Welcome Everyone

Presenter audio is muted until the presentation begins

If you are using your computer speakers and have trouble hearing the volume during the presentation, we recommend participating with a telephone line.

Attendee microphones are muted upon entry.

Teleconference call information is available in the Event info section
SUD Reform WebEx
11:30am-12:30pm

Presenters Today: Brian Zirbes, Vicki Radinzel, Brytanie Mertes

Behavioral Health Division
How to participate today

• **For technical difficulties** please send your comments to “Jacob Owens” by selecting his name from the drop down menu in the Q&A section.

• **Questions/Comments:** Utilize the Q & A feature

• **Polling:** Polling feature will be used to gather live feedback

• **Questions for today:** [YourOpinionMatters.DHS@state.mn.us](mailto: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
Behavioral Health Division: SUD Team Intros
Today’s Agenda

Reform Updates

• Where we’ve been:
  • 2012 through the 2017 Legislative Session

• Where we are:
  • MMIS Systems update
  • Two portals

Q and A

Wrap-up
Reform Updates

Brian Zirbes | Deputy Director, Behavioral Health Division
DHS anticipates a 12-month turn-around with CMS for July 1, 2018, implementation of direct access and direct reimbursement, care coordination, peer recovery support and comprehensive assessment. DHS would concurrently work with partners and providers from July 2017 to July 2018 so IT systems, codes and all related changes are up and running for July 1, 2018 implementation. DHS anticipates proposing to CMS that for the first two years Rule 25 placements and the direct access process run concurrently so as not impact access to treatment. We anticipate implementation of withdrawal management on July 2019.
Substance Use Disorder Reform

• 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.

• Direct access via comprehensive assessment, SUD Treatment Coordination, peer recovery support, withdrawal management
Substance Use Disorder Reform (cont.)

• Rate Reform study for residential programs is required in the language and rates for the new services will be part of the process with CMS (this report is due to the Legislature in December 2018)

• Utilization Review

• The standards for substance use disorder treatment programs are moving from Minnesota Rule to Minnesota Statute. The new chapter is 245G and is effective January 1, 2018.
• Thank you for your patience

• Yes we received CMS approval in August 2018,
  • Implementation of what has been passed is under way
  • Many changes are in process, both system and forms design

• Please note that once the forms are updated and even as eligible vendors become enrolled to provide the new services, these services can only be attained through the Rule 25 portal (Phase I). The systems work to allow direct access via a comprehensive assessment is also in progress and will come at a later date (Phase II).
What is MMIS??

Medicaid Management Information System

• System of Record (this is how providers get paid for Medicaid services)

• Systems are complex and progress is impacted by a number of factors
  • System freezes
  • System limitations,
  • Priority tasks- such as open enrollment
  • Global system upgrades
  • MMIS Modernization
MMIS History

1965: Medicaid Signed into Law by Lyndon Johnson

1969: Woodstock, Moon Landing

1974: MMIS1 Implementation
  - 1969: Woodstock, Moon Landing

1980: Apple IIe, Reagan

1984: Windows 1.0

1985: MAXIS Implemented for Eligibility

1991: MAXIS Implemented for Eligibility
  - Using updated COBOL on Mainframe computers

1994: MMIS2 Implementation
  - Using updated COBOL on Mainframe computers

2004: MN-ITS, HIPAA 4010

2009: AUC 99.9% paperless

2012: HIPAA 5010

2013: ACA / MnSure

2012: HIPAA 5010

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## “Mainframe” References

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### z/OS Primary Option Menu

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The MMIS TODAY

BIG: 29 Million Lines
Complex: 12 Subsystems, many laws
CRITICAL: $12B/Year Paid for care
1M Vulnerable Minnesotans Served

The mainframe works well but is not the platform for continued growth:

- Incomplete Documentation
- Reliance on Experienced Technical SMEs
- Long Training Cycle for new Techs
- Retirement of Key Staff
- Nationwide Trends: Maintenance only
- Limits on Innovation
MMIS Today

