Withdrawal Management Training

Provided by: Behavioral Health Division & Licensing Division
Agenda

• I. Introduction
• II. Brief History
• III. Staffing
• IV. Services
• V. Documentation
• VI. Billing and Payment
Brief History

• We want to recognize that there are several different forms of detox and withdrawal management services offered in Minnesota:
  • ASAM Level 2.0 Ambulatory Withdrawal Management (CCBHC)
  • Rule 32 Detox
  • ASAM Level 3.2 Clinically Managed Withdrawal Management
  • ASAM Level 3.7 Medically Monitored Withdrawal Management

• Today we will be talking about licensed 245F Withdrawal Management programs, which include levels 3.2 and 3.7
Brief History

• In 2015, the Withdrawal Management statute was passed into law providing standards for providers that would be providing residential withdrawal management at two levels:
  • ASAM Level 3.2
  • ASAM Level 3.7

• In 2019, Withdrawal Management was added to the state Medicaid benefit allowing it to now become a Medicaid reimbursable service, allowing providers to be reimbursed through the consolidated treatment fund and through PMAP’s for Medicaid eligible clients
Staffing a 245F

- Clinically Managed Level 3.2
  - Program Director
  - Responsible Staff Person
  - Technician
  - Licensed Practical Nurse
  - Registered Nurse
  - Medical Director
  - Licensed Alcohol and Drug Counselor
  - Recovery Peer
  - Licensed Practitioner
  - Treatment Coordinator

- Medically Monitored Level 3.7
  - Program Director
  - Responsible Staff Person
  - Technician
  - Registered Nurse
  - Medical Director
  - Licensed Alcohol and Drug Counselor
  - Recovery Peer
  - Licensed Practitioner
  - Treatment Coordinator
Clinically Managed 3.2 Level of Care

- Residential level of care
- LPN level nursing staffed 24/7
- Licensed practitioner must be available by phone or in person 24/7
- Level of care requires:
  1. Medical Observation
  2. Evaluation
  3. Stabilization Services
  4. Access to medications administered by qualified staff to manage withdrawal
  5. Completion of a comprehensive assessment within 72 hours
Medically Monitored 3.7 Level of Care

• Residential level of care

• RN level nursing staffed 24/7

• Licensed practitioner must be available 7 days a week, and patients must be able to be seen by the practitioner within 24 hours

• Level of care requires:
  1. Medical Observation
  2. Evaluation
  3. Stabilization Services
  4. Access to medications administered by qualified staff to manage withdrawal
  5. Completion of a comprehensive assessment within 72 hours
Differences between the levels of care.....

• RN and LPN staffing requirements.

• License holder is responsible for identifying the key differences in their admission criteria between a client who is eligible for clinically managed services and a client who is eligible for medically monitored services.

• License holder is responsible to ensure discharge and transfer policies address client moving between levels of care.
• Initial health assessment upon admission (follow up within 4 - 12 hours)

• Individual Stabilization Plan (completed within 12 hours and based on results of the health assessment)

• Screening upon admission to determine if a comprehensive assessment is required (within 24 hours)

• Comprehensive Assessment (within 72 hours, unless screen indicated this is not warranted)

• Daily progress notes

• Discharge Plan
Services Required (to be Offered)

- Individual or Group Motivational Counseling Sessions
- Individual Advocacy and Case Management Services
- Medical Services as required in 245F.12
- Care Coordination
- Peer Recovery Support Services
- Patient Education
- Referrals to mutual aid, self-help and support groups
Billing and Payment

• Key points.....
  • Withdrawal Management is a Medicaid Benefit
  • Withdrawal is covered in the MCO contract
  • County of Financial Responsibility for WM is the county of residence
  • Withdrawal Management is a direct access service
Billing and Payment Continued.....

• **For Providers:**
  
  • Check MN-ITS to see if client has open eligibility span
  
  • Determine county of residence
  
  • Complete DAANES admission record
  
  • If client does not have open eligibility span, complete 1 page Rule 24 document and submit to CFR
  
  • Bill Payer
• For Counties:
  • The county of financial responsibility assists in determining financial eligibility for clients once the provider has submitted the Rule 24 document.
  • Withdrawal Management is a direct access service so there is no authorization needed.
  • Date of eligibility should be date of admission to the program.
  • Rule 25 paperwork is not needed to determine eligibility for WM services.
Billing and Payment continued…..

• **For MCO’s**
  - Withdrawal Management is a covered benefit
  - Providers should be reaching out to each plan to develop contract with the plan

• **For All**
  - An assessment is not needed to access WM services
  - If individual meets ASAM standards for admission, service must be provided and paid for all eligible clients
1115 SUD System Reform Demonstration

- **How to Enroll**

![Enrollment Form Image](image-url)

<table>
<thead>
<tr>
<th>Required field</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDER NAME</td>
<td></td>
</tr>
<tr>
<td>SERVICE LOCATION ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td></td>
</tr>
<tr>
<td>ZIP CODE</td>
<td></td>
</tr>
<tr>
<td>CONTACT NAME</td>
<td>EMAIL ADDRESS</td>
</tr>
<tr>
<td>PHONE NUMBER</td>
<td></td>
</tr>
<tr>
<td>PATIENT REFERRAL ARRANGEMENT AGREEMENT CONTACT NAME</td>
<td>EMAIL ADDRESS</td>
</tr>
<tr>
<td>PHONE NUMBER</td>
<td></td>
</tr>
</tbody>
</table>

**LEVEL(S) OF CARE AT THIS LOCATION**

- Level 1.0: Outpatient
- Level 2.1 Intensive Outpatient
- Level 3.1: Clinically Managed Low-Intensity Residential
- Level 3.2: Clinically Managed Residential Withdrawal Management
- Level 3.3: Clinically Managed Population-Specific High-Intensity Residential
- Level 3.5: Clinically Managed High-Intensity Residential
- Level 3.7: Medically Monitored Inpatient Withdrawal Management
Maintain documentation of a formal patient referral arrangement agreement for levels of care not offered by the enrolled provider.

Must offer medication assisted treatment at the enrolled location or must facilitate access to medication assisted treatment if it is not offered at the enrolled location.

Comprehensive assessments

Patient placement criteria based on ASAM Criteria

Policies and Procedures

Program Outreach Plan
Withdrawal Management WebEx Part 2

- There will be a second WebEx on **Monday July 26th** at which time we will answer all questions collected during this WebEx, as well as sent in via email and collected on site visits.

- An E-Memo with the login information will be sent out in the upcoming weeks.
Contact Information

• DHS Licensing: Kristi Strang- Kristi.strang@state.mn.us
• Behavioral Health Division: Dana Nelson- dana.nelson@state.mn.us
• Withdrawal Management Mailbox- DHS.BHD.Withdrawal.Management@state.mn.us
• 1115 Mailbox- 1115demonstration.dhs@state.mn.us