A wide-angle photograph of a sunset over a body of water. The sky is a vibrant orange and red, with a few birds flying in the distance. The water reflects the colors of the sky. On the right side, there is a dark silhouette of a rocky shore with some trees.

The CCDTF and SUD Reform

01/22/2019

Presenter:

Vicki Radinzel, Fiscal Policy Analyst, Information Systems

The Consolidated Chemical Dependency Treatment Fund (CCDTF)

Vicki Radinzel, Fiscal Policy Analyst, Information Systems
Behavioral Health Division

Requires that Rule 25, 24 and MS 254B be read together

- Standardized Assessment and Placement Criteria = Rule 25
 - MS 254A
 - 9530.6600 – 9530.6655 – Provide assessment for those who request and for whom it is requested.
- Funding Stream with simplified financial eligibility, immediate placement potential that “follows” the client = Rule 24
 - MS 254B
 - 9530.7000 – 9530.7031 – Provides funding for Rule 25 assessed treatment, pays and collects from other funding streams.

Responsibility to provide Rule 25 and Rule 24 Financial Eligibility Determination

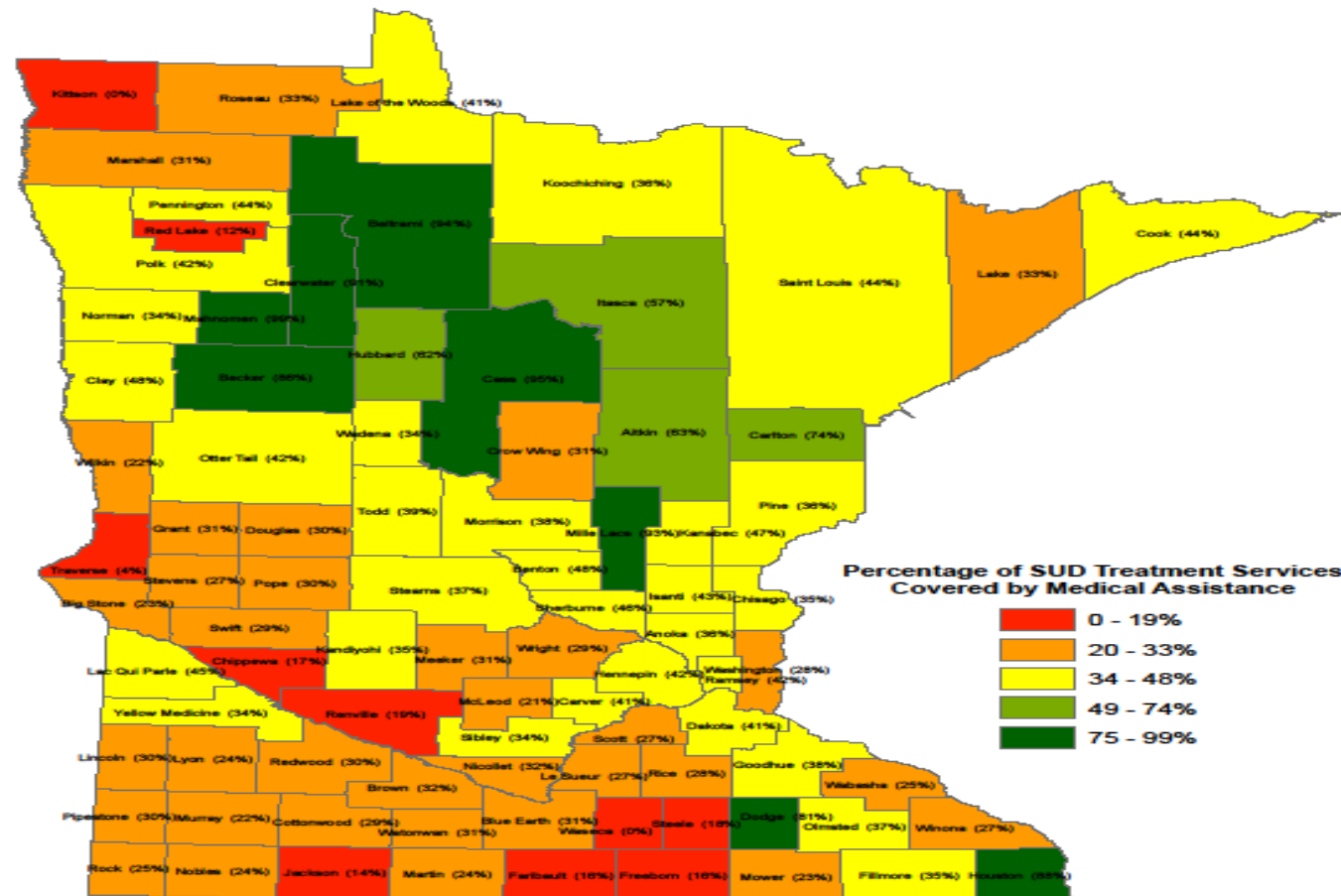
- Counties –
 - Determine Financial Eligibility as of the date of the assessment > 256G
- American Indian Tribes via Contract with DHS
- State Contracted Managed Care Organizations for enrollees
 - Term “Placing authorities” developed as part of 2008 Rule 25 changes

