

Substance Use Disorder Treatment Reform

The Department of Human Services is working to make sure that people get timely access to services, that there is a continuum of care across the state, and that services support people's choices so that they are in control of the care they receive.

While progress is being made, challenges persist. Long wait times for substance use disorder assessment and services have created a barrier for many people to getting the care they need. In addition, a number of treatment options that would expand choice, availability and save money have not been reimbursable.

SUD reform process

SUD reform has been a multi-year process involving extensive input from counties, providers and interested community members.

In the past few years, DHS has held community meetings from across the state, and, in the summer

of 2016, convened a core and fiscal stakeholder workgroup to modernize Minnesota's SUD treatment system. The result was the [Policy Recommendations Report](#) and, finally, the 2017 legislative SUD reform package.



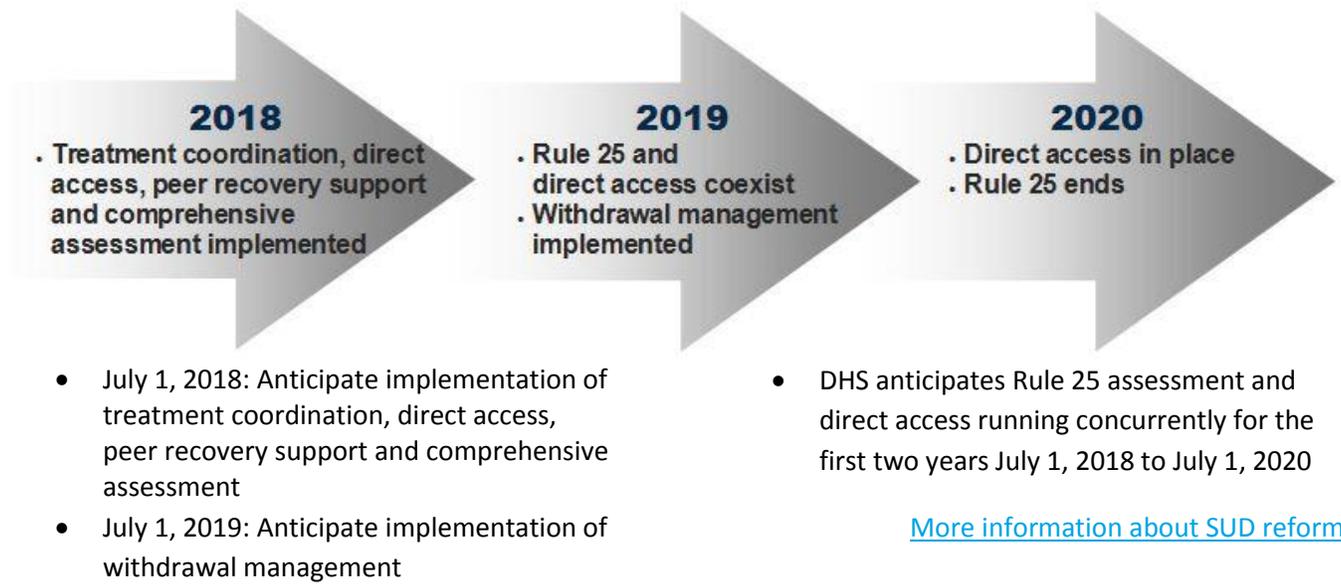
2017 legislation

In the 2017 legislative session, the State made a \$2.427 million investment for the biennium in Minnesota's substance use disorder treatment system. Improvements include:

- Direct access to treatment
- Direct reimbursement for services outside of site-based treatment programs.
- Adding treatment coordination, peer support services and withdrawal management to the Medical Assistance benefit set.
- 2.427 million for a rate increase for SUD providers.
- Analysis of the payment rate structure and treatment models for substance use disorder services serving people with the highest needs, all toward making sure the system meets people's needs while being fiscally sustainable for state and local government

[Summary of legislation](#)

Implementing the 2017 SUD reform legislation



Rule 25 changes

The current process for accessing treatment is for a person to get a Rule 25 assessment from a placing authority (county, tribe or managed care organization), who then authorizes treatment.

The 2017 SUD reform legislation permits DHS to implement a parallel, concurrently operating, direct access process, while maintaining the existing rule 25 process as well. These dual processes will allow the state to build capacity to do direct access state-wide before the old system ends.

Finally, effective July 2020, there will no longer be a Rule 25 process. Then, to access treatment, individuals will have a comprehensive assessment done by a licensed alcohol and drug counselor or by an individual with another license that includes the scope of

practice to do addictions counseling.

Counties will still be responsible the county share of the CCDTF fund, approximately 30 percent, of the non-federal share.

[More information about Rule 25 changes](#)

