Waiting. Oh. OK. Care coordination. Substance use disorder reform was passed during the 2017 legislative session. Substance Use Disorder or SUD reform seeks to transform the service continuum from acute episodic model to a chronic and longitudinal model.

The person-centered changes will seek to provide the right level of service at the right time and treat addictions like other chronic health conditions. New services and the direct access process are part of the reform.

However, prior to implementing the services and direct access process, the state must seek approval from the centers for Medicare and Medicaid which is the Federal agency that must approve the addition of new services to the space benefits set.

The SUD reform legislation includes a legislative directive to DHS to seek this approval. As the state is not able to do this without legislative authority. The timelines for implementation of new services can be found on our website on the link titled, SUD Reform Implementation Timeline.

Individuals with SUD often experience needs in other life areas such as medical, mental health, family, employment, criminal justice, housing and finances. And care coordination addresses these issues concurrently to improve treatment outcome.
Care coordination is a treatment service involving the deliberate collaborative planning of (SUD) services with the clients and other professionals involved in the client’s care.

According to Minnesota statute 254B.05, subdivision 5, paragraph B, clause 3, the reform legislation adds care coordination to the Medicaid benefit set on July one 2018 or upon federal approval, whichever is later. We intend this service to be billable in 15 minute increments and staff credentials to be lower than what is required for other (SUD) treatment services.

Care coordination definition. Care coordination is defined in Minnesota statute 245G.07, subdivision 1, paragraph A, clause 6 and includes seven elements. One, assistance in coordination with significant others to help in the treatment planning process whenever possible.

Two, assistance in coordination with and follow up for medical services as identified in the treatment plan. Three, facilitation of referrals to substance use disorder services as indicated by the client’s medical provider, comprehensive assessment or treatment plan.

Four, facilitation of referrals to mental health services as identified by a client’s comprehensive assessment or treatment plan. Five, assistance with referrals to economic assistance, social services, housing (needs assistance) and prenatal care according to the client’s needs.

Six, life skill advocacy and supporting accessing treatment follow ups, disease management and education services, including referral and linkages to long term services and support as needed.

And lastly, number seven, documentation of the provision of care coordination services in the client’s file. Care coordination and provider qualification. Education and experience requirements are identified in the legislation.

Note. The scope of practice to provide addiction counseling is not required for care coordination. The staff credentials for providing care coordination
are identified in Minnesota statute 245G.11 subdivision seven and are very aligned with the current requirements for rule 25 assessors.

Care coordination must be provided by qualified staff. An individual is qualified to provide care coordination if the individual one, is skilled in the process of identifying and assessing a wide range of client needs.

Two, is knowledgeable about local community resources and how to use those resources for the benefit of the client. Three, has successfully completed 30 hours of classroom instruction on care coordination for an individual with a substance use disorder.

Four, has either a bachelor’s degree in one of the behavioral sciences or related fields or current certification as an alcohol and drug counselor level one by the Upper Midwest Indian Council On Addictive Disorders. And Five, has at least 2,000 hours of supervised experience working with individuals with substance use disorders.

A care coordinator must receive one hour of supervision regarding individual service delivery from an alcohol and drug counselor weekly. Eligible vendors. According to Minnesota statute 254B.05, subdivision 1, paragraph A, SUD program and withdrawal management program are eligible vendor.

In addition, in the same statute in paragraph B, licensed professional and private practice are eligible vendors of care coordination. In paragraph C, it identifies that county are also eligible vendors.

A county is an eligible vendor of care coordination services when provided by an individual who meets the staffing credentials of section 245G.11 subdivision 1 and 7. Timeline. The reform legislation adds care coordination to the Medicaid benefit set on July first, 2018 or upon federal approval, whichever is later. Staying informed.

The alcohol and drug abuse division will be providing implementation, technical assistance and resources for the new services in the 2017 SUD reform legislation through it’s website and by presenting at various
conferences and other events in association. OK. So I recorded it. Are you still there?

Jacob Owens: Yes. Thank you so very much. Thank you so very much, (Amelia).

(Amelia): OK. So I don’t know -- it’ll get sent to you, right because you’re the host? Or you’ll be able to access it somewhere?

Jacob Owens: I think so. And then I will also -- I’ll forward you the audio recording as well.

(Amelia): OK. What do you think? Do you think we need to do it over again? You think it’s OK? I hiccupped a couple times but not (inaudible).

Jacob Owens: It sounds good to me. I’ll forward it to you and then you can email if you liked or not.

(Amelia): OK. I’ll let -- yes, sounds good. I can review and we can take it from there.

Jacob Owens: Thank you, (Amelia). Have a wonderful day.

(Amelia): All right. You too. See you Jacob.

Jacob Owens: (All right. Bye).

(Amelia): Bye.

END