New Services in 2017 SUD Reform Legislation

(SUD) Reform efforts support the transformation of Minnesota’s SUD treatment system from acute, episodic care to a longitudinal model of care. The reforms permit SUD to be treated and managed like other chronic health conditions, with access to the right level of service at the right time in the right setting.

New services and access process in the SUD reform legislation:

| **Comprehensive Assessment/ Direct Access- Easy access to treatment.** | Direct access allows an individual to go directly to a provider to get a comprehensive assessment to authorize a level of treatment placement instead of the Rule 25. Individuals will be able to select the service provider of their choice with the level of care approved, subject to any PMAP provider network requirements. Comprehensive assessment is added to the Medicaid benefit set July 1, 2018 or upon federal approval, whichever is later, and the language directs the Department to seek this approval. Rule 31 programs, withdrawal management programs, counties and appropriately credentialed enrolled individuals are identified as eligible vendors for comprehensive assessment. The process for enrolling in medical assistance is not changed by the legislation and programs will still need to confirm an individual has been approved for publically-funded services. Increased utilization of navigators to help individuals enroll in Medical Assistance will be part of the implementation of direct access. Direct access will need to be phased in due to workforce and other considerations, so the legislation creating the new process does not eliminate our existing placing authority process, and during the phase-in period some individuals will still access treatment by going to a county or other placing authority to be assessed and referred to a level of care according to the current system using Rule 25 Assessment. We predict the need to maintain the “parallel process” for a period of up to two years to allow for the transition to the new system. The reform legislation contains language allowing the option to access via either route, as available. Once the phase-in is complete, we will no longer need the 1915B waiver (Freedom of Choice), since with the new process, the choice of treatment provider will reside with the client, but during the phase-in period we will still need the waiver. We would expect that the phase-in process will be part of the 1915B waiver discussions as it gets renewed so it will be known that placements under the waiver are being phased out. The current waiver is scheduled to expire June 30, 2018. Also, discussions around the impact the 1115 Demonstration project may have on direct access are continuing. |
| **Direct Reimbursement- Expand delivery sites of treatment services** | The SUD reform allows for credentialed providers to provide publically-funded assessments and other treatment services outside of the Rule 31 program by adding individually licensed professionals as eligible vendors for publically-funded SUD treatment services effective July 1, 2018 or upon federal approval, whichever is later. Individuals must have licensure that provides a scope of practice to provide addiction treatment services and in addition, a concentrated education in alcohol and drug counseling and supervised internship experience with individuals with substance use disorder are required to be an individual vendor. SUD treatment program standards will also be changing effective January 1, 2018, and the new standards allow programs to provide treatment services outside of the facility upon approval from DHS. |
**Care Coordination**

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

The reform legislation adds treatment coordination to the Medicaid benefit set July 1, 2018 or upon federal approval, whichever is later, and directs the Department to seek this approval. We intend the service to be billable in 15 minute increments and staff credentials to be lower than what is required for other SUD treatment services. Education and experience requirements are identified in the legislation, but note that scope of practice to provide addiction counseling is NOT required. The staff credentials for providing treatment coordination are very aligned with current requirements for Rule 25 assessments. We do expect a lower reimbursement rate for treatment coordination than is currently available for an individual SUD counseling session by a licensed professional. The reform legislation identifies SUD programs, withdrawal management programs, and counties as eligible vendors of care coordination.

**Peer recovery support**

- **Support**
  - A person-centered evidence-based practice to increase engagement and retention in treatment and recovery.

Peer support services can be provided before, during and after SUD treatment to help individuals connect with resources that support recovery. Peers are individuals who are willing to share their personal recovery experience, and often engage quickly with individuals to offer reassurance, reduce fears, answer questions, support motivation and convey hope. The reform legislation adds SUD peer support to the Medicaid benefit set July 1, 2018 or upon federal approval, whichever is later, and directs the Department to seek this approval.

Individuals providing peer support must complete training, certification and continuing education requirements identified by the commissioner, and the training must address ethics and boundaries, mentoring, advocacy, culturally-based approaches and community resources. An individual providing peer support must have a minimum of one year of recovery from substance use disorder. An individual providing Peer support must supervised by a qualified SUD professional who understands the responsibilities and scope of work of a recovery peer.

The reform legislation identifies SUD programs, withdrawal management programs, and Recovery Community Organizations as eligible vendors of peer support services. A Recovery Community Organization must have a certification approved by the commissioner to be an eligible vendor, and the reform legislation adds a definition of Recovery Community Organization. The peers themselves would not be eligible for direct reimbursement. For the service to be reimbursable, the peer providing the peer support service must be employed and supervised by an eligible vendor of the service.

**Withdrawal Management**

The Withdrawal Management statute (245F) was enacted in 2015 to add two new levels of service to address intoxication and withdrawal to the SUD service continuum. Withdrawal management services improve the current model of detoxification services in Minnesota by addressing medical and clinical issues, with strategies to better engage and transition to appropriate services. The reform legislation adds withdrawal management to the Medicaid benefit set July 1, 2019 or upon federal approval, whichever is later, and directs the Department to seek this approval.

- **Clinically Managed** withdrawal management provides an initial health assessment and 24 hour medical evaluation and consultation with a licensed practical nurse, and availability to access 24 hour emergency consult with a medical director or delegated licensed practitioner.

- **Medically Monitored** withdrawal management provides an initial health assessment and 24 hour medical evaluation and consultation with a registered nurse, and meeting with a medical director or delegated licensed practitioner within 24 hours of admission – or sooner if medically necessary, and availability of the medical director or delegated licensed practitioner to provide on-site monitoring seven days a week.