

# MI - Submission Package - MI2025MS0003O - (MI-25-1501) - Health Homes

Summary   Reviewable Units   News   Related Actions

CMS-10434 OMB 0938-1188

## Package Information

**Package ID** MI2025MS0003O  
**Program Name** Opioid Health Home  
**SPA ID** MI-25-1501  
**Version Number** 1  
**Submitted By** Erin Black

**Submission Type** Official  
**State** MI  
**Region** Chicago, IL  
**Package Status** Submitted  
**Submission Date** 9/25/2025  
**Regulatory Clock** 90 days remain  
**Review Status** Review 1

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2025MS0003O | MI-25-1501 | Opioid Health Home

## Package Header

|                              |               |                         |            |
|------------------------------|---------------|-------------------------|------------|
| Package ID                   | MI2025MS0003O | SPA ID                  | MI-25-1501 |
| Submission Type              | Official      | Initial Submission Date | 9/25/2025  |
| Approval Date                | N/A           | Effective Date          | N/A        |
| Superseded SPA ID            | N/A           |                         |            |
| Reviewable Unit Instructions |               |                         |            |

## State Information

|                       |          |                       |  |
|-----------------------|----------|-----------------------|--|
| State/Territory Name: | Michigan | Medicaid Agency Name: | Michigan Department of Health and Human Services |
|-----------------------|----------|-----------------------|--|

## Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

# Submission - Summary

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| <b>Submission Type</b>              | Official      | <b>Initial Submission Date</b> | 9/25/2025  |
| <b>Approval Date</b>                | N/A           | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b>            | N/A           |                                |            |
| <b>Reviewable Unit Instructions</b> |               |                                |            |

## SPA ID and Effective Date

**SPA ID** MI-25-1501

| Reviewable Unit                        | Proposed Effective Date | Superseded SPA ID |
|--|-------------------------|-------------------|
| 1945 Health Home Intro                 | 10/1/2025               | MI-24-1501        |
| 1945 Health Home Providers             | 10/1/2025               | MI-24-1501        |
| 1945 Health Home Payment Methodologies | 10/1/2025               | MI-24-1501        |

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## Executive Summary

|  |   |
|--|---|
| Summary Description Including Goals and Objectives | The Michigan Department of Health & Human Services (MDHHS) is seeking approval from the Centers for Medicare and Medicaid Services to revise the current Substance Use Disorder Health Home (SUDHH) State Plan Amendment (SPA). This revision aims to add an addictionologist to the health home staffing structure along with adjusting the FTE to the Peer Recovery Coach and Community Health Worker line item. This update will reflect current roles and responsibilities in the model. MDHHS is planning to adjust the current Case Rate based on the added roles and responsibilities for the SUDHH. |
|--|---|

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

|        | Federal Fiscal Year | Amount    |
|--------|---------------------|-----------|
| First  | 2026                | \$1891100 |
| Second | 2027                | \$2094500 |

### Federal Statute / Regulation Citation

Section 1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

| Name               | Date Created |  |
|--------------------|--------------|--|
| No items available |              |  |

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Reviewable Unit Instructions

## Governor's Office Review

- ☐ No comment

☐ Comments received

☐ No response within 45 days

☒ Other
- Describe**

Meghan E. Groen  
Chief Deputy Director  
Health Services

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | MI2025MS0003O | MI-25-1501 | Opioid Health Home

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☐ Administration
- ☐ Eligibility
- ☒ Benefits and Payments
- ☒ 1945 Health Home Program

Do not use "Create New 1945 Health Home Program" to amend an existing 1945 Health Home program. Instead, use "Amend existing 1945 Health Home program," below.

- ☐ Create new 1945 Health Home program
- ☒ Amend existing 1945 Health Home program
- ☐ Terminate existing 1945 Health Home program

Opioid Health Home

## 1945 Health Home SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

\*

| <input type="checkbox"/>            | Reviewable Unit Name  | Included in Another Source Type Submission Package |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | Health Homes Intro  | <div></div> APPROVED                               |
| <input type="checkbox"/>            | Health Homes Geographic Limitations                         | <div></div> APPROVED                               |
| <input type="checkbox"/>            | Health Homes Population and Enrollment Criteria             | <div></div> APPROVED                               |
| <input checked="" type="checkbox"/> | Health Homes Providers                                      | <div></div> APPROVED                               |
| <input type="checkbox"/>            | Health Homes Service Delivery Systems                       | <div></div> APPROVED                               |
| <input checked="" type="checkbox"/> | Health Homes Payment Methodologies                          | <div></div> APPROVED                               |
| <input type="checkbox"/>            | Health Homes Services                                       | <div></div> APPROVED                               |
| <input type="checkbox"/>            | Health Homes Monitoring, Quality Measurement and Evaluation | <div></div> APPROVED                               |

