Welcome Everyone

Presenter audio is muted until the presentation begins

If you are using your computer speakers and have trouble hearing the volume during the presentation, we recommend participating with a telephone line.

Attendee microphones are muted upon entry.

Teleconference call information is available in the Event info section
CMS Approval Update
12:00-12:45pm

Presenters Today: Patina Thomas, Clinical
Vicki Radinzel, Legislative and Communications
Substance Use Disorder Section, Behavioral Health Division
Today’s Agenda

• Discuss CMS Approval of SPA language
• What to do next?
• Q & A Section
• Wrap-up
Q & A Section:

• **For technical difficulties** please send your comments to “Jacob Owens” by selecting his name from the drop down menu in the Q&A section-------->

• **Questions for today:** [YourOpinionMatters.DHS@state.mn.us](mailto:YourOpinionMatters.DHS@state.mn.us) and put “SUD Reform" in the subject line.

  ➢ Submit questions or comments following the WebEx

  ➢ Request a presentation about SUD reform (e.g. regional provider meetings, provider/county meetings, etc.)

  ➢ Provide suggestions for future WebEx topics
Behavioral Health Division: SUD Team Intros
We Have CMS Approval!

• The Behavioral Health Division has received approval to add comprehensive assessment, peer recovery support and treatment coordination to the Medicaid benefit set and to add Recovery Community Organizations, Counties, tribes and individuals in private practice as eligible vendors of certain substance use disorder services.

• Reimbursement for these services will not be available until eligible vendors are enrolled with MHCP and necessary systems work is in place.
It’s a Process

• We appreciate people's patience as this work is finalized and we will keep partners and providers informed with updates.

• Now with approval, the next steps of implementation can be executed.

• Systems testing is underway

• BHD is the SUD policy area, vendors will need to work directly with Provider Enrollment and Licensing for items within their purview.
CMS Approval for SUD Reform New Services

• **New vendors will need to:** enroll with the MN Health Care Programs.

• **Existing enrolled providers will need to:** complete a new assurance statement and be approved to provide the service through MHCP prior to providing and billing for the new services.

• **DHS will be amending its contract with the Managed Care Organizations (MCOs) and providers who have contracts with MCOs will need to amend their contracts, prior to billing for the new services.**
Direct Reimbursement versus Direct Access

• Now that CMS has approved the new services of Comprehensive Assessment, Peer Support Services and Treatment Coordination, eligible vendors will be able to enroll with MHCP or complete a new assurance statement to receive direct reimbursement for these services.

• Please note that until we have the systems in place to allow for direct access (using the comprehensive assessment for the purposes of placement) eligible vendors will need a service agreement issued by the county in order to be reimbursed for these services.
Parallel Process – Two Portals of Access until 7/1/2020

- **Rule 25 - 9530.6600-9530.6655**

- **County/Tribal Placing Authority:**
  - MS, Section 256M
  - MS, Section 256G
  - Service Agreement > Enrolled providers > SA Letter
  - Comprehensive Assessment occurs after admission and is completed by the treatment program or individual provider that admits the client for service

- **Direct Access**
  - **Client choice:**
    - Individual or program provides Client a Comprehensive Assessment (CA)
      - Pre-admission
      - Defines Medical Necessity
    - Client chooses treatment provider (subject to any network requirements if client is in an MCO)
    - Level of Service – equal to or lower intensity than CA Recommendation
Parallel Process - Rule 25 Portal

• County provides Rule 25 Assessment

• County determines CCDTF financial eligibility as of the date of the Rule 25 assessment.

• County authorized service by MMIS service agreement.

• Provider receives client specific service agreement letter.

• Provider bills accordingly.

• CCDTF subsystem processes claims and assigns federal, state, and county share.
Parallel Process – Direct Access Portal

• Client requests CA at provider of choice (individual in private practice or a 245G treatment program)

• Provider determines if funding exists – Medicaid, CCDTF, or Managed Care
  
  • IF Yes (Fee for service) – 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 No active Funding – Provider asks client for place of residence – contacts identified CFR

• Identified County determines client’s CCDTF Financial Eligibility/ facilitates Medicaid enrollment.

• Provider(s) move forward with CA and makes treatment recommendation. Client accesses treatment with the provider who completed the CA, or a different provider of the client’s choice for treatment services when financial eligibility is confirmed.

• Provider(s) bill for services (No CCDTF Service Agreement is required in most cases)

• CCDTF subsystem processes claims and assigns federal, state, and county share.
Enrollment: What to do next
Enrollment: Counties/Tribes

• Counties and Tribal governments will need to complete an assurance statement to indicate service(s) they plan to provide.

  • The assurance statement document is **not yet available**, it is being finalized by Provider Screening and Enrollment. We will let you know when it is available.

  • Treatment coordinators will need to meet the criteria of **245G.11 Subd. 7**

  • Those completing comprehensive assessments will need to meet the qualifications of an alcohol and drug counselor supervisor (**245G.11 Subd. 4**). Comprehensive assessments can NOT be used for placement until direct access is implemented - we will continue to keep you updated on this. County employees billing for services through the county do not need to have their own NPI.

  • *Once direct access system is in place the county will need to enroll with DAANES*

  • Behavioral Health Division in combination with MHCP Provider Screening and Enrollment/Provider Training will provide support and training on billing and any additional responsibilities.
Enrollment: Existing 245G Residential Program

• For residential programs wishing to provide a care coordination and peer recovery support services outside of the residential program, a license holder must contact their DHS licensor and identify they wish to add non-residential services to their existing license.

• After approval from licensing for non-residential services a new assurance statement will need to be completed and submitted to MHCP

• If a residential program would like to only provide comprehensive assessments once direct access is in place, they can enroll to provide only this service without non-residential approval from licensing.

• Those completing a comprehensive assessment under the program license only need to meet the ADC qualification.
Enrollment: Existing 245G Non-residential Program

• Complete new assurance statement and submit to MHCP Provider Enrollment
  - The assurance statement document is **not yet available**, it is being finalized by Provider Screening and Enrollment. We will let you know when it is available.
Enrollment: Recovery Community Organization (RCO)

- RCOs will need to apply for an NPI
  - Website to apply

- RCOs will need to enroll with Minnesota Health Care Programs since they are a new vendor. Items to submit listed below.
  - Website for forms

- 1) DHS-4016A MHCP Organization Provider Enrollment Application (Enrollment form has not yet been updated, provider will need to write in the provider type on the application)
  - Fee required ($569.00)
Enrollment: Recovery Community Organization (RCO) Cont.

- 2) DHS-4138 Minnesota Department of Human Services Provider Agreement
- 3) DHS-5259 Disclosure of Ownership and Control Interest of an Entity
- 4) Assurance Statement (Currently not available, it is being finalized by Provider Screening and Enrollment. We will let you know when it is available.)
- 5) Certification documentation
- RCOs will need to enroll with DAANES at a later date once direct access systems are in place. Information will be provided at a later date.
Enrollment: Individual Professionals providing SUD Services

• You will need have a National Provider Identifier (NPI) in order to enroll with Minnesota Health Care Programs (if you do not already have one)
  • [Website to apply]

• Individual will need to enroll with Minnesota Health Care Programs since they are a new vendor. Items to submit listed below.
  • [Website for forms]

• 1) DHS 4016 MHCP Individual Practitioner Provider Enrollment Application (Enrollment form has not yet been updated, provider will need to write in the provider type on the application)
  • No fee required

• 2) DHS 4138 Minnesota Department of Human Services Provider Agreement
• 3) Assurance Statement (Currently not available, it is being finalized by Provider Screening and Enrollment. We will let you know when it is available.)

• 4) Submit proof requirements are met.
  • Meet criteria of 245G.11 Subdivision 4- Alcohol and Drug Counselor Supervisor
  • In addition to meeting the qualifications of an alcohol and drug counselor (245G.11 subd. 5) you also need to have at least 3 years of experience providing individual and group counseling to individuals with a substance use disorder and know and understand the implications of 245G, 245A.65, 626.556, 626.557, and 626.5572.

• After you are enrolled with MHCP you will need to get access to DAANES. If you will be seeking reimbursement from any MCO, you will need to be credentialed through them.
Wrap-up

We understand this is a complex process

We will continue to keep partners and providers informed and as up to date as we can

THANK YOU for remaining engaged in this process, providing feedback, comments/concerns
• Visit our website to:
  
  • Subscribe for email updates (e-Memo) to receive updates from the Behavioral Health Division on SUD
  
  • Learn more about substance use disorder policies and procedures, initiatives, workgroups, training and conferences, grant announcements, access forms and more

  Look for our “Friday’s Digest” e-Memo!

• We want to hear from you about YOUR substance use disorder system. Send input to: YourOpinionMatters.DHS@state.mn.us
Next SUD Reform WebEx: September 6th
Thank you for joining us
Behavioral Health Division