



Current Grant-Funded Opioid Services

Dave Rompa | Human Services Supervisor 3 | Alcohol and Drug Abuse Division

Naloxone

- Minnesota Department of Health
- Rural AIDS Action Network
- The Steve Rummeler HOPE Network
- Meridian

Integrated Care for High Risk Pregnancies (ICHIRP)

- Leech Lake Band Of Ojibwe
- Red Lake Nation
- Mille Lacs Band of Ojibwe
- White Earth Nation

Parent Child Assistance Program(PCAP)

- American Indian Family Center
- Fond du Lac Band of Ojibwe Human Services
- Hope House of Itasca County
- Journey Home (St. Cloud Hospital Recovery Plus)
- Meeker-McLeod-Sibley Counties Human Services
- Perspectives, Inc.
- Resources, Inc.
- RS Eden, Inc.
- Ramsey County Mothers First
- St. Stephens Human Services(Kateri Residence)
- Wayside Recovery Center
- Wellcome Manor Family Services

Extension for Community Healthcare Outcomes(ECHO) Hub

- Hennepin County Medical Center
- Wayside Recovery Center
- Unity Family Healthcare d/b/a St Gabriel's Health
- Native American Community Clinic
- Dakota Communities
- Wilder Recovery Services

Medication Assisted Treatment (MAT-PDOA)

- Red Lake Band of Chippewa
- White Earth Nation
- Fairview Medical
- Hazelden Foundation
- Policy Research Group

Follow-Up

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Substance Use Disorder Reform

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A good work – under construction



E-MEMO and Website Resources

- Visit our [website](#) to sign up for the E-memo to receive updates from the Alcohol and Drug Abuse Division.
- SUD Resources are posted on the [SUD Reform Page](#) at our website: mn.gov/dhs
- We are encouraging participants to review the SUD Reform e-memos and website resources available on the [website](#) prior to attending the WebEx's. These materials provide basic information that is helpful to understand reform and its implications.

Website Resources (cont.)

- [SUD Care Coordination/Case Management](#) (PDF & Audio)
- [Comprehensive Assessment/Direct Access](#) (PDF & Audio)
- [Direct Reimbursement](#) (PDF & Audio Recordings)
- [Peer Recovery Support](#) (PDF & Audio Recordings)
- [Withdrawal Management](#) (PDF & Audio Recordings)
- [New Services in 2017 SUD Reform Legislation](#)
- [SUD Reform Implementation Timeline](#)
- [Rule 31 to 245G Table of Legislative Changes](#)
- 2017 session law: [Bill Language](#) (Article 8)

Going Forward

- To ensure clear and efficient implementation of SUD Reform, this WebEx series is focused on implementation of the 2017 SUD Reform legislation. Please send questions about topics outside this scope to YourOpinionMattersDHS@state.mn.us so your topic can be addressed through other appropriate avenues.
- DHS will be hosting ongoing I-TV sessions for counties to discuss the implications unique to our county partners.
- We acknowledge that change is always hard, even when it is good change. We are committed to providing ongoing timely and transparent communication as the implementation moves forward.

Results of 2015 Statewide Listening Sessions (9)

- Seven consistent themes were identified from the listening sessions:
 - 1. Recognize the importance of culture, tradition, and spirituality. Focus funds on these concepts throughout the services continuum: prevention, intervention, withdrawal management, treatment, care coordination, and recovery support.
 - 2. DHS should improve the availability of and funding for transportation, mental health services and sober housing. DHS should address related workforce shortages, especially in rural areas.
 - 3. Address the consistent themes within a larger conversation of how to normalize substance misuse and substance use disorder prevention, intervention, treatment, and recovery services within healthcare.
 - 4. Integrate prevention, intervention, treatment, and the recovery oriented service continuum into behavioral and physical health care by challenging stigma that has historically kept it separate.
 - 5. Safe affordable housing.
 - 6. Invest in services to: 1) families with children and adolescents, 2) partner with schools, 3) faith communities, and 4) other local supports.
 - 7. The state should lead the way with collaborative efforts among state agencies and partnering with local agencies and providers.

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 Care Coordination/Case Management, peer recovery support, withdrawal management

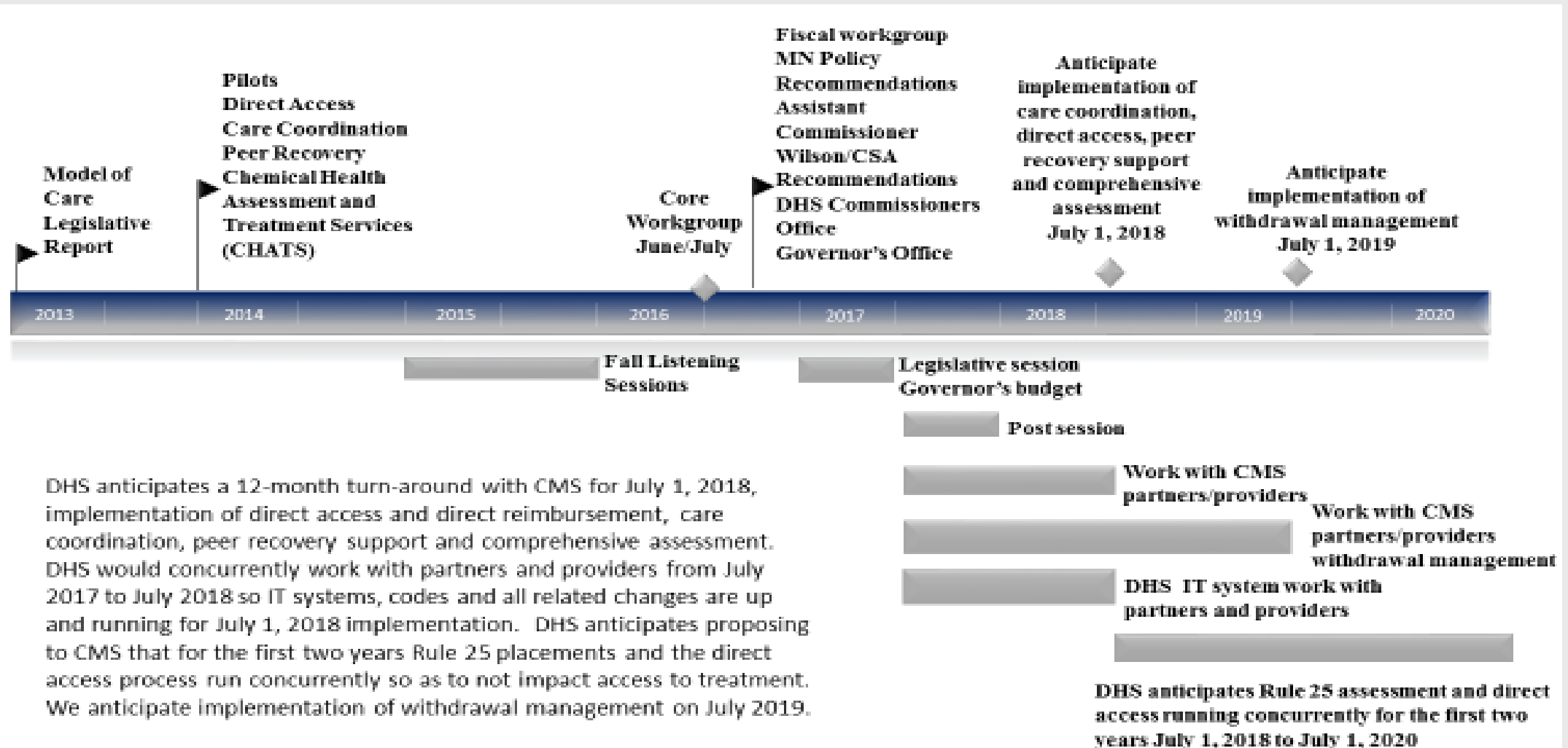
Substance Use Disorder Reform (cont.)

- 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, so we don't yet know the reimbursement rates.
- Utilization Review
- The standards for substance use disorder treatment programs moved from Minnesota Rule to Minnesota Statute. The new chapter is 245G and is effective January 1, 2018.

A Tale of 2 Waivers

- 1915B – CMS Medicaid Waiver of Client Choice –
 - Since 1988
 - Allows Minnesota to operate Rule 25 and Rule 24
 - Biennial Renewal
- 1115 – CMS Medicaid Demonstration – IMD
 - Upcoming Public Hearing
 - Impact on County Share

Timeline Overview



- Current Process
 - Rule 25 assessment from a placing authority (MCO, county or tribe), who then authorizes a treatment placement.
- SUD Reform
 - An individual goes directly to a provider for a comprehensive assessment by a licensed professional, who then makes a recommendation for intensity and nature of service. The client chooses the program, (subject to any network requirements if in a PMAP). The comprehensive assessment follows the client and is used for developing the treatment plan.
 - The process for a client to access CCDTF/Medical Assistance enrollment is not changed by the reform.

- Timeline goal:
 - Direct access will begin with Medicaid reimbursable comprehensive assessments used for placement purposes on July 1, 2018, or upon federal approval, whichever is later.
 - We will be running the direct access via comprehensive assessment and the Rule 25 access processes in parallel while we build up the capacity to do direct access state-wide. We expect this could potentially take up to two years.
 - 1915(b) waiver until June 30, 2018.
 - Much of the comprehensive assessment is the same as the current one required in Rule 31. However, there are a few changes, to include elements from the Rule 25 assessment and screening for co-occurring disorders.

Comprehensive Assessment-Eligible Vendor

- Licensed SUD and WM Programs
- Counties
- Licensed professionals eligible for direct reimbursement
- Licensed professionals eligible for direct reimbursement and counties will not be required to have a substance use disorder or withdrawal management program license to provide and bill for an assessment.

Comprehensive Assessment/Direct Access

- For clients not yet enrolled in Medicaid, the process for a client to obtain financial review with the county or Tribe for coverage prior to admission is unaffected by the reform at this stage.
- Utilization Review
- Mobile Assessments
- Telemedicine

Direct Reimbursement Definition

- The SUD reform allows for credentialed providers to bill directly for assessments and other treatment services by adding individually licensed professionals as eligible vendors for publically-funded SUD treatment services.
- Individuals must meet the qualifications of an alcohol and drug counselor supervisor as described at Minnesota Statute section 245G.11, subdivision 4 to be eligible for direct reimbursement.
- Effective July 1, 2018, or upon federal approval, whichever is later.

Direct Reimbursement Definition (cont.)

- Individuals must have licensure that provides a scope of practice to provide addiction treatment services. In addition, a concentrated education in alcohol and drug counseling and supervised internship experience with individuals with substance use disorder are required to be an individual vendor.
- SUD treatment program standards will also be changing effective January 1, 2018, and the new standards allow programs to provide treatment services outside of the facility upon approval from DHS.

Direct Reimbursement-Eligible Vendor

- At 254B.05, subdivision 1, paragraph (b), a licensed professional in private practice who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible vendor of a comprehensive assessment and assessment summary provided according to section 245G.05, and treatment services provided according to sections 245G.06 and 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2.

SUD Treatment Coordination

- Adds SUD 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.
- Intend service to be billable in 15 minute increments. Staff credentials to be lower than what is required for other SUD treatment services.

SUD Treatment Coordination Provider Qualifications

- An individual is qualified to provide SUD 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 SUD care coordination for an individual with substance use disorder;

SUD Treatment Coordination Provider Qualifications

4. has either:
 - a. a bachelor's degree in one of the behavioral sciences or related fields;
or
 - b. 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 treatment coordinator must receive at least one hour of supervision regarding individual service delivery from an alcohol and drug counselor weekly.

SUD Treatment Coordination-Eligible Vendor

- Licensed SUD programs
- Licensed withdrawal management programs
- Licensed professionals in private practice that meet the credential requirements for direct reimbursement
- Counties
- Licensed professionals and individuals getting direct reimbursement are not required to have an SUD or WM program license to provide this service.

Peer Recovery Support

- The reform legislation adds peer recovery support services to the Medicaid benefit set on July 1, 2018, or upon federal approval, whichever is later, and directs the Department to seek this approval.
- The peers themselves would not be eligible for direct reimbursement. For the service to be reimbursable, the peer providing the peer support service must be employed and supervised by an eligible vendor of the service.
- Recovery Community Organization is defined at 254B.01, subdivision 8.
- Peer support services are defined at 245G.07, subdivision 1, paragraph (a), clause (5). The service can be provided in a group or individual setting.

Recovery Peer Qualifications

- Recovery peer qualifications are defined at 245G.11, subdivision 8:
 1. have a high school diploma or its equivalent;
 2. have a minimum of one year in recovery from 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.

Peer Recovery Support- Eligible Vendor

- Licensed SUD programs
- Licensed withdrawal management programs
- Recovery Community Organizations. A Recovery Community Organization must have a certification approved by the commissioner to be an eligible vendor.

Withdrawal Management

- 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
- 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.
- 254B.05, subdivision 1, identifies a withdrawal management program licensed by the commissioner as an eligible vendor.

Withdrawal Management Definitions

- 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.

Withdrawal Management Definitions (cont.)

- “Clinically managed program” means a residential setting with staff comprised of a medical director, licensed practical nurse, and alcohol and drug counselor. 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.
- "Medically monitored program" means a residential setting with staff that includes a registered nurse, medical director and alcohol and drug counselor. 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.

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- The link to the reform DHS website is: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/alcohol-drug-other-addictions/sudreform/>