Regulations directing Rule 25/Rule 24 process

- For 30 years providers have been trained to refer clients who are CCDTF eligible to the CFR for funding, or risk non-payment for services. Rule 25 assessment is **currently** required of all placing authorities in order to utilize public funding.
- <https://www.revisor.mn.gov/rules/pdf/9530.6610/2014-01-18%2010:22:14+00:00>
- <https://www.revisor.mn.gov/rules/pdf/9530.6615/2014-01-18%2010:22:19+00:00>
- <https://www.revisor.mn.gov/rules/pdf/9530.7005/2014-01-18%2010:22:56+00:00>
- <https://www.revisor.mn.gov/rules/pdf/9530.6600/2014-01-18%2010:22:08+00:00//>
- <https://www.revisor.mn.gov/statutes/cite/254B.06>

Draft of MA/CCDTF % of paid claims SFY 2017

SUD Treatment Services Covered by Medical Assistance in SFY2017



Source: Minnesota Department of Human Services, BHD (5/4/2018)

Medicaid Recipients - County Share in an IMD

64 IMDs as of 12/3/2018

Medicaid Recipients	**County Share	Federal Medicaid Families with Children	Federal Medicaid Adults w/o Children	State Share
Non-residential SUD Tx Program Services Families with Children	15.00%	50.00%	0.00%	35.00%
Non-residential SUD Tx Program Services Adults w/o Children	1.80%	0.00%	94.00%	4.20%
Residential CD Treatment Program Services in an IMD	22.95%	0.00%	0.00%	77.05%
Residential CD Treatment Program Services (non-IMD)	15.00%	50.00%	0.00%	35.00%
Residential CD Treatment Program Services (non-IMD)	1.80%	0.00%	94.00%	4.20%
Room and Board Services				
Residential CD Treatment Room and Board Services	22.95%	0.00%		77.05%

* MN Statutes, section 254B.03 Subd. 4 - 22.95% of paid claims for non-Medicaid enrollees, and all services in a program designated as an IMD.

** MN Statutes, section 254B.03 Subd. 4a 30% of non-federal share for MA reimbursable services for Medicaid enrollees. Room and Board is not a Medicaid reimbursable service.

Review of SUD Reform Basics and **New Services**

- CMS – 1915B Waiver of Client Choice – Approved through 6/30/2020
- 7/1/2020 - Rule 25 no longer exists – CCDTF Continues
- **Direct Access** – Choice of provider of CA and TX
- **Direct Reimbursement** for qualified professionals in addition to 245G licensed SUD tx Programs
- **Comprehensive Assessment (CA)** –Determinant of Medical Necessity
- **Treatment Service Coordination**
- **Peer Recovery Support**

CMS Approved Codes and Rates for New Services

- The following codes and associated rates have been approved for the new services under SUD Reform.
 - H0001- the Comprehensive Assessment: \$162.24
 - Counties may provide, having met staff requirements
 - T1016- Treatment Coordination: \$11.71 per 15 min unit
 - 8 Units/per client/day billable
 - Must be billed with modifiers U8 and HN
 - Counties may provide, having met staff requirements
 - H0038- Peer Recovery Support: \$15.02 per 15 min unit
 - Must be billed with modifier U8
- **Providers may bill for these services retro to 1/1/2019 - under Rule 25 portal.**

Provider Enrollment Updates – Fee for Service

- **Fee for Service** - Existing non-residential providers, currently enrolled in MMIS:
 - DHS Provider Enrollment is auto-updating the provider file record to include the appropriate specialty codes.
 - Providers may submit claims for these services provided as of 1/1/2019
- **Fee for Service** – New providers – not currently enrolled in MMIS:
 - Enrollment forms are now ready to access. For more information http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ID_008949
 - Training for new providers is in planning stages

Provider Enrollment Managed Care

- Existing, non-residential providers currently contracted with one or more of the state contracted MCOs – contact the MCO to update and credential the new services to be paid via managed care.
- This will help assure managed care payment.
- State contracted MCOs ***are not required*** to contract with all providers.

