Substance Use Disorder Treatment Reform

Overview—why SUD reform is important

The goal of Substance Use Disorder (SUD) reform is to decrease barriers for people seeking SUD treatment services. The Department of Human Services is working to make sure that people get timely access to SUD treatment services and that people have a choice in a continuum of substance use disorder services.

Minnesotans access publicly funded SUD treatment with Rule 25 assessment from a placing authority (county, tribe or managed care organization). A goal of SUD Treatment reform is to let Minnesotans access SUD treatment services like they access other healthcare services, by choosing the provider directly.

Progress to date

Over the past several years, DHS has worked to initiate new ways of accessing treatment services including building the groundwork for direct access to treatment, without the added step of an unnecessary Rule 25 interview. Efforts have involved a range of community and provider engagement activities, workgroups and reports:

Workgroups

- **Model of Care steering committee** met bi-weekly from September 2012 until February 2013.
- **2016 workgroups** met to redesign the chemical health system. There were three groups: a core stakeholder workgroup, fiscal workgroup and internal DHS workgroup.

Meetings

- **Eight 2015 listening sessions** were conducted in eight regions and Tribal communities.
- **Six 2016 community presentations** on Minnesota’s plan for the prevention, treatment and recovery of addiction policy recommendations were held in October 2016.
- **Five 1115 SUD waiver demonstration application listening sessions** took place in 2017.
- **Six community listening events** in 2017 for people receiving services and providers of services for prevention, treatment, and recovery from addictions and mental illness, the deaf and hard of hearing communities, and housing.
Reports

- **2013 Minnesota’s Model of Care for Substance Use Disorder report.** DHS collaborated with counties, tribes, and other stakeholders to develop a model of care to improve the effectiveness and efficiency of Minnesota’s current service continuum for chemically dependent individuals.
- **Substance Use Disorder System Reform Report and Recommendations, January 2017.** A final report to the legislature of the work of the 2016 workgroups, 2016 outreach and engagement activities, and community presentations was published in January 2017. This report served as a foundation for the 2017 SUD reform package.

Results

Model of care pilot

Building on the 2013 Minnesota’s Model of Care for Substance Use Disorder report, legislation was passed during the 2013 session directing DHS to establish pilot projects to begin implementing the measures recommended in the report. The first pilot site began operating in late 2014 and the second site began in early 2015.

New Services

In the past two years, Minnesota has made several improvements to SUD treatment services. These improvements include expanding services such as withdrawal management, telemedicine, peer services, treatment coordination/care coordination, and comprehensive assessments with the goal of offering individuals more choice in the care they receive across the state.

In addition, legislation opened up new possibilities for increasing the number of providers, locations and expanded non-substance use disorder treatment program options. Licensed alcohol and drug counselors and other licensed professionals who are qualified can enroll with Minnesota Health Care Programs to be a licensed professional in private practice and can provide substance use disorder treatment services independently without a substance use disorder treatment program license. This means that appropriately credentialed individuals could potentially work in mental health facilities, clinics, hospitals, and in schools.

1115 waiver

Many of Minnesota’s residential provider locations have more than 16 beds, and as such, are not allowed to bill Federal Medicaid for treatment services. State and county governments share these treatment costs. Centers for Medicare and Medicaid Services (CMS) approved Minnesota’s 1115 waiver application in June 2019. The state submitted the implementation plan in October 2019. Residential providers who participate in this waiver will be able to bill Medicaid for a portion of services, saving both state and county dollars.

Moving forward to direct access

Barriers to direct access include workforce shortages and the fact the many county and court directed systems have relied on the Rule 25 process for over 30 years. In 2017, because of widespread stakeholder input, the need to “phase in” or “transition to” direct access was identified. The transition would allow for both the Rule 25 placing authority process and the Direct Access process for 2 years. After that time, Direct Access would be the
only option. But for two years, the client could choose which system to use. DHS is making forms, systems, and reporting changes as well as making sure eligibility determination and program enrollment protocols support both options. Changes to state law may be needed.

**Next steps**

During these two years, DHS will work on a range of needed changes including but not limited to systems implementation and testing, conducting utilization reviews, incorporation of the Behavioral Health Fund, provider training and technical assistance, and addressing any work force shortage. The goal is to ensure seamless delivery of services during this transition period and to prevent Minnesotans from “falling through the cracks” and being denied the services they need.

In addition, DHS plans to convene both internal and external workgroups to gain input, address concerns and reduce barriers to the implementation of upcoming changes in the world of substance use disorder treatment and services. Workgroups planned are:

- Systems integration and provider training
- Tribal outreach and collaboration team
- 1115 integration
- Integrated behavioral health fund
- SUD IMD
- Communications
- External partners (including MACSSA, MARRCH, MARATP, tribal nations, and providers)

DHS is committed to direct access in order to ensure high quality, timely treatment is available to all Minnesotans. It is also critical that stakeholders have a voice in the process and are kept informed as we move forward. DHS will work to make sure both of these goals are met.

For more information, visit [www.mn.gov/dhs/sudreform](http://www.mn.gov/dhs/sudreform)