



Opioid Health Home FAQ

Question:	Answer:
How are individuals identified to participate in OHH?	Health Home Partners can identify eligible beneficiaries from their current client roster. SWMBH's Access department will screen new clients for eligibility when they are requesting information about treatment options.
What are the eligibility requirements to participate in OHH?	Beneficiaries must: <ul style="list-style-type: none"> • Live in Kalamazoo or Calhoun counties • Have Opioid Use Disorder diagnosis • Have active Medicaid in Kalamazoo or Calhoun Counties
What benefit plans exclude a beneficiary from being eligible for OHH?	A beneficiary cannot be enrolled in HHHB (Behavioral Health Home), HHMICare (Health Home MI Care Team), ICO-MC (Integrated Care MI Health Link), NH (Nursing Home), or Hospice during the same month. A beneficiary cannot be in spend down.
Can dual eligible beneficiaries (Medicaid/Medicare) participate in OHH?	Dual beneficiaries are eligible for Opioid Health Home, but those participating in MI Health Link are not eligible. Beneficiaries cannot be enrolled in two separate waivers.
What are the benefits for clients participating in OHH?	Beneficiaries will receive support from an integrated team of providers who can: <ul style="list-style-type: none"> • Coordinate care with other doctors/specialists/providers. • Help clients understand and manage other conditions they may have. • Refer clients to resources focusing on overall health. • Assist clients with housing, legal issues, transportation, employment, education goals, etc. • Connect clients to community resources.
What documents are required for individuals enrolled in OHH?	Health Home Partners are required to submit the following: <ul style="list-style-type: none"> • MDHHS 5515 Consent to Share Behavioral Health Information for Care Coordination Purposes* • Opioid Health Home Program Enrollment Consent to Treatment form • Treatment Needs Questionnaire screening tool** • Biopsychosocial assessment* • Opioid Health Home Care Plan** <p>*These documents will be updated at least yearly. **This document will be updated at least every six months *** Valid SUD BH TEDS must be in SWMBH system.</p>
What is the MDHHS 5515 and how is the document used?	The MDHHS 5515 form is used by the beneficiary to give or take away consent to share health care information between providers, SWMBH and MDHHS. The date on this form is the date the beneficiary had their initial OHH appointment and will be used as the beneficiary's enrollment date. This will need to be completed yearly with new providers added at that time.
What is the Opioid Health Home Program Enrollment Consent form?	The consent form provides a brief overview of Opioid Health Home and grants permission to enroll the beneficiary into OHH.
What information needs to be included on the client's Care Plan?	The OHH Care Plan document must include: <ul style="list-style-type: none"> • Opioid diagnosis goals/objectives • Other SUD diagnosis goals/objectives (if applicable)