Preparation for billing “new services” under Rule 25

- Counties and tribes will enter treatment service coordination, peer recovery support services, and comprehensive assessment on MMIS Service Agreement (SA) lines –
- DHS has scheduled Web-ex trainings for specifics on entering this info into SAs. You may take (or retake) CH101i CCDTF MMIS Applications for specific details.
 - See E-Memo #19-5 on our website for [details and training schedule](#)
 - Add the new services as a line item on the SA.
 - Can have multiple providers on the same SA
 - Residential is per diem

How will counties know if the provider is ready to provide the service? How much service is required?

- As with treatment service referral after a Rule 25 assessment, counties should contact the provider.
 - All outpatient provider files have been updated
 - Residential is billed as per diem
 - County/Tribes review provider file for appropriate specialty codes

Some Facts to consider about CAs

- Currently all 245G programs complete a CA for every client upon admit
 - 2/3 of clients in tx any one day – have been there before – prior CAs exist
- Under SUD reform – CAs are the determinant of Medical Necessity -client chooses where to get the CA and then where he/she will receive the tx service
 - CA's may be communicated/shared – appropriately and according to 42CFR
 - DHS will pay for 2 CAs in a rolling 6 months – first (correctly) billed , first paid
- May be provided by ADCs and others credentialed with scope of practice– those who meet criteria specific in 245G – see FAQs
- DAANES is being modified for Direct Access to include a “CA assessment tab” that records info that the CA has been provided– providers can bill after the info is in DAANES – (DAANES/MMIS interface allows providers to bill without a county SA)

Parallel Process - A Tale of Two Portals

Goal: successful, coordinated, integrated implementation

- Rule 25 Portal continues – only through 6/30/2020.
 - DHS informs stakeholders that new SUD services may be added to Service Agreements –
 - **During** that time period, and **once**
 - Systems are finished with testing and working out any errors,
 - Existing providers are enrolled with MHCP to bill for new services,
 - New providers have NPIs, are enrolled as an MHCP provider, as well as **DAANES**,
 - Coordination with Managed Care Organizations is accomplished
- AND
- DHS informs stakeholders that these changes are complete and ready,
- **Then** the Direct Access Portal will become active/available.
- DHS will notify stakeholders when these steps are completed and will provide information on training opportunities.

Parallel Process – Two Portals of Access until 7/1/2020

- Rule 25 - 9530.6600-9530.6655
- **County/Tribal Placing Authority:**
 - MS, Section 256M
 - Rule 25 Assessment
 - MS, Section 256G
 - Service Agreement > Enrolled providers > SA Letter
 - Comprehensive Assessment occurs after admission (245G.07)
 - **1/1/2019 new services may be billed as authorized on an MMIS SA**
- Direct Access (not yet)
 - **Client choice:**
 - Provider of Comprehensive Assessment (CA) (245G.07)
 - Pre-admission
 - Defines Medical Necessity
 - Treatment Provider
 - Level of Service – equal to or less restrictive than CA Recommendation

Parallel Process - Rule 25 Portal

- County/Tribe provides Rule 25 Assessment
- County/Tribe determines CCDTF financial eligibility as of the date of the Rule 25 assessment.
- County/Tribe authorizes service by MMIS service agreement.
- CCDTF funds per outcome of Rule 25
- Provider receives client specific service agreement letter.
- Provider bills accordingly.
- CCDTF subsystem processes claims and assigns federal, state, and county share.

Rule 25 ASSESSMENT vrs COMPREHENSIVE ASSESSMENT

- RULE 25
 - 9530.6610, 6615 – Provide assessment to those who request or for whom it is requested on a form prescribed by the commissioner (DHS)
 - 9530.7015, 7020 – Determine CCDTF eligibility as of date of Rule 25
 - MMIS SA to authorize the provider, type, and amount of service.
 - Providers bill against SA
 - Direct Access – Will be available when DHS has provided more info and training
 - Comprehensive Assessment- Client choice
 - Treating Provider – Client choice
- Paid by funding available to client
- Providers and counties coordinate client eligibility/enrollment for CCDTF and Medical Assistance
- Providers bill (no county authorization or MMIS SA)
- Claims continue to inform the reports

