Substance Use Disorder Reform - Withdrawal Management

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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, 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
Withdrawal Management

SUD Reform Adds Withdrawal Management to the Medicaid Benefit Set

• 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. At 254B.05, subdivision 5, paragraph (b), clause (5), the reform legislation adds withdrawal management services to the Medicaid benefit set on July 1, 2019, or upon federal approval, whichever is later, and directs the Department to seek this approval.
A withdrawal management program is defined at 245F.02, subdivision 26, as a licensed program that provides short-term medical services on a 24-hour basis for the purpose of stabilizing intoxicated patients, managing their withdrawal, and facilitating access to substance use disorder treatment as indicated by a comprehensive assessment. The Withdrawal Management statute (245F) was enacted in 2015 to add two new levels of service to the SUD service continuum to address intoxication and withdrawal.
• At 245F.02, subdivision 7, "Clinically managed program" means a residential setting with staff comprised of a medical director and a licensed practical nurse. A licensed practical nurse must be on site 24 hours a day, seven days a week. A qualified medical professional must be available by telephone or in person for consultation 24 hours a day. Patients admitted to this level of service receive medical observation, evaluation, and stabilization services during the detoxification process; access to medications administered by trained, licensed staff to manage withdrawal; and a comprehensive assessment.
At 245F.02, subdivision 14, "Medically monitored program" means a residential setting with staff that includes a registered nurse and a medical director. A registered nurse must be on site 24 hours a day. A medical director must be on site seven days a week, and patients must have the ability to be seen by a medical director within 24 hours. Patients admitted to this level of service receive medical observation, evaluation, and stabilization services during the detoxification process; medications administered by trained, licensed staff to manage withdrawal; and a comprehensive assessment.
• 254B.05, subdivision 1, paragraph (a) identifies withdrawal management programs as eligible vendors.
• The reform legislation adds withdrawal management services to the Medicaid benefit set on July 1, 2019, or upon federal approval, whichever is later, and directs the Department to seek this approval.
• The Alcohol and Drug Abuse Division will be providing implementation technical assistance and resources for the new services in the 2017 SUD Reform legislation through its website (FAQs, Fact sheets, WebEx’s, etc.), and by presenting at various conferences and other events and associations.
Thank you!