DEPARTMENT OF HUMAN SERVICES

Substance Use Disorder Reform– Clearing Up Some Mistaken Information

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Welcome

- Please mute microphones with *6.
- If you have questions during the presentation please use the Q&A section of the WebEx found in the upper right hand corner of your screen.
- If you have any technical difficulties please send your comments to “Jacob Owens” by selecting his name from the drop down menu in the Q&A section.
- If you are using your computer speakers and have trouble hearing the volume, we recommend participating with a telephone line. Teleconference call information is available in the event info section of the WebEx.

Welcome (cont.)

- 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
- This presentation will be made available on our SUD Reform Page at our website: DHS Website. The presentation will include notes with the slides for additional information on the material.

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: DHS Website
- 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.
- Broadcasts will allow participants to submit questions for clarification if what is presented is unclear, although complex or situation-specific questions that are submitted will be responded to through frequently updated FAQs and will be used to inform future WebEx content.

Website Resources (cont.)

- SUD Treatment Coordination (PDF & Audio)
- Comprehensive Assessment/Direct Access (PDF & Audio)
- Direct Reimbursement (PDF & Audio Recordings)
- Peer Recovery Support (PDF & Audio Recordings)
- Withdrawal Management (PDF & Audio Recordings)

- New Services in 2017 SUD Reform Legislation
- SUD Reform Implementation Timeline
- Rule 31 to 245G Table of Legislative Changes
- 2017 session law: Bill Language (Article 8)

Substance Use Disorder 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 person-centered changes will seek to provide the right level of service at the right time and treat addictions like other chronic health conditions.

Substance Use Disorder Reform (cont.)

- New services and a 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 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, as the state is not able to do this without legislative authority. The timelines for implementation of the new services can be found at this link: SUD Reform Implementation Timeline

Direct Access

- The current process for accessing treatment is for a person to get a Rule 25 assessment from a placing authority (county, tribe or MCO), who then authorizes a treatment placement.
- The SUD reform legislation permits us to implement a parallel, concurrently operating, direct access process, i.e. where a person can go to any provider for a comprehensive assessment, which is billable for the provider and which recommends and approves the 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.

Direct Access (cont.)

- Our timeline goal is to have comprehensive assessments for placement purposes Medicaid reimbursable by July 1, 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 different circumstances and this timeline might be too ambitious.
- So even while the new process is gradually phasing in, the existing placing authority system will continue in place.

Direct Access continued

- Once a client enters treatment, the comprehensive assessment, if done elsewhere, 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

- 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.

Role 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, we will also be implementing the new services, and counties may choose to become eligible vendors for comprehensive assessments and treatment coordination.
- Each county will be in a position to make its own determination to what extent it will provide 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.

Role of the County with Direct Access Process (cont.)

- Counties that choose to become eligible vendors of comprehensive assessments will also receive reimbursement for each assessment they complete.
- Counties completing a comprehensive assessment used for a placement decision would assist the client accessing the program chosen by the client, and would forward the comprehensive assessment to the program, thus facilitating a quick entry into treatment.

Client Financial Review with the County Prior to Admission

- To access publically funded SUD services, as with the rest of publically funded health care 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 streamlined 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 of their medical needs.
- Increased use of navigators is one route discussed to doing this, as well as looking to Recovery Community Organizations to support this.

Utilization Review

There is not a utilization review for direct access developed yet, but this is required by the statute. 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 245G (Rule 31) staff person with appropriate credentials, or by an appropriately credentialed individual who is enrolled as a vendor and eligible for direct reimbursement.

Question 1

During the 2 year phase-in period, DHS is assuming county staff will remain in place. Counties need to plan for FTE's, and workers are already looking for other jobs. Counties won't have the same safety net in the next year as they have today due to the need to plan. Access will not be readily available if workers are leaving those positions.

Answer 1

The two year parallel process will give counties and providers time to make adjustments. The state's current capacity to provide comprehensive assessments is not being built from scratch, because currently every client that enters treatment already receives a comprehensive assessment by a licensed professional credentialed to provide this service. During the two year parallel process we do expect that clients seeking treatment will most often be choosing to access treatment via a comprehensive assessment at the treatment site they expect to access services, eliminating a stop at the county and decreasing the need for county engagement for a referral to the health care service of substance use disorder treatment.

Answer 1 continued

In addition, through changes to the substance use disorder treatment programs standards and direct reimbursement opportunities, we are also expecting settings such as primary care, recovery schools, behavioral health clinics, and other settings to become places where comprehensive assessments are available, which will streamline access as well. The parallel process is intended to provide counties the opportunity to retain staff resources already in existence at the county during this transition, but the new access system is in no way dependent on the counties choosing to exercise this option.

Question 2

Will the health plan contracts with DHS change to require comprehensive assessments?

Answer 2

The Comprehensive Assessment will be a new billable Medicaid service. As such, it will also be included as a covered service in the contracts for Managed Care Organizations (MCO).

- MCO contracts operate on the calendar year. If SUD changes happen before the middle of the year, an amendment will be created. Otherwise changes will go into effect at the start of the next contract (January 1).

Question 3

Drug Courts/Veterans Courts expect the county workers to complete the Rule 25 and provide case management. How does DHS see these courts' processes and have you communicated with courts and judges?

Answer 3

Counties are will be permitted to become eligible vendors of comprehensive assessments and treatment coordination as of July 1, 2018, or upon federal approval, whichever is later. A county court (Treatment, Veterans, etc.) who chose to become an eligible vendor could provide and be reimbursed for these services.

- Broad stakeholder engagement occurred during the development of SUD reform. The intersection between clients, courts, and the rule 25 process was in the scope of this work.
- DHS presented on SUD reform at the statewide courts conference in June. There were around 150 attendees at these presentations.

Question 4

Many rural parts of MN already lack LADC's.

Answer 4

Individuals will likely access comprehensive assessments at the same treatment programs that Rule 25 assessors referred people to in the old process, and the treatment program staff have always been providing comprehensive assessments to people Rule 25 assessors referred to their programs. However, the individual will no longer need to make the extra stop at the county to get a Rule 25 assessment prior to going to the program and can start their treatment engagement with a clinical comprehensive assessment to enter treatment at the program they wish to attend.

Question 5

How will this new statute impact the Civil Commitment process?

Answer 5

SUD reform made no changes to the civil commitment process as outlined in MN statute 253B. The civil commitment process does present some issues that may bump in to 'client-centered choice.' Although the SUD reform effort allows people to choose a downward deviation (requesting outpatient when the assessor recommendation is for residential), it would not prevent a court or probation from making the recommendation to 'get assessed and follow the recommendations.'

Answer 5 continued

If a client is not following court/probation recommendations, that may result in other consequences. And in a civil commitment process, it is precisely the client's right to make his or her own treatment decisions that the client loses when under commitment, and nothing in SUD reform impacts these laws. However, ideally, the client, assessor and referent (the court in this case) should be able to connect and come up with an agreeable course of action that will result in the best outcomes.

Question 6

Court Ordered Evals-most orders in our area route folks to a county agency for an assessment—wondering how this needs to change—courts will state they need to "follow recommendation".

Answer 6

- Please see the answer to the previous question. Courts can still order a client to follow recommendations, and if courts, counties, and the local providers are collaborating, the best outcomes can be designed and worked towards for the client.

Question 7

Who will be checking residency and income for eligibility for CCDTF?

Answer 7

The county will continue the same role as now in determining financial eligibility.

Question 8

Will clients be able to appeal the results of their comprehensive assessments & recommendations & how would this work? Currently, the DHS Appeals office is involved in these.

Answer 8

Clients will still be able to request a second opinion, however, because the client will be making his or her own selection of treatment program, and the determination of medical necessity for a particular intensity level of services will be provided by a licensed professional with a scope of practice to make this determination, we expect decreased barriers to access in the new client-centered direct access process.

Question 9

How does DHS see CD Civil Commitment process working if counties no longer have CD workers?

Answer 9

SUD reform made no changes to the civil commitment process as outlined in MN statute 253B. During the two year transition period, DHS, Counties, and SUD providers will continue to work out these issues. However, with SUD reform, individuals under commitment or with pending or stayed commitments will be well-served by having an assessment for placement by a licensed alcohol and drug counselor.

Answer 9 continued

A fundamental positive shift in our reform effort is that clinical assessments will be conducted by a licensed individual with a scope of practice in assessing a person's substance use and directing the intensity level a person's SUD condition requires. This change aligns with how other medical services are accessed and paid for. Since counties can become eligible vendors of treatment coordination, the coordination of care usually connected with, and part of the commitment process, could be provided by individuals who met the criteria to be a treatment coordination. These county staff could collaboratively work with the provider who was providing the SUD services to the individual under the commitment to achieve the best outcomes.

Key Points

Under the new Reform:

- Assessments will be provided by licensed, credentialed individuals with a scope of practice to do an SUD assessment.
- There is a client-centered access process.
- It is a streamlined route to treatment. No clinical assessment is necessary through the county.
- As the Rule 25 process is phased out, counties will need to determine how staff resources are reallocated.

Q&A

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Thank you!

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