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☐ 1945A Health Home Program

# Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | MI2025MS0003O | MI-25-1501 | Opioid Health Home

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### Reviewable Unit Instructions

#### Name of 1945 Health Home Program

Opioid Health Home

☐ Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

#### Upload copies of public notices and other documents used

| Name  | Date Created          |   |
|---|-----------------------|---|
| <a href="#">PUBLIC NOTICE SUD Health Home</a> | 9/15/2025 5:26 PM EDT |  |

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | MI2025MS0003O | MI-25-1501 | Opioid Health Home

## Package Header

Package ID MI2025MS0003O  
Submission Type Official  
Approval Date N/A  
Superseded SPA ID N/A

SPA ID MI-25-1501  
Initial Submission Date 9/25/2025  
Effective Date N/A

### Reviewable Unit Instructions

#### Name of 1945 Health Home Program:

Opioid Health Home

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- ☒ Yes  
☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- ☒ Yes  
☐ No

☐ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

#### Solicitation of advice and/or Tribal consultation was conducted in the following manner:


- ☐ All Indian Health Programs  
☐ All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- ☐ All Indian Tribes

| Date of consultation: | Method of consultation:                                      |
|-----------------------|--|
| 7/21/2025             | Letter of Notification to Tribal Chairs and Health Directors |

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

| Name                                    | Date Created          |   |
|---|-----------------------|---|
| <a href="#">Numbered Letter L 25-38</a> | 9/16/2025 3:06 PM EDT |  |

#### Indicate the key issues raised (optional)

- ☐ Access  
☐ Quality  
☐ Cost  
☐ Payment methodology  
☐ Eligibility  
☐ Benefits  
☐ Service delivery  
☐ Other issue



# Submission - Other Comment

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### Reviewable Unit Instructions

## SAMHSA Consultation

### Name of 1945 Health Home Program

Opioid Health Home

☐ The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

| Date of consultation |
|----------------------|
| 4/26/2018            |

# 1945 Health Home Intro

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|                   | System-Derived |                         |            |

### Reviewable Unit Instructions

## Program Authority

1945 of the Social Security Act  
The state elects to implement the Health Home state plan option under Section 1945 of the Social Security Act.

### Name of 1945 Health Home Program

Opioid Health Home

## Executive Summary

**Provide an executive summary of this Health Home program including the goals and objectives of the program, the population, providers, services and service delivery model used**

The Michigan Department of Health & Human Services (MDHHS) is seeking approval from the Centers for Medicare and Medicaid Services to revise the current Substance Use Disorder Health Home (SUDHH) State Plan Amendment (SPA). This revision aims to add an addictionologist to the health home staffing structure along with adjusting the FTE to the Peer Recovery Coach and Community Health Worker line item. This update will reflect current roles and responsibilities in the model. MDHHS is planning to adjust the current Case Rate based on the added roles and responsibilities for the SUDHH.

Michigan has five overarching goals for the SUD-HH program: 1) improve care management of beneficiaries including MOUD and medications for alcohol use disorder; 2) improve care coordination between physical and behavioral health care services; 3) improve care transitions between primary, specialty, and inpatient settings of care; 4) improve coordination to dental care; 5) educate on fetal alcohol spectrum disorders.

## General Assurances

- ☐ The state provides assurance that eligible individuals will be given a free choice of Health Home providers.
- ☐ The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Home services.
- ☐ The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Home providers.
- ☐ The state provides assurance that FMAP for 1945 Health Home services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- ☐ The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health home enrollee will be claimed.
- ☐ The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

# 1945 Health Home Providers

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Reviewable Unit Instructions

## Types of Health Home Providers

☐ Designated Providers

Indicate the Health Home Designated Providers the state includes in its program and the provider qualifications and standards

- ☐ Physicians
- ☐ Clinical Practices or Clinical Group Practices
- ☐ Rural Health Clinics
- ☐ Community Health Centers
- ☐ Community Mental Health Centers
- ☐ Home Health Agencies
- ☐ Case Management Agencies
- ☐ Community/Behavioral Health Agencies
- ☐ Federally Qualified Health Centers (FQHC)
- ☐ Other (Specify)

| Provider Type    | Description  |
|------------------|--|
| Lead Entity (LE) | <ul style="list-style-type: none"><li>Be a regional entity as defined in Michigan's Mental Health Code (330.1204b).</li><li>Be an MDHHS department-designated community mental health entity who may contract for and spend funds for the prevention of substance use disorder and for the counseling and treatment of individuals with substance use disorder, as defined in Michigan's Mental Health Code (Michigan Codified Law 330.1269).</li><li>Have authority to access Michigan Medicaid claims and encounter data for the OHH target population.</li><li>Have authority to access Michigan's WSA and CareConnect360.</li><li>Must have the capacity to evaluate, select, and support providers who meet the standards for HHPs, including:<ul style="list-style-type: none"><li>Identification of providers who meet the HHP standards</li><li>Provision of infrastructure to support HHPs in care coordination</li><li>Collecting and sharing member-level information regarding health care utilization and medications</li><li>Providing quality outcome</li></ul></li></ul> |

| Provider Type             | Description   |
|---------------------------|---|
| Health Home Partner (HHP) | <p>protocols to assess HHP effectiveness</p> <ul style="list-style-type: none"> <li>• Developing training and technical assistance activities that will support HHPs in effective delivery of HH services</li> <li>• Must maintain a network of providers that support the HHPs to service beneficiaries with an opioid use disorder.</li> </ul><br><ul style="list-style-type: none"> <li>• Enroll or be enrolled in Michigan Medicaid and agree to comply with all Michigan Medicaid program requirements.</li> <li>• Must meet applicable Federal and State licensing standards in addition to Medicaid provider certification and enrollment requirements as one of the following: <ul style="list-style-type: none"> <li>o Community Mental Health Services Program (Community Mental Health Center)</li> <li>o Federally Qualified Health Center/Primary Care Safety Net Clinic</li> <li>o Hospital based Physician Group</li> <li>o Opioid Treatment Program</li> <li>o Physician based Clinic</li> <li>o Physician or Physician Practice</li> <li>o Rural Health Clinics</li> <li>o Substance Use Disorder</li> </ul> </li> <li>• Provider other than Opioid Treatment Program <ul style="list-style-type: none"> <li>o Tribal Health Center</li> </ul> </li> </ul> |

# 1945 Health Home Providers

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### Reviewable Unit Instructions

- ☐ Teams of Health Care Professionals
- ☐ Health Teams

# 1945 Health Home Providers

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### Reviewable Unit Instructions

## Provider Infrastructure

### Describe the infrastructure of provider arrangements for Health Home Services

The LE will be responsible for recruiting health homes partners that provide an array of MOUD options, including Opioid Treatment Programs (OTPs) and Office-based Opioid Treatment providers (OBOTs). OTPs must meet all state and federal licensing requirements of an OTP. OBOT providers must attain the proper federal credentials from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Agency (DEA) to provide MOUD. The following represents the care team requirement per 100 enrollees:

- Health Home Director (0.25 FTE)
- Behavioral Health Specialist (0.25 FTE)
- Nurse Care Manager (1.00 FTE)
- Peer Recovery Coach, Community Health Worker (3.00-4.00 FTE)
- Medical Consultant (0.10 FTE)
- Addictionologist Medical Physician Consultant (0.10 FTE)
- Psychiatric Consultant (0.05 FTE)

All providers referenced above must meet the following criteria:

#### Health Home Director

- Must have professional working experience relative to Substance Use Disorders with leadership experience in care management and coordination activities

#### Behavioral Health Specialist

- Must have a minimum of a Bachelor's Degree from an accredited four year institution of higher learning, with specialization in psychology, mental health and human services, behavioral health, behavioral sciences, social work, human development, special education, counseling, rehabilitation, sociology, nursing, or closely related field; OR who has a Bachelor's Degree from an accredited four year educational institution in an unrelated field and at least one year of full-time equivalent relevant human services experience; OR a who has Master's Degree in social work, education, psychology, counseling, nursing, or closely related field from an accredited graduate

#### Nurse Care Manager

- Must be a licensed registered nurse or licensed practical nurse in Michigan with relevant experience