	<ul style="list-style-type: none"> • Mental Health diagnosis goals/objectives (if applicable) • Medical health risk goals/objectives (if applicable) • Behavioral health risk goals/objectives (if applicable) • General goals/objectives (if applicable) <p>The care plan will be reviewed by OHH providers as needed but at least every six months. Treatment Needs Questionnaire must be used to develop goals for beneficiary's needs and updated in conjunction with the care plan. HHP's can utilize "Opioid Health Home Client Care Plan Template" when creating care plans.</p>
How do providers submit documents to SWMBH?	<p>Health Home Partners who have access to the WSA will submit all paperwork through the WSA.</p> <p>Health Home Partners who do not have access to the WSA must submit all documentation through SWMBH's SmartCare system.</p>
What is the time frame and process for getting an individual registered into Opioid Health Home?	<p>Initial paperwork must be submitted for beneficiary to be enrolled in OHH. Initial paperwork includes:</p> <ul style="list-style-type: none"> • MDHHS 5515 Consent to Share Behavioral Health Information for Care Coordination Purposes • Opioid Health Home Program Enrollment Consent to Treatment form • Treatment Needs Questionnaire screening tool • Biopsychosocial assessment <p>OHH Care Plan must be submitted within 30 days of enrollment date.</p>
How is a provider notified when an enrollment has been processed?	<p>Health Home Partners who have access to the WSA will be notified through the WSA system when an enrollment has been processed.</p> <p>Health Home Partners who do not have access to the WSA will be notified via email when enrollments are completed.</p>
What services are considered as an OHH encounter?	<p>As seen in the OHH Handbook under section 1.3 OHH Services: <i>"OHH services will provide integrated, person-centered, and comprehensive care to eligible beneficiaries to successfully address the complexity of comorbid physical and behavioral health conditions."</i></p> <p>OHH services must be tied to one of the six categories described in the handbook (care management, care coordination, individual and family support, health promotion, comprehensive transitional care, and referral to community and social supports) and payments are intended to cover services not otherwise covered by other funding sources or other Medicaid reimbursement mechanisms. If a service can be billed through Medicaid, then it cannot be submitted or billed as an OHH encounter.</p>
What are some examples of OHH encounters?	<ul style="list-style-type: none"> • Care coordination with other services providers (primary care, pharmacy, mental health providers, specialists, etc.) • OHH team meetings/case consultations • Entering toxicology screenings • Meetings with clients focused on one of the 6 core services • Coordination with community resources <p>See "Opioid Health Home Encounters" for more information and examples.</p>
What modifiers are used with OHH services and how is this billed?	<p>The specific code requirements for OHH billings are described in the OHH Handbook under <i>Section 4.4 OHH Service Encounter Coding Requirements</i>.</p>

	<ul style="list-style-type: none"> • S0280 HG or S0280 HG:TS should be billed for every valid OHH service delivered in a month. These codes will have a \$0.00 rate attached to them. • S0280 with no modifier should be billed one (1) time per month, when the first valid OHH service is delivered that month. S0280 with no modifier should be billed IN ADDITION to S0280 HG (or HG:TS) for that first service. S0280 with no modifier will be reimbursed at the monthly case rate. <p>Example: First OHH service of the month is delivered 10/01/2020, face to face: bill S0280 AND S0280 HG. For all subsequent OHH services delivered during the month: bill S0280 HG (or HG:TS).</p>
What is the timeframe for entering encounters?	OHH encounters must be submitted within 90 days of providing an OHH service to ensure timely service verification. Providers must submit an encounter code reflecting an OHH service to be paid within a given month. See <i>OHH Handbook Section IV: OHH Payment</i> for more details.
How does someone become disenrolled in the OHH program?	Beneficiaries can choose to voluntarily disenroll from OHH at any time. Administrative reasons for disenrollment include: <ul style="list-style-type: none"> • Client discharges from treatment program • Client moves out of eligible county • Client is no longer eligible for Medicaid • Client is deceased • Client is unresponsive for 6 months See <i>OHH Handbook Section 3.3 Beneficiary Disenrollment</i> for more details.
If an individual is discharged from OHH services, what is the effective date of their OHH disenrollment?	The disenrollment date for OHH is the last day of the month of their last OHH service.
Can OHH services be billed while a beneficiary is in residential care?	Yes. OHH services can be billed while a beneficiary is in residential treatment, if appropriate. Medicaid billing cannot be duplicated.
What reports are available?	The WSA provides a multitude of reports available for LEs and HHPs, including: <ul style="list-style-type: none"> • Beneficiary Roster (can be separated by HHP and County): lists all beneficiaries in OHH • Health Plan: lists beneficiaries by health plan • Outreach Assist: lists beneficiaries with “potential enrollee” • Potential Disenrollment: lists beneficiaries with potential disenrollment for a given month • Print More Info: displays demographic, count and case information for a given Case ID • Z Codes: lists beneficiaries by Z-codes
Who do I contact with questions about OHH that are not listed here?	Please submit all OHH-related questions to SWMBH’s OHH Coordinator.