be entered by the LE?***

No, health home partners cannot directly enroll health home beneficiaries. With that said, they can enter the beneficiary information into WSA and recommend that the beneficiary is enrolled into the health home. HHPs must provide documentation that indicates the beneficiary meets all eligibility criteria including diagnostic verification and obtaining consent. The LE will then review and process the recommended enrollment in WSA.

***Can health home beneficiaries be auto-disenrolled from health homes via WSA?***

No, beneficiaries must be manually disenrolled by the lead entity.

***Does Symmetry take into consideration Medicare and Medicaid claims?***

No, Symmetry only includes Medicaid.

***What is the Case Assignment Date?***

The Case Assignment Date is the date the LE assigns depending on when the beneficiary started HH services. This date is linked to the SUDHH payments.

***What if I submit the wrong Case Assignment Date in the WSA?***

If you are a HHP, contact your LE to fix the case assignment date. LE reach out to the HH MDHHS contact to fix the Case Assignment Date error.

***What is the provider access into the WSA and how do they recommend enrollment?***

Providers will be able to access the WSA to request to enroll and disenroll beneficiaries. Once the LE accepts a beneficiary into the WSA for SUDHH, the HHP will be able to see SUDHH counts and beneficiary information. Health Home Partners will not have access to make changes into the WSA, changes must be made by the LE.

***Will providers be required to attach documents in the WSA or is that optional (i.e. MDHHS-5515 form, care plan)?***

Providers will be able to attach documents in the WSA, we suggest both the 5515 and care plan be uploaded into the WSA for safe and easy access of beneficiary documents.

**Is there a timeframe for beneficiary inactivity before disenrollment is required?**

Per the handbook, The HHP or LE must make at least three unsuccessful beneficiary contact attempts within three consecutive months for MDHHS to deem a beneficiary as unresponsive. The LE and MDHHS must maintain a list of disenrolled beneficiaries in the Waiver Support Application. The LE must attempt to re-establish contact with these beneficiaries at least every six months after disenrollment, as applicable.

**What date do I enter for disenrollment for an unresponsive beneficiary?**

Disenroll the beneficiary following the appropriate disenrollment prompt, for the end of the month after the last service date.