#### Peer Recovery Coach, Community Health Worker

- Must obtain appropriate certification/training

#### Medical Consultant

- Must be a primary care physician, physician's assistant, or nurse practitioner

#### Addictionologist Medical Physician Consultant

- Must be certified in addiction psychiatry or addiction medicine by a recognized board of the American Board of Medical Specialties, including the American Board of Psychiatry and Neurology or the American Board of Preventive Medicine or have held a prior certification by the American Board of Addiction Medicine. Additionally, received 30 hours of continuing medical education and training accredited by the Accrediting Council for Continuing Medical Education within 1 year after the date of hire in addiction psychiatry or addiction medicine through continuing medical education offered by the American Board of Medical Specialties, American Board of Preventative Medicine, American Society of Addiction Medicine, American Academy of Addiction Psychiatry, American Association for Treatment of Opioid Dependence, American Association of Osteopathic Addiction Medicine, the Michigan counterparts of these organizations, or other national or state programs acknowledged and accepted by the department.

#### Psychiatric Consultant

- Must be a licensed psychologist, psychiatrist, psychiatric nurse practitioner (can be off-site)

In addition to the above Required Provider Infrastructure Requirements, eligible OHH providers should coordinate care with the following professions:

- Dentist
- Dietician/Nutritionist
- Pharmacist
- Peer support specialist
- Diabetes educator
- School personnel
- Others as appropriate

## Supports for Health Home Providers

## Describe the methods by which the state will support providers of Health Home services in addressing the following components

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family- centered Health Home services
2. Coordinate and provide access to high quality health care services informed by evidence-based clinical practice guidelines
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders
4. Coordinate and provide access to mental health and substance use disorder services
5. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care
6. Coordinate and provide access to chronic disease management, including self-management support to individuals and their families
7. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services
8. Coordinate and provide access to long-term care supports and services
9. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services
10. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate
11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level

### Description

Participating sites must adhere to the State's provider qualifications and standards in order to maintain active status. These standards include the eleven key components for providers listed above. All Health Homes must participate in State-sponsored activities designed to support approved sites in transforming services delivery. This includes a mandatory Health Home orientation for the designated providers and clinical support staff before the program is officially implemented. The orientation will include all HHPs and include detailed training on program expectations to ensure provider readiness. Ongoing technical assistance will be made available through additional trainings and webinars after implementation. Individual assistance will be provided on an as needed basis by state or contractual staff. The state also anticipates forming Health Home workgroups and listserv forums for Health Home administrators and staff to communicate amongst each other and share best practices, solutions to potential service barriers or issues, monitoring and performance reporting concerns, and other needs. In addition, the state intends to develop and update a program specific website with provider resources and forms. The state will also serve as a resource, as needed, to connect providers to applicable state and local programs that would aid in the overall needs and goals of the Health Home beneficiary.

## Other Health Home Provider Standards

### The state's requirements and expectations for Health Home providers are as follows

The State's minimum requirements and expectations for Health Homes providers are as follows:


The Michigan SUD-HH Lead Entity must:

1. Be a regional entity as defined in Michigan's Mental Health Code (330.1204b).
2. Be an MDHHS department-designated community mental health entity who may contract for and spend funds for the prevention of substance use disorder and for the counseling and treatment of individuals with substance use disorder, as defined in Michigan's Mental Health Code (Michigan Codified Law 330.1269).
3. Have authority to access Michigan Medicaid claims and encounter data for the SUD-HH target population.
4. Must have the capacity to evaluate, select, and support providers who meet the standards for HHPs, including:
  - a. Identification of providers who meet the HHP standards
  - b. Provision of infrastructure to support HHPs in care coordination
  - c. Collecting and sharing member-level information regarding health care utilization and medications
    - i. Providing quality outcome protocols to assess HHP effectiveness
    - ii. Developing training and technical assistance activities that will support HHPs in effective delivery of health home services
5. Must maintain a network of providers that support the HHPs to service beneficiaries with an opioid use disorder.
6. Must pay providers directly on behalf of the State for the SUD-HH Program at the State defined rate.
7. The LE must be contracted with MDHHS to execute the enrollment, payment, and administration of the SUD-HH with providers; MDHHS will retain overall oversight and direct administration of the LE; The LE will also serve as part of the Health Homes team by providing care management and care coordination services.