• Claims at the core
• 23 years old and counting
• Our core ‘Systems of Record’ are in the mainframe
• Peripheral systems have been developed around the mainframe core
• Modernization will replace the core systems, make new ‘Systems of Record’
Mainframe Solutions are Inter-Dependent

Claims relies on a local image of the data for efficient processing

Several programs may reference the same data

Programs are connected in many areas

Connections are usually more ‘rigid’ than in newer technology
What we know so far
1) New Providers (Independent Substance Use Disorder Professionals, Recovery Community Organizations, and Counties and Tribal social services) will be able to enroll or update enrollment documents in order to provide services identified in Statute (254B.05 subdivision 1).

2) Existing licensed nonresidential substance use disorder treatment providers will be able to bill new services of treatment coordination, peer recovery support services, and comprehensive assessment against a service agreement.

New: As of 11/13/18, we are looking to early January 2019 as the implementation date for SUD services to be billable against a Service Agreement.
• Comprehensive assessment would only be billed for nonresidential providers, if authorized. However, programs are still able to bill for this service using individual session treatment code (H2035).

• Licensed residential substance use disorder treatments will not be enrolled to provide these services as they receive a per diem rate to provide the services and are only eligible to provide a comprehensive assessment for the purposes of placing (direct access- Phase II), which is not part of this upcoming rollout (Phase I).

New: As of 11/13/18, we are looking to early January 2019 as the implementation date for SUD services to be billable against a Service Agreement.
Review of Staff Qualifications- RCOs

- APPROVAL of Recovery Community Organization (RCO) Certification boards and recovery peer specialist certifications from DHS Commissioner.
- RCO’s must hold accreditation from an entity approved by the Commissioner:
  - Association of Recovery Community Organizations (ARCO)
  - Council on Accreditation of Peer Recovery Support Services
- Recovery Peer Specialists must hold a current certification from one of the certification bodies
  - Minnesota Certification Board, an affiliate of International Certification & Reciprocity Consortium
  - National Certification Commission for Addiction Professionals, the credentialing arm of the National Association of Addiction Professionals
  - Upper Midwest Indian Council on Addictive Disorders, an affiliate of International Certification & Reciprocity Consortium

*Note that the certification boards have specific requirements related to ongoing training, certification renewal, and supervision requirements.
Recovery peer qualifications (245G.11 subd. 8)

A recovery peer must:

1) have a high school diploma or its equivalent

2) have a minimum of one year in recovery from a substance use disorder

3) hold a current credential from a certification body approved by the commissioner that demonstrates skills and training in the domains of ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support; and

4) receive ongoing supervision in areas specific to the domains of the recovery peer's role by an alcohol and drug counselor or an individual with a certification approved by the commissioner.
Review of staff qualifications - Independent SUD Professionals

• See alcohol and drug counselor supervisor requirements (245G.11 subdivision 4).

• In addition, they must be free of problematic substance use for at least the two years immediately preceding employment and must sign a statement attesting to that fact.

• An alcohol and drug counselor supervisor must:

  (1) meet the qualification requirements in subdivision 5; (* If you are not an LADC, see subdivision 5 (b) for additional coursework required for licensed professionals. Approved licensed professionals that need additional coursework documentation are listed to the right.)

  (2) have three or more years of experience providing individual and group counseling to individuals with substance use disorder; and

  (3) know and understand the implications of this chapter and sections 245A.65, 626.556, 626.557, and 626.5572.

____ Licensed Independent Clinical Social Worker
____ Licensed Marriage and Family Therapist
____ Physician
____ Occupational Therapist
____ Licensed Psychologist
____ Licensed Professional Clinic Counselor
____ Nurse Practitioner
____ Clinical Nurse Specialist
____ Physician Assistant
____ UMICAD III Certification
Who ya gonna call......not Ghostbusters!

Enrollment will be managed by Minnesota Health Care Programs, Provider Eligibility and Compliance. The Behavioral Health Division will inform you via e-memo and WebEx when you should be contacting them for necessary forms.

