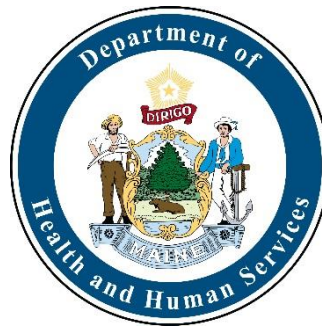


Opioid Health Home (OHH) Update

Olivia Alford
March 13, 2019




OHH Basics

- OHHs provide team-based Integrated Medication Assisted Treatment (IMAT) for individuals with Opioid Use Disorder (OUD).
- OHH is one type of MaineCare covered service for members with OUD.
- DHHS also funds OHH services for uninsured individuals.



MaineCare Benefits, Manual Chapter II,
Section 93, Opioid Health Home Services

OHH Rulemaking History

Original Emergency Rule Adopted	April 2017
Rule Adopted (Routine Rulemaking)	July 2017
Emergency Rule Adopted	November 2018
 Rule Adopted (Routine Rulemaking)	March 2019 (Expected)

Comments in this latest round of rulemaking included:

- Requests for additional flexibilities to program requirements
- Requests for clarification on prescriber/medication requirements
- Suggestions for edits to team member functions and training requirements
- Comments and suggestions around the counseling requirements
- Comments about the need for model evaluation with stakeholder input
- Other minor language edits and clarifications

Please see the MaineCare website for a full summary of comments and the Department's responses: <http://www.maine.gov/dhhs/oms/rules/adopted.shtml>

Governor Mills' Executive Order

Governor Mills' Executive Order to Implement Immediate Response to Maine's Opioid Epidemic called for a review of OHH rules and reimbursement to determine if it is the best model for serving MaineCare members with OUD.

After review of the pending rule, it was determined that the rulemaking should proceed, primarily because:

- Changes were informed by stakeholder engagement
- Changes provide greater flexibility in the model
- Changes improve access to treatment
- A substantial number of organizations have invested in the model

The Governor's Office and DHHS commit to continuing evaluation of the model, including:

- Impact of program requirements, such as staffing and services, on program adoption across settings and provider types (especially smaller practices)
- Program effectiveness
- Program reach
- Overall comparison to other models such as Vermont's hub and spoke system

OHH Services & Reimbursement

OHH services are reimbursed through bundled Per Member Per Month (PMPM) payments, which vary based on clinical phase of treatment, service delivery model, and service intensity. OHH services include:

- Office visit(s) with the MAT prescriber
- Counseling to address opioid dependency
- Urine drug screening (new to bundle)
- Medication (billed separately)
- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support service
- Referral to community and social support services

MaineCare Benefits, Manual Chapter II, Section 93, Opioid Health Home Services

OHH Services & Reimbursement

	IOP induction	Induction (non-IOP)	Stabilization	Maintenance
MAT prescriber visit	Minimum of 1 visit/month			
Prescription	Month supply via a prescription or dispensing (billed separately and in accordance with the MaineCare Preferred Drug List and Section 80)			
Urine drug screening	In compliance with Section 55, Laboratory Services, and Section 80, Pharmacy Services, of the MBM			
“Health Home services”	Minimum 1 service per month			
Counseling	In accordance with MBM, Section 65	Minimum of 1 hour, weekly	Minimum of 1 hour, bi-weekly	Minimum of 1 hour, monthly
PMPM if providing full set of Health Home services	\$2,217.76	\$1,045.01	\$1,045.01	\$662.68
PMPM if member receives coordinated case management outside of OHH (e.g. BHH)	\$1,963.45	\$790.70	\$790.70	\$408.37

OHH Staffing Requirements

Staff requirements:

- Clinical team lead*
- MAT prescriber*
- Nurse care manager*†
- Opioid dependency clinical counselor* †
- Peer recovery coach
- Patient Navigator*†

*With the rule change, individuals may serve multiple roles when appropriate, including the nurse care manager.

† Training requirements, qualifications, or functions have been amended for these roles, including allowing an MHRT/C with one year of related experience to be the patient navigator.

Other Changes

- Amending requirement for an OHH to have an Electronic Health Record (EHR) for each member to allow provider flexibility in meeting OHH requirements.
- No longer stating a preference for a substance use licensure to ensure primary care providers and others are not dissuaded from becoming OHHs.
- Clarifying duration of counseling requirements.
- Requiring a signature on the plan of care.
- Clarifying language regarding PMP requirements for sites that dispense medication.
- Adding language allowing providers to attest for 15 days of service to assist with rapid entry into services.

Please see full description of rule changes, when posted, on the MaineCare website: <http://www.maine.gov/dhhs/oms/rules/adopted.shtml>

OHH Organizations

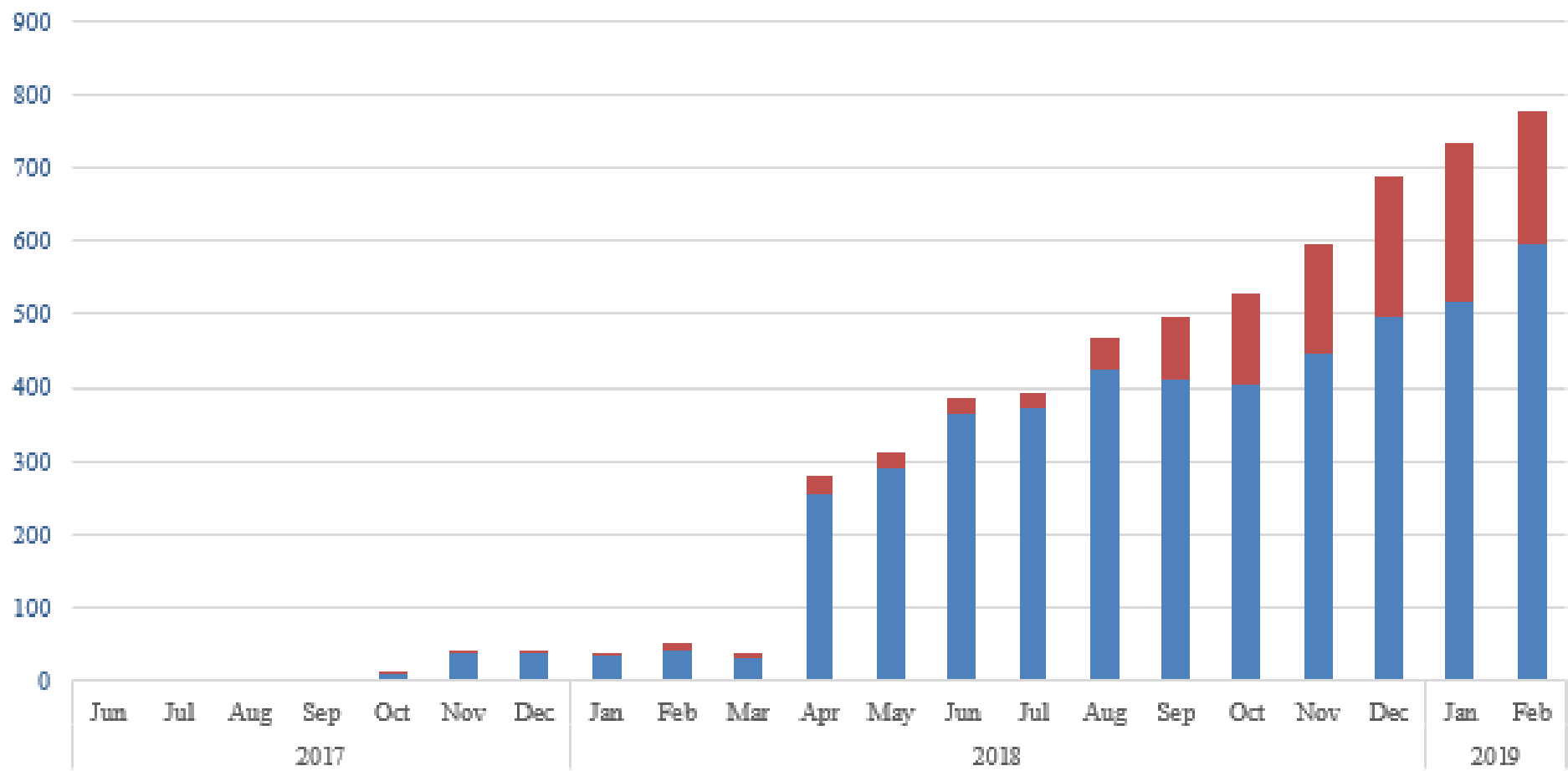
AngelZ	Maine Medical Partners (6)
Addiction Specialists, PC	McGeachey Hall
Aroostook Mental Health Center (2)	Northern Light Acadia Healthcare
Boothbay Regional Health Center	PCHC Hope House (2)
Catholic Charities	Pen Bay Family Medicine
Discovery House (4)	SequelCare of Maine
ENSO Recovery (2)	SMART Child and Family Services (2)
Groups (9)	Spurwink
Greater Portland Health (3)	Tri-County Mental Health (2)
Health Care Resource Centers	Waldo County Medical Partners (2)
Lincoln Medical Partners (3)	Wiscasset Family Health

For the most up-to-date listing of locations, please visit
<https://www.maine.gov/dhhs/oms/vbp/opioid-health-homes.shtml>

OHH Service Utilization

Opioid Health Homes Member and Uninsured Enrollment

■ Opioid Health Home Member Attestations ■ Opioid Health Home Uninsured Client Attestations



Questions?

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