The Lead Entity and the Health Home Partner jointly must:

1. HHPs must be enrolled in the Michigan Medicaid program and in compliance with all applicable program policies
2. HHPs must enroll and execute any necessary agreement(s)/contract(s) with the LE; HHPs must also sign the MDHHS-5745 with MDHHS
3. HHPs must adhere to all federal and state laws regarding Section 2703 Health Homes recognition/certification, including the capacity to perform all core services specified by CMS. Providers shall meet the following recognition/certification standards:
  - a. Achieve Patient Centered Medical Home (PCMH) from national recognizing body (NCQA, AAAHC, JC, CARF) before the SUD-HH becomes operational. PCMH application can be pending at the time of implementation. In the absence of accreditation from a national recognizing body (health home, PCMH, or integrated care), the LE may verify that an HHP meets standards to provide health home services parallel to those required for accreditation. The LE must establish and utilize a template for HHPs that aligns with SUDHH Partner Standards Document, SUDHH Handbook, SPA, and policy. MDHHS has the right to review all templates created by the LE quality assurance and compliance purposes.
  - b. Achieve CMS Stage 2 Meaningful Use (can be in-progress at the time of implementation).
4. Provide 24-hour, seven days a week availability of information, screening for services and emergency consultation services to beneficiaries
5. Ensure access to timely services for enrollees, including seeing enrollees within seven days and 30 days of discharge from an acute care or psychiatric inpatient stay
6. Ensure person-centered and integrated recovery action planning that coordinates and integrates all clinical and non-clinical health care related needs and services
7. Provide quality-driven, cost-effective health home services in a culturally competent manner that addresses health disparities and improves health literacy
8. Utilize the MDHHS-5515 Consent to Share Behavioral Health and Substance Use Disorder Information
9. Demonstrate the ability to perform each of the following functional requirements. This includes documentation of the processes and methods used to execute these functions.
  - a. Coordinate and provide the six core services cited in Section 2703 of the Affordable Care Act
  - b. Coordinate and provide access to high-quality health care services, including recovery services, informed by evidence-based clinical practice guidelines
  - c. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders
  - d. Coordinate and provide access to physical, mental health, and substance use disorder services

- e. Coordinate and provide access to chronic disease management, including self- management support to individuals and their families
  - f. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices as appropriate
  - g. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level
10. Demonstrate the ability to report required data for both state and federal monitoring of the program
11. Ensure Priority Populations as outlined in the LE contract with MDHHS, have priority assess to treatment. Access timeliness standards and interim services requirements for these populations are provided below.

| Name   | Date Created          |   |
|--|-----------------------|---|
| <a href="#">SUDHH Provider Requirements and Expectations V1 (06. 2025)</a> | 9/16/2025 3:21 PM EDT |  |



# 1945 Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MI2025MS0003O | MI-25-1501 | Opioid Health Home

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Reviewable Unit Instructions

## Payment Methodology

The State's Health Home payment methodology will contain the following features

☐ Fee for Service

☐ Individual Rates Per Service

☐ Per Member, Per Month Rates

☐ Fee for Service Rates based on

☐ Severity of each individual's chronic conditions

☐ Capabilities of the team of health care professionals, designated provider, or health team

☐ Other

☐ Comprehensive Methodology Included in the Plan

☐ Incentive Payment Reimbursement

☐ Fee for Service Rates based on

☐ Severity of each individual's chronic conditions

☐ Capabilities of the team of health care professionals, designated provider, or health team

☐ Other

**Describe below**

Pay for Performance (see attached Payment Methodology)

**Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided** See the payment methodology attached.

- ☐ PCCM (description included in Service Delivery section)
- ☐ Risk Based Managed Care (description included in Service Delivery section)
- ☐ Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

# 1945 Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MI2025MS0003O | MI-25-1501 | Opioid Health Home

## Package Header

|                          |                |                                |            |
|--------------------------|----------------|--------------------------------|------------|
| <b>Package ID</b>        | MI2025MS0003O  | <b>SPA ID</b>                  | MI-25-1501 |
| <b>Submission Type</b>   | Official       | <b>Initial Submission Date</b> | 9/25/2025  |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | 10/1/2025  |
| <b>Superseded SPA ID</b> | MI-24-1501     |                                |            |
|                          | System-Derived |                                |            |

Reviewable Unit Instructions

## Agency Rates

### Describe the rates used

- ☒ FFS Rates included in plan
- ☐ Comprehensive methodology included in plan
- ☐ The agency rates are set as of the following date and are effective for services provided on or after that date

# 1945 Health Home Payment Methodologies

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## Package Header

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| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | 10/1/2025  |
| <b>Superseded SPA ID</b> | MI-24-1501     |                                |            |
|                          | System-Derived |                                |            |

Reviewable Unit Instructions

## Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
  - the frequency with which the state will review the rates, and
  - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

**Comprehensive Description** See the payment methodology attached.

# 1945 Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MI2025MS0003O | MI-25-1501 | Opioid Health Home

## Package Header

|                   |                |                         |            |
|-------------------|----------------|-------------------------|------------|
| Package ID        | MI2025MS0003O  | SPA ID                  | MI-25-1501 |
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| Superseded SPA ID | MI-24-1501     |                         |            |
|                   | System-Derived |                         |            |


Reviewable Unit Instructions

## Assurances

- ☐ The State provides assurance that it will ensure non-duplication of payment for services similar to Health Home services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

**Describe below how non-duplication of payment will be achieved**MDHHS has built into its MMIS, the ability to exclude benefit plans that may duplicate and offer payment for similar services provided under Medicaid. MDHHS will utilize this capability to prevent duplication and payment of services provided under other Medicaid authorities.
- ☐ The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).
- ☐ The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.
- ☐ The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

## Optional Supporting Material Upload

| Name                                   | Date Created          |   |
|--|-----------------------|---|
| SUDHH Payment Methodology V1 (06.2025) | 9/16/2025 3:39 PM EDT |  |

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 9/25/2025 3:45 PM EDT*

## **SUDHH Provider Requirements and Expectations**

### **Detailed Requirements and Expectations**

At a minimum, the following care team is required:

#### **Health Home Director (e.g., Lead Entity Care Coordinator)**

The Health Home Director is responsible for but not limited to providing leadership for implementation and coordination of health home activities. Coordinates all enrollment and disenrollments into the health home on behalf of health home partners. Serves as the liaison between the health partners and MDHHS staff. Collects and reports on data evaluating increased coordination of care and chronic disease management for the health home. Monitors Health Home performance and leads quality improvement efforts through training and technical assistance.

#### **Behavioral Health Specialist (e.g., Case Worker, Counselor, or Therapist related degree)**

The Behavioral Health Specialist is responsible for but not limited to screening individuals for mental health and substance use disorders. Referring beneficiaries to a licensed mental health provider and/or licensed and certified SUD therapist as necessary. Conducts brief intervention for individuals' behavioral health needs. Focuses on population management. Works with patients to identify chronic behavior, discuss impact, develop improvement strategies and specific goal-directed interventions. Meets regularly with the care team to plan care and discuss cases and exchanges appropriate information with team members as part of the daily routine of the clinic.

#### **Nurse Care Manager**

The Nurse Care Manager (NCM) is responsible for but not limited to monitoring assessments and screenings to assure findings are integrated in the care plan. Meets regularly with the care team to plan care and discuss cases and exchanges appropriate information with team members. The NCM Communicates with medical providers, subspecialty providers including mental health and substance use service providers, long term care and hospitals regarding records including admission/discharge.

The NCM assists in managing the individual's full array of physical health needs, in addition to behavioral health care needs, taking a "whole person" approach.

- RNs and Licensed Practical Nurses (LPN) are qualified as NCMs.
- Experience working with SUD field is preferred.

#### **Peer Recovery Coach**

The Peer Recovery Coaches (PRC) is responsible for but not limited supporting a beneficiary by assisting and advocating for the beneficiaries they serve in achieving their needs, personal pursuits, and self-directed goals. The PRC will share their lived experiences to inspire hope, encourage change and assist to identify resources and supports that promote recovery. The PRC will meet regularly with the care team to plan care and discuss cases, exchange appropriate information with the care team.

- PRC can be state, CCAR, or MCBAP certified.
  - The state encourages LE/HHPs to assist PRCs to become state certified.

### Community Health Worker

The Community Health Workers (CHW) is responsible for but not limited to serve as a liaison/link/intermediary between social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. The CHW will regularly meet with the care team to plan care and discuss cases, exchange appropriate information with the care team.

- CHW can be state certified or certified through another credentialed body.
  - The state encourages LE/HHPs to assist CHWs to become state certified.

### Medical Consultant (i.e., primary care physician, physician's assistant, or nurse practitioner)

A Medical Consultant is responsible for but not limited to providing medical consultation to assist the care team in the development of the beneficiary's care plan, participate in team huddles when appropriate, and monitor the ongoing physical aspects of care as needed.

### Addictionologist Medical Physician Consultant

An Addictionologist Medical Physician Consultant is responsible for but not limited to developing comprehensive treatment plans than including medical care, behavioral therapies and long-term management strategies. Assist individuals recovering from addiction using evidence-based methods to reduce cravings and withdrawal symptoms.

### Psychiatric Consultant

A Psychiatric Consultant is responsible for communicating treatment methods and expert advice to a Behavioral Health Provider. The care team must have access to a licensed mental health service professional (i.e., psychologist, psychiatrist, psychiatric nurse practitioner) providing psychotherapy consult and treatment plan development services.

NOTE: Any provider could be assigned the "lead" for any patient based on their person- centered plan.

In addition to the above Provider Infrastructure Requirements, eligible HHPs should coordinate care with the following professions when appropriate:

- Dentist
- Dietician/Nutritionist
- Pharmacist
- Peer support specialist
- Diabetes educator
- School personnel
- Others as appropriate

## MDHHS Opioid Health Home (SUDHH) Payment Methodology

### **Overview**

MDHHS will provide a monthly case rate to the LE based on the number of SUDHH beneficiaries with at least one SUDHH service within the month. The LE will reimburse Health Home Partners (HHP) for delivering health home services.

Additionally, MDHHS will employ a pay-for- performance (P4P) incentive that will reward providers based on outcomes. MDHHS will only claim federal match for P4P incentive payments after P4P qualifications have been met and providers have been paid.

### **Rate Workup**

#### Staffing Model

SUDHH payment rates are based on a staffing model per 100 beneficiaries with salary, fringe benefit, and indirect cost information derived from utilizing provider compensation data evaluation of the staffing required to maintain the model SUDHH per 100 enrollees:

#### *Lead Entity (per 100 patients)*

- Health Home Director (0.25 FTE)
- Behavioral Health Specialist (0.25 FTE)
- Nurse Care Manager (1.00 FTE)
- Peer Recovery Coach, Community Health Worker (3.00-4.00 FTE)
- Medical Consultant (0.10 FTE)
- **Addictionologist Medical Physician Consultant (0.10 FTE)**
- Psychiatric Consultant (0.05 FTE)

#### Rate Amounts

The SUDHH payment rates reflect a monthly case rate per SUDHH beneficiary with at least one proper and successful SUDHH service within a given month. The payment for SUDHH services is subject to recoupment from the PIHP if the beneficiary does not receive an SUDHH service during the calendar month. Rates will be effective on or after October 1, 2025. Rate information will be maintained on the MDHHS website at [www.michigan.gov/SUDHH](http://www.michigan.gov/SUDHH). **Rates will be evaluated annually and adjusted as needed, with a minimum rebasing every 3 years.**

#### Substance Use Disorder Health Home Case Rates to Lead Entities

| PMPM            | PMPM with P4P   |
|-----------------|-----------------|
| <b>\$448.01</b> | <b>\$471.59</b> |

Details regarding this structure are as follows:

HHPs must provide at least one SUDHH service within the service month. HHPs must submit the SUDHH service encounter code in addition to any pertinent ICD-10 Z-codes (to indicate the any applicable social determinants of health) to the Lead Entity.

Payment for SUDHH services is dependent on the submission of appropriate service encounter codes. Valid SUDHH encounters must be submitted by HHPs to the LE within 90 days of providing an SUDHH



service to assure timely service verification. The payment for SUDHH services is subject to recoupment from the LE if the beneficiary does not receive an SUDHH service during the calendar month.

**Pay-for-Performance (P4P) vis a vis 5% Withhold**

MDHHS will afford P4P via a 5% performance withhold. The LE must distribute P4P monies to HHPs that meet the quality improvement benchmarks in accordance approved SPA, policy, and the SUDHH Handbook. The State will only claim federal match once it determines quality improvement benchmarks have been met and providers have been paid.

If quality improvement benchmarks are not met by any of the HHPs within a given performance year, the funding will be distributed equally among LE as outlined in the SUDHH Handbook. Subsequent performance years will operate in accordance with this structure.

**Metrics, Assessment, and Distribution**

The methodology for metrics, specifications, and benchmarks will be effective October 1, 2025 and will be maintained on the MDHHS website: [www.michigan.gov/SUDHH](http://www.michigan.gov/SUDHH).

## **Public Notice**

### **Michigan Department of Health and Human Services Health Services**

#### **Substance Use Disorder Health Home (SUDHH) State Plan Amendment Request**

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS). The request includes a SPA to update Michigan's Substance Use Disorder Health Home (SUDHH) provider requirements and payment methodology.

The anticipated effective date for the SUDHH SPA is October 1, 2025.

Through this SPA, MDHHS seeks to update the current payment methodology and provider requirements to add an Addictionologist to the SUDHH Care Team. MDHHS analyzed SUDHH payment rates based on a staffing model per 100 beneficiaries with salary, fringe benefit, and indirect cost information derived from an evaluation of provider compensation and utilization data of the staffing required to maintain the model SUDHH per 100 enrollees. Rates will be effective on or after October 1, 2025. Rate information will be maintained on the MDHHS website at [www.michigan.gov/SUDHH](http://www.michigan.gov/SUDHH). Rates will be evaluated annually and updated as appropriate.

In compliance with 42 CFR § 440.345, individuals under 21 years of age receiving Medicaid benefits will continue to have access to services within the full early and periodic screening, diagnosis, and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act.

The estimated gross cost to the State of Michigan for the SPA is \$2,922,468 per year.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by submitting a request in writing to: MDHHS/ Health Services Administration, Program Policy Division, PO Box 30479, Lansing MI 48909-7979 or e-mail [MSADraftPolicy@michigan.gov](mailto:MSADraftPolicy@michigan.gov) by August 13, 2025. A copy of the proposed SPA will also be available for review at [http://michigan.gov/mdhhs/0,5885,7-339-73970\\_5080-108153--,00.html](http://michigan.gov/mdhhs/0,5885,7-339-73970_5080-108153--,00.html).

**RELEASED:** July 14, 2025



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

July 21, 2025

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Substance Use Disorder Health Home (SUDHH)

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice to all Tribal Chairs and Health Directors of the intent by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS).

MDHHS is seeking approval from CMS to update current Substance Use Disorder Health Home (SUDHH) services. The purpose of this SPA is to update the current payment rates and provider requirements for the SUDHH. MDHHS will add an Addictionologist to the Care Team staff and increase the Peer Recovery Coach and Community Health Worker ratio. The incorporation of additional Care Team staff will enhance the structure of the SUDHH and support improved beneficiary outcomes.

Native American beneficiaries with a qualifying health condition will be eligible to enroll in the program if they wish. Participation is voluntary, and enrolled beneficiaries may opt-out at any time. The proposed SPA update may create additional partnerships within the state and increase beneficiary enrollment opportunities within the SUDHH.

The anticipated effective date of the SPA is October 1, 2025.

There is no public hearing scheduled for this SPA. Input regarding this SPA is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at [Elliott-EganL@michigan.gov](mailto:Elliott-EganL@michigan.gov). **Please provide all input by September 4, 2025.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the SPA, according to the tribe's preference. Consultation meetings allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or

objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

An electronic copy of this letter is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is fluid and cursive, with the first name "Meghan" and last name "Groen" clearly legible.

Meghan E. Groen, Chief Deputy Director  
Health Services

CC: Keri Toback, CMS  
Nancy Grano, CMS  
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan  
Asha Petoskey, Acting Area Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS

**Distribution List for L 25-38**  
**July 21, 2025**

Ms. Whitney Gravelle, President, Bay Mills Indian Community  
Ms. Lucy DeWildt, Health Director, Bay Mills (Ellen Marshall Memorial Center)  
Ms. Sandra Witherspoon, Chairperson, Grand Traverse Band Ottawa & Chippewa Indians  
Ms. Sonya Zotigh, Health Director, Grand Traverse Band Ottawa/Chippewa  
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community  
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center  
Mr. RD Curtis, Tribal President, Keweenaw Bay Indian Community  
Ms. Deanna Foucault, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility  
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians  
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band  
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians  
Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians  
Ms. Regina Gasco, Tribal Chairman, Little Traverse Bay Band of Odawa Indians  
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa  
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)  
Ms. Mallory Horwath, Interim Tribal Council Member, Match-E-Be-Nash-She-Wish Potawatomi  
Ms. Dorie Rios, Tribal Chairperson, Nottawaseppi Huron Band of Potawatomi Indians  
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department  
Mr. Matthew Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians  
Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services  
Mr. Tim Davis, Tribal Chief, Saginaw Chippewa Indian Tribe  
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center  
Mr. Austin Lowes, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians  
Mr. James Benko, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Keri Toback, CMS  
Nancy Grano, CMS  
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan  
Asha Petoskey, Acting Area Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS