



# Michigan's Behavioral & Opioid Health Homes

Behavioral Health and Developmental Disabilities Administration (BHDDA)  
Michigan Department of Health and Human Services (MDHHS)

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# Agenda

Medicaid Health Home Overview

Why Health Homes?

Michigan's Behavioral and Opioid Health Homes

- Overview
- Delivery System Infrastructure
- Multidisciplinary Staffing Requirements
- Enrollment and Payment

Outcomes

Expansion

Questions?



# Health Homes 101

- Medicaid “Health Homes” are an optional State Plan benefit authorized under Section 1945 of the US Social Security Act
- Purpose:
  - Coordinate care for Medicaid beneficiaries with serious and complex chronic conditions
  - Serve the “whole-person” by integrating and coordinating physical, behavioral, and social services
  - Provide state flexibility to create innovative delivery and payment models
  - Afford sustainable reimbursement to affect the social determinants of health
- Requirements:
  - Target populations by condition(s), geography, and provide the following services:
    - Comprehensive care management
    - Care coordination
    - Health promotion
    - Comprehensive transitional care and follow-up
    - Individual and family support
    - Referral to community social services
- Goals:
  - Integrate care, generate cost-efficiencies, and increase health status
- Health Homes provide an enhanced 90% federal match for 8 quarters (10 quarters for Substance Use Disorder Health Homes)

# Why Health Homes?

- **Need for behavioral and physical health integration**
  - Nearly 70 percent of adults with a mental health disorder have a comorbid physical health condition<sup>1</sup>
  - Translates into costly health care in the form emergency department and inpatient psychiatric hospital visits
  - Distinct Medicaid delivery systems present barriers to care without proper coordination
- **Need for greater access to services**
  - Over 4.2 million Michiganders live in a federally designated Mental Health Professional Shortage Area<sup>2</sup>
  - Half of Michigan Medicaid beneficiaries have untreated mental illness; nearly 70 percent have an untreated substance use disorder<sup>3</sup>
- **Need to improve health outcomes**
  - People with SMI die 10-25 years earlier than their counterparts<sup>4</sup>
  - Michigan has a higher suicide rate than the national<sup>5</sup> (15.1 vs. 14.2 deaths per 100,000)
  - Michigan has experienced a greater increase in suicide than the nation since 1999 (33% vs. 25%)
  - Michigan has a higher opioid overdose death rate than the nation<sup>6</sup> (20.8 vs. 14.6 deaths per 100,000)
- **Need to increase economic stability**
  - The cost of lost productivity due to premature death or employment instability is roughly \$193 billion annually (\$6 billion for Michigan, specifically)
  - Health Homes afford significant cost-efficiencies to States

1) Robert Wood Johnson Foundation (2011). Mental disorders and medical comorbidity. Retrieved from: <https://www.nrhi.org/uploads/rwjf69438.pdf>.

2) US Health Resources and Services Administration (2020). Mental Health HPSA Data.

3) Altarum (2019). Access to Behavioral Health Care in Michigan, Results for the Medicaid-enrolled Population. Retrieved from: [https://altarum.org/sites/default/files/uploaded-publication-files/Altarum\\_Behavioral-Health-Access\\_Brief\\_Medicaid.pdf](https://altarum.org/sites/default/files/uploaded-publication-files/Altarum_Behavioral-Health-Access_Brief_Medicaid.pdf).

4) World Health Organization (2020). Premature death among people with severe mental disorders. Retrieved from: [https://www.who.int/mental\\_health/management/info\\_sheet.pdf](https://www.who.int/mental_health/management/info_sheet.pdf).

5) American Foundation for Suicide Prevention (2018). Suicide Statistics. Retrieved from: <https://afsp.org/suicide-statistics/>.

6) Kaiser Family Foundation (2020). 2018 Opioid Overdose Death Rates (Age-Adjusted). Retrieved from: [https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Opioid%20Overdose%20Death%20Rate%20\(Age-Adjusted\)%22,%22sort%22:%22desc%22%7D](https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Opioid%20Overdose%20Death%20Rate%20(Age-Adjusted)%22,%22sort%22:%22desc%22%7D).