Once implemented, the Direct Access portal does involve a different process

- Client requests CA at provider of choice
- **Provider determines if funding exists** –Medicaid, CCDTF, or Managed Care
 - IF Yes (Fee for service Medicaid or CCDTF)– Provides CA and assists client with admission or with referral to another provider
 - IF Yes (Managed Care)- Provides CA if vendor is credentialed with that plan and assists client with admission or with referral to another provider
 - IF Self pay with or without commercial insurance – provider’s current process
 - IF No active Funding – Provider asks client for place of residence – contacts identified CFR
 - Provider could assist County by filling out the Mini CPA information – This will give the County the information they need to enter a 6 month OO span and TPL information
- **Identified CFR determines CCDTF Financial Eligibility/ facilitates Medicaid enrollment.**
- Provider(s) move forward with CA, admission, and tx provision when financial eligibility is confirmed.
- Funding will pay for client choice of service equal to or at a lesser intensity than CA recommendation.
- Provider(s) bill for services (No county authorization or CCDTF Service Agreement is required)
- CCDTF subsystem processes claims and assigns federal, state, and county share.

2017 CSA Listening Session Report – Making Connections

- https://content.govdelivery.com/bulletins/gd/MNDHS-1f9ce3e?wgt_ref=MNDHS_WIDGET_C36

Who to contact and why

Behavioral Health Division: General Line: 651-431-2460

Counties, Data Requests: Diane Hulzebos, diane.Hulzebos@state.mn.us

Children's Residential facilities: Jeff Hunsberger, Jeffrey.Hunsberger@state.mn.us

Out of State and Free standing: Amelia Fink, amelia.fink@state.mn.us

Recovery Community Organization/Residential withdrawal management: Dana Nelson, Dana.nelson@state.mn.us

OTPs: Rick Moldenhauer, Richard.Moldenhauer@state.mn.us

Individually enrolled SUD providers: Jeff Hunsberger, Jeffrey.Hunsberger@state.mn.us

Tribal Programs: Shawnee Hunt, Shawnee.hunt@state.mn.us

Managed Care Organization: Lucas Peterson, lucas.Peterson@state.mn.us

DAANES: Angie McNeil-Olson, angela.mcneil-olson@state.mn.us

Who to contact and why

Licensing:

When to contact: existing or new 245G programs regarding licensing requirements, and treatment services

Contact: 651-431-6500 (general licensing number)

Provider Enrollment Call Center:

When to contact: To enroll as a new vendor, track the status of their enrollment, or update their provider record, questions on enrollment documents or how to complete.

Contact: 651-431-2700 , Toll-free line, 800-366-5411

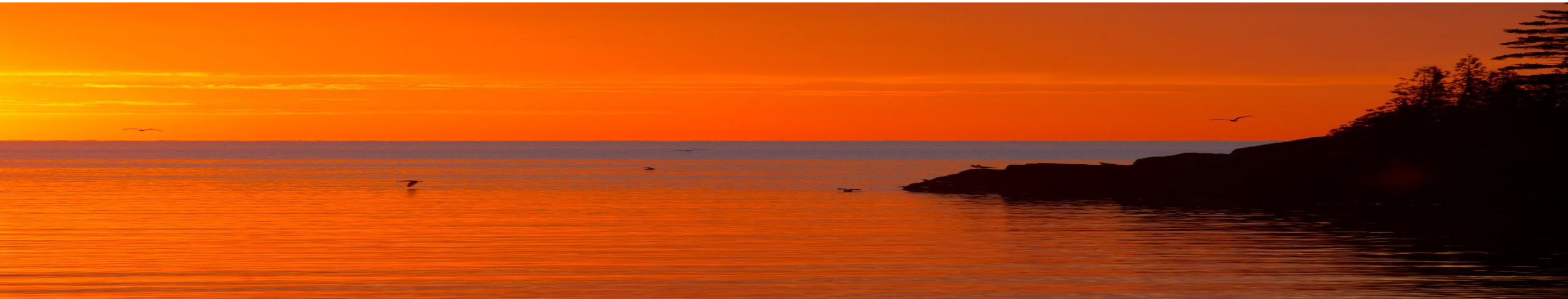
National Plan & Provider Enumeration System:

When to contact: Where to get the NPI Application- see bottom of the page under Resources NPI will be required for a Recovery Community organization, new SUD Treatment programs and individually enrolled providers

Contact: <https://nppes.cms.hhs.gov/#/>

E-MEMO and Website Resources

- Visit our [website](#) to sign up for the E-memo to receive updates from the Alcohol and Drug Abuse Division.
- SUD Resources are posted on the [SUD Reform Page](#) at our website: mn.gov/dhs – sign up for e-memos!
- FAQs are at [SUD Reform FAQs - Updated November 2018](#)
- We are encouraging participants to review the SUD Reform e-memos and website resources available on the [website](#) prior to attending the WebEx's. These materials provide basic information that is helpful to understand reform and its implications.



Thank you
Behavioral Health Division