FY 26 SUD HH RFI QUESTIONS

Q1. Submitted 10.16.25 by an interested party - Can you help me understand the intent of this work better? Are local health departments able to use any of the funds to help with prevention or is the intent to expand treatment options throughout the region?

A1. LT – Chief Financial Officer - Funds are paid based on a monthly case rate once an actual claim is submitted for the enrolled person. Although MSHN does not track the use of funds, the Pre-paid Inpatient Health Plan (PIHP) strongly encourages providers to re-invest in the Substance Use Disorder Health Home (SUDHH) program. Prevention activities are cost-reimbursed and those expenses should be included in the providers annual plan submission.

LP – Integrated Health Administrator - SUDHH partners provide integrated, person-centered, and comprehensive care to eligible beneficiaries to successfully address the complexity of comorbid physical and behavioral health conditions. The SUDHH must provide the following six core health home services as appropriate for each beneficiary including comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family support, and referral to community and social support services.

Additionally, HH Partners must enroll or be enrolled in Michigan Medicaid and agree to comply with all Michigan Medicaid program requirements. HHPs must also meet applicable Federal and State licensing standards in addition to Medicaid provider certification and enrollment requirements. HHPs considered outside the normal SUD treatment providers may be asked to provide a workflow of how they will be able to fulfil the HH services. Finally, HHPs must fulfill the required functions outlined the SUDHH handbook, including staffing structure and documentation.