# Michigan's Behavioral and Opioid Health Homes (current)

## Behavioral Health Home (began 2014):

### Target Population:

- Medicaid beneficiaries with a select Serious Mental Illness/Serious Emotional Disturbance (SMI/SED)

### Geography

- PIHP Region 2 (Grand Traverse and Manistee Counties); Washtenaw County (2014-2017)

### Goals

- Improve care management of beneficiaries with SMI/SED
- Improve care coordination between physical and behavioral health care services
- Improve care transitions between primary, specialty, and inpatient settings of care

### Enrollment

- 800 enrollees at peak (100 current\*)

## Opioid Health Home (began 2018):

### Target Population:

- Medicaid beneficiaries with an Opioid Use Disorder (OUD)

### Geography

- PIHP Region 2 (21 northernmost counties in Michigan's lower peninsula)

### Goals

- Improve access to Medication Assisted Treatment and integrated physical, behavioral, and recovery-oriented services
- Decrease opioid overdose deaths
- Decrease opioid-related hospitalizations

### Enrollment

- Over 400 enrollees and growing

# Michigan's Behavioral and Opioid Health Home Structure – Delivery System and Key Players

- Both Health Homes transcend Michigan's Medicaid delivery systems by utilizing a combination of specialty behavioral health and physical health providers
- Both Health Homes comprised of a Lead Entity (LE) and their contracted Health Home Partners (HHPs)
  - Lead Entity (Prepaid Inpatient Health Plan [PIHP])
    - Managed care entity
    - High-level care coordination
    - Enrollment
    - Payment
  - Health Home Partners (HHPs)
    - Community Mental Health Services Programs (CMHSPs)
    - Federally Qualified Health Centers (FQHCs)
    - Hospital-based clinical practices
    - Opioid Treatment Programs (OTPs)
    - Rural Health Clinics (RHCs)
    - SUD Treatment and Recovery Service Providers
    - Tribal Health Centers (THCs)
- LEs and HHPs must meet robust requirements specified by MDHHS in the federally approved State Plan Amendment, Policy, and Handbook

# Michigan's Behavioral and Opioid Health Home Structure – Staffing Requirements

- Both Health Homes must directly provide or contract to provide a multidisciplinary care team comprised of physical and behavioral health providers, including the following staffing structure:
  - Health Home Director
  - Nurse Care Manager
  - Behavioral Health Specialist
  - Peer Recovery Coach or Community Health Worker or Medical Assistant
  - Consulting Primary Care Provider
  - Consulting Psychiatrist/Psychologist
  - Other Providers or Support Professionals as Required
- Both Health Homes have specific beneficiary-to-staff ratio requirements

# Michigan's Behavioral and Opioid Health Home Structure – Enrollment and Payment

- **Enrollment Process (two-pronged approach)**

- 1) LE Enrollment

- 2) Provider Recommended Enrollment

- Must collect signed MDHHS-5515 consent to share beneficiary information for full enrollment

- **Payment Process**

- Standard Payments

- MDHHS provides a monthly case rate to the LE; LE reimburses HHPs

- Performance-Based Payments (two-tiered)

- 1) LE may employ Value Based Purchasing with their HHPs

- 2) MDHHS will issue a performance payment based on core metrics



# Outcomes

- **Federally Required Core Health Home Metrics**
  - Behavioral Health Home enrollees showed greater cost reductions than both control groups
  - Increased 7-day follow-up appointments after hospitalization
  - Decreased inpatient hospitalization
  - Decreased inpatient hospital length of stay
  - Decreased hospital readmissions
  - Increased screenings for adult body mass
  - Increased initiation and engagement of alcohol or other drug dependence treatment
- **Delivery System Transformation and Behavioral Health Integration**
  - Transcend traditional barriers to integrated care by infusing providers from Michigan's physical and specialty behavioral health delivery systems
  - Increased communication between systems of care resulting in greater care coordination
  - Utilizes an innovative payment model including a bundled case rate and value-based payments



# Expansion of Both Health Homes for FY21

- **Behavioral Health Home**

- PIHP Region 1 (the upper peninsula)
- PIHP Region 2 (the remaining 19 of the 21 northernmost counties in the lower peninsula)
- PIHP Region 8 (Oakland County)

- **Opioid Health Home**

- PIHP Region 1 (the upper peninsula)
- PIHP Region 4 (Calhoun and Kalamazoo Counties)
- PIHP Region 9 (Macomb County)

- **Projected Expansion Impact**

- Added to current Health Home regions, it is *conservatively* projected that when fully implemented the Behavioral Health Home will serve up to 20,000 beneficiaries and the Opioid Health Home will serve up to 5,000 beneficiaries
- Projected cost-efficiencies



## Health Home Resources

- **Michigan's Opioid Health Home Website:**
  - [www.Michigan.gov/ohh](http://www.Michigan.gov/ohh)
- **Michigan's Behavioral Health Home Website:**
  - [www.Michigan.gov/bhh](http://www.Michigan.gov/bhh)
- **Northern Michigan Regional Entity's Opioid Health Home Website:**
  - <https://www.nmre.org/opioid-health-home/>
- **Federal Health Home Website:**
  - <https://www.medicare.gov/medicaid/long-term-services-supports/health-homes/index.html>



## Questions?

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