DEPARTMENT OF HUMAN SERVICES

June chat questions

Q: Regarding DHS Memo: It states we need to attest if enrolled as a MHCP who offers 3.5 programming. Our Residential 3.5 program has been enrolled for 1115. Is there an additional form or action we need to take, attesting we do offer treatment services 7 days a week @ 30 hours a week?

DHS is using "certify" now instead of "enroll," as this language better aligns with existing DHS processes and ASAM being established in state law (MS 254B.19). E-memo 23-81 calls for programs that have not yet certified to do so. A program that has already "enrolled" has already "certified."

Q: Am I hearing correctly that providers are now being advised to provide 30 hours AND services seven days per week? Those are both burdensome requirements on their own…combining them is the worst-case scenario, especially knowing CMS approval likely won't come until Q4.

To minimize occurrences of claims resubmissions, DHS recommends ASAM Level 3.3 and 3.5 residential SUD programs continue to offer 30 hours of treatment services per week with at least one daily skilled treatment service seven days a week until state plan approval is communicated.

Q: Question regarding Memo 23-81, sent 6/17. SUD facilities required to certify an ASAM level of care. Would this mean facility has enrolled in 1115 waiver?

DHS is using "certify" now instead of "enroll", as this language better aligns with existing DHS processes and ASAM being established in state law (MS 254B.19). E-memo 23-81 calls for programs that have not yet certified to do so. A program that has already "enrolled" has already "certified."

Any nonresidential programs that have not yet "enrolled" in the 1115 Demonstration must "certify" their ASAM level of care by Jan. 1, 2025.

Q: Upon successful enrollment in 1115 Waiver in 2024, are sites to include ASAM language such ASAM (Level of Care: ASAM level 3.5) vs the high, medium and low levels of care within program service documentation (H2035)? Looking to ensure documentation is in alignment with this roll out.

When determining a recommendation for the best level of care for an individual, please use residential ASAM level of cares versus high, medium and low.

Q: Will there be an increase in non-residential rates?

Programs certified at outpatient ASAM levels of care are eligible for a 20% rate increase for individual and group treatment services provided to MA recipients (Minnesota Session Law, Chapter 108, Article 4, Section 26).

Q: To clarify: 245G licensed programs do not need to establish an individual recovery plan for peer recovery support services and all that is needed is for peer recovery support services to be identified within the individual treatment plan created by an LADC, correct? This would mean the individual recovery plan requirements are not applicable to 245G licensed programs, correct?

An individual recovery plan is not required within a 245G treatment program because a treatment plan exists. It may be beneficial for a client receiving peer services to have a specific recovery plan with their peer, but we do not require that as we acknowledge it would be more paperwork.

Q: Legislation does not specifically say the 30 hour/7 day a week issue is retroactive.

The Chapter 108, Article 4, Section 3 amendments to MS 254B.05, subd. 5, (b), (1), which establishes rates for substance use disorder services and service enhancements, are effective retroactively from Jan. 1, 2024, with federal approval or retroactively from a later federally approved date.

E-Memo #23-76 provides the following guidance. The 2024 legislative session also included language that assists in providing continuity in state law and federal authority for SUD rates and services. To achieve this continuity, 2024 Minnesota Session Law Chapter 125, article 3, section 10, requires providers attesting to ASAM 3.3 or 3.5 levels of care to continue providing 30 hours of treatment services per week until June 30, 2024. Effective July 1, 2024, and subject to federal approval, providers attesting to ASAM 3.3 or 3.5 levels of care must provide a daily skilled treatment service seven days a week as defined in Minnesota Statutes, section 254B.19, subdivision 1, clauses (6) and (7). To minimize occurrences of claims resubmissions, DHS recