Substance Use Disorder (SUD) 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.

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

SUD Reform Adds Treatment coordination to the Medicaid Benefit Set

Individuals with SUD often experience needs in other life areas (e.g. medical, mental health, family, employment, criminal justice, housing, finances), and treatment coordination addresses these issues concurrently to improve treatment outcomes. Treatment coordination is a treatment service involving the deliberate, collaborative planning of SUD services with the client and other professionals involved in the client’s care.

At 254B.05, subdivision 5, paragraph (b), clause (3), the reform legislation adds treatment coordination to the Medicaid benefit set on July 1, 2018, or upon federal approval, whichever is later, and directs the Department to seek this approval. We intend the service to be billable in 15 minute increments and staff credentials to be lower than what is required for other SUD treatment services. We do expect a lower reimbursement rate for treatment coordination than is currently available for an individual SUD counseling session by a licensed professional.

Treatment Coordination Definition

Treatment coordination is defined at 245G.07, subdivision 1, paragraph (a), clause (6) and includes:

1) Assistance in coordination with significant others to help in the treatment planning process whenever possible;
2) Assistance in coordination with and follow-up for medical services as identified in the treatment plan;
3) Facilitation of referrals to substance use disorder services as indicated by the client’s medical provider, comprehensive assessment, or treatment plan;
4) Facilitation of referrals to mental health services as identified by a client’s comprehensive assessment or treatment plan;
5) Assistance with referrals to economic assistance, social services, housing resources, and prenatal care according to the client’s needs;
6) Life skills advocacy and support accessing treatment follow-up, disease management, and education services, including referral and linkages to long-term services and supports as needed, and
7) Documentation of the provision of care coordination services in the client’s file.

**Treatment Coordination Provider Qualifications**

Education and experience requirements are identified in the legislation, but note that scope of practice to provide addiction counseling is NOT required. The staff credentials for providing treatment coordination are identified in 245G.11, subdivision 7, and are very aligned with current requirements for Rule 25 assessments. Treatment coordination must be provided by qualified staff. An individual is qualified to provide treatment coordination if the individual:

1. is skilled in the process of identifying and assessing a wide range of client needs;
2. is knowledgeable about local community resources and how to use those resources for the benefit of the client;
3. has successfully completed 30 hours of classroom instruction on care coordination for an individual with substance use disorder;
4. has either:
   i. a bachelor's degree in one of the behavioral sciences or related fields; or
   ii. current certification as an alcohol and drug counselor, level I, by the Upper Midwest Indian Council on Addictive Disorders; and
5. has at least 2,000 hours of supervised experience working with individuals with substance use disorder.

A care coordinator must receive at least one hour of supervision regarding individual service delivery from an alcohol and drug counselor weekly.

**Eligible Vendor**

254B.05, subdivision 1, paragraph (a) identifies SUD programs and withdrawal management programs as eligible vendors. In addition, 254B.05, subdivision 1, paragraph (b) identifies licensed professionals in private practice as eligible vendors of treatment coordination and 254B.05, subdivision 1, paragraph (c) identifies counties as eligible vendors. A county is an eligible vendor of treatment coordination services when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and provided according to the requirements of section 245G.07, subdivision 1, clause (7).

**Timeline**

The reform legislation adds treatment coordination to the Medicaid benefit set on July 1, 2018, or upon federal approval, whichever is later, and directs the Department to seek this approval.

**Staying Informed**

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.