Provider Enrollment Call Center:

When to contact: To enroll as a new vendor, track the status of their enrollment, or update their provider record, questions on enrollment documents or how to complete.

Contact: 651-431-2700 , Toll-free line, 800-366-5411
• Thank you again for your patience in this process

• If you are an existing provider more information will come to your agency via the MN-IT mailbox. We will also be sending out information via e-memo and having WebEx sessions to assist with these processes.

• If you are not an existing MHCP provider, please look for communication via e-memo and our WebEx sessions.

• Remember- direct access and using the comprehensive assessment as a placing tool (Phase II) is still in the works and would not be a part of the rollout of the new services.
Reform Updates: A tale of Two Portals

Vicki Radinzel | Information Systems Section
Parallel Process - Two Portals

• Rule 25 Portal continues – only through 6/30/2020.

• **During** that time period, and **once**
  - Systems and forms are updated,
  - Provider assurance statements are updated,
  - New providers have NPIs and are enrolled as an MHCP provider, and are enrolled in DAANES, AND
  - DHS informs stakeholders that these changes are complete and ready,

• **Then** the Direct Access Portal will become active/available.

• DHS will notify when these are completed and info re: necessary training.
Parallel Process – Two Portals of Access until 7/1/2020

- Rule 25 - 9530.6600-9530.6655

- County/Tribal Placing Authority:
  - MS, Section 256M
  - MS, Section 256G
  - Service Agreement > Enrolled providers > SA Letter
  - Comprehensive Assessment occurs after admission (245G.07)

- Direct Access (not yet)

  - Client choice:
    - Provider of Comprehensive Assessment (CA) (245G.07)
      - Pre-admission
      - Defines Medical Necessity
    - Treatment Provider
    - Level of Service – equal to or less restrictive than CA Recommendation
Rule 25 Assessment and comprehensive assessment

- RULE 25 (Phase I)
  - 9530.6610, 6615 – Provide assessment to those who request or for whom it is requested on a form prescribed by the commissioner (DHS)
  - 9530.7015, 7020 – Determine CCDTF eligibility as of date of Rule 25 assessment

- Direct Access (Phase II) – Will be available when DHS has provided more info and training
  - Comprehensive Assessment - Client choice
  - Treating Provider – Client choice
Parallel Process - Rule 25 Portal (Phase I)

• County/Tribe provides Rule 25 Assessment
• County/Tribe determines CCDTF financial eligibility as of the date of the Rule 25 assessment.
• County/Tribe authorized service by MMIS service agreement.
• CCDTF funds per outcome of Rule 25
• Provider receives client specific service agreement letter.
• Provider bills accordingly.
• CCDTF subsystem processes claims and assigns federal, state, and county share.
Parallel Process – Direct Access Portal (Phase II)

- Client requests CA at provider of choice

- Provider determines if funding exists – Medicaid, CCDTF, or Managed Care
  - IF Yes (Fee for service Medicaid or CCDTF) – Provides CA and assists client with admission or with referral to another provider
  - IF Yes (Managed Care) - Provides CA if vendor is credentialed with that plan and assists client with admission or with referral to another provider
  - IF Self pay with or without commercial insurance – provider’s current process
  - IF No active Funding – Provider asks client for place of residence – contacts identified CFR

- Identified County determines client’s CCDTF Financial Eligibility/ facilitates Medicaid enrollment.

- Provider(s) move forward with CA, admission, and tx provision when financial eligibility is confirmed.

- Funding will pay for client choice of service of a lesser intensity than CA recommendation.

- Provider(s) bill for services (No CCDTF Service Agreement is required)

- CCDTF subsystem processes claims and assigns federal, state, and county share.
1. It’s after 7/1/2018
2. We have CMS approval
3. Can providers submit Comprehensive Assessments to counties/tribes in place of Rule 25?

• No.
Rule 25 Assessment and Comprehensive Assessment

- RULE 25 (Phase I)
  - 9530.6610, 6615 – Provide assessment to those who request or for whom it is requested on a form prescribed by the commissioner (DHS)

- 9530.7015, 7020 – Determine CCDTF eligibility as of date of Rule 25 assessment

- MMIS SA

- Treating Provider – Client choice

- Providers bill against SA

- Direct Access (Phase II) – Will be available when DHS has provided more info and training

- Comprehensive Assessment- Client choice

- Treating Provider – Client choice

Paid by funding available to client

Providers and counties/tribes coordinate client eligibility/enrollment for CCDTF and Medical Assistance

Providers bill (no MMIS SA)
Under Rule 25: But what if the client is already at the provider?

• For 30 years providers have been trained to refer clients who are CCDTF eligible to the CFR for funding, or risk non-payment for services. Rule 25 assessment is currently required of all placing authorities in order to utilize public funding.


• https://www.revisor.mn.gov/rules/pdf/9530.6600/2014-01-18%2010:22:08+00:00/

• https://www.revisor.mn.gov/statutes/cite/254B.06
What about clients who “churn” from managed care placement to CCDTF

MCOs are considered a placing authority under Rule 25 – and must comply –

Managed Care clients will have had a Rule 25 assessment – with that requirement being met, the client’s funding then transitions with the client’s eligibility.


What about clients who enter treatment and then apply for and transition to Medicaid

• Technically, in most cases, these clients would have been eligible for the CCDTF.

• Providers should refer clients who likely meet public funding criteria to the CFR for Rule 25 assessment and determination of CCDTF eligibility as of the date of that assessment.
Questions and Answer Section

(Presenter Line will be muted while questions are coming in)
Who to contact and why

**Behavioral Health Division: General Line: 651-431-2460**

- **Counties:** Diane Hulzebos, diane.Hulzebos@state.mn.us
- **Children’s Residential facilities:** Jeff Hunsberger, Jeffrey.Hunsberger@state.mn.us
- **Out of State and Free standing:** Amelia Fink, amelia.fink@state.mn.us
- **Recovery Community Organization/Residential withdrawal management:** Dana Nelson, Dana.nelson@state.mn.us
- **OTPs:** Rick Moldenhauer, Richard.Moldenhauer@state.mn.us
- **Individually enrolled SUD providers:** Jeff Hunsberger, Jeffrey.Hunsberger@state.mn.us
- **Tribal Programs:** Shawnee Hunt, Shawnee.hunt@state.mn.us
- **Managed Care Organization:** Lucas Peterson, lucas.Peterson@state.mn.us
- **DAANES:** Angie McNeil-Olson, angela.mcneil-olson@state.mn.us
Who to contact and why

**Licensing:**

**When to contact:** existing or new 245G programs regarding licensing requirements, and treatment services

**Contact:** 651-431-6500 (general licensing number)

**Provider Enrollment Call Center:**

**When to contact:** To enroll as a new vendor, track the status of their enrollment, or update their provider record, questions on enrollment documents or how to complete.

**Contact:** 651-431-2700 , Toll-free line, 800-366-5411

**National Plan & Provider Enumeration System:**

**When to contact:** Where to get the NPI Application- see bottom of the page under Resources NPI will be required for a Recovery Community organization, new SUD Treatment programs and individually enrolled providers

**Contact:** [https://nppes.cms.hhs.gov/#/](https://nppes.cms.hhs.gov/#/)
Ways to Stay Informed

• **Visit our website to:**
  
  • Subscribe for email updates (e-Memo) to receive updates from the Behavioral Health Division on SUD
  
  • Learn more about substance use disorder policies and procedures, initiatives, workgroups, training and conferences, grant announcements, access forms and more

  Look for our “Friday’s Digest” e-Memo!

• **We want to hear from you about YOUR substance use disorder system.** Send input to: [YourOpinionMatters.DHS@state.mn.us](mailto:YourOpinionMatters.DHS@state.mn.us)
Next SUD Reform WebEx:
Dec 6th
11:30am-12:30pm
Thank you for joining us

Behavioral Health Division