Comprehensive assessment, direct access, substance use disorder, SUD, reform. Substance use disorder reform was passed during the 2017 legislative session. Substance use disorder, SUD, reform seeks to transform the service continuum from an acute episodic model to a chronic and longitudinal model.

The persons under 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 a direct access process are part of the reform. However prior to the implementing of the services the direct access process, the state must seek approval from centers for Medicare and Medicaid Services, which is the federal agency that must approve the addition of new services to the state's benefit set.

The SUD reform legislation includes a legislative directive to DHS to seek this federal approval, if the state is not able to do this without legislative authority. The timelines for implementation of the new services can be found on the new DHS website.

Direct access. The current process for accessing treatment is for a person to get a Rule 25 assessment from a placing authority, a managed care organization, county or tribe, who then authorizes a treatment placement. The SUD reform legislation permits us to implement a parallel concurrently operating direct access process.

For example, where a person can go to any provider for a comprehensive assessment which is billable for the provider and which recommends and
approves a level and nature of treatment service, thus paving the way for an individual to then directly enter treatment.

So basically, we will be running both access processes while we build up to the capacity to do direct access state wide. Our timeline goal is to have comprehensive assessments, replacement purposes, Medicaid reimbursable by July 21, 2018. We are projecting that some providers and counties will be poised to be early implementers beginning almost immediately after this date.

However, we also recognize that other counties and providers will be in a different circumstance and this timeline might be too ambitious. So even while existing placing authority system continues in place the new process will be gradually phasing in. Once a client enters treatment, the comprehensive assessment should be obtained with an appropriate release by the program that ultimately admits the client.

The program should confirm the assessment meets the requirements for a comprehensive assessment in 245G and the assessment should be used for treatment planning. 245G.05 comprehensive assessment. Much of the comprehensive assessment is the same as the current one required in Rule 31.

However, there are a few changes, and it will have the added function of placement. Comprehensive assessment and assessment summary are defined at 245G.05 subdivision 1 and 2. Eligible vendor. Programs, counties, and licensed professionals eligible for direct reimbursement are identified as eligible vendors for providing comprehensive assessments and will not be required to have a substance use disorder program license to provide an assessment.

Rule of the county with direct access process. Initially as we run the Rule 25 process parallel to the new direct access process some counties will continue to provide Rule 25 assessments. During that time, you will also be implementing the new services and counties will be eligible vendors for comprehensive assessments and care coordination.

Each county will be in the position to make its own determination to what extent it will provide to these new services. The county will continue to be
responsible for a share of the cost of SUD services when the comprehensive assessment is used for placement. Client financial review with the county prior to admission.

To access publicly funded SUD services, as with the rest of publicly funded healthcare services, a determination of financial eligibility, and enrollment in medical assistance, or approval of consolidated chemical dependency treatment fund, CCDTF, funding must be obtained.

The process for doing this is unaffected by the reform at this stage. As we move forward in the future, we will work with counties and providers to identify a stream line process for clients to obtain enrollment in medical assistance, to support quicker access to treatment, and to support clients being able to obtain health care coverage for all their medical needs.

Increased use of navigators is one route discussed in doing this as well as, looking to recovery care organizations to support this. Utilization Review. There is not a utilization review for direct access developed yet, but this is required by the statues. We will be working with counties and providers to develop a utilization review process that monitors for appropriate, client-centered placements that meet medical necessity but that does not create barriers to access.

Mobile Assessments. Assessments can be provided mobile, either by a Rule 31 staff person with appropriate credentials, or by an appropriately credential individual who is enrolled as a vendor and eligible for direct reimbursement. 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 its website, FAQs, fact sheets, WebEx's, et cetera, and by presenting at various conferences, and other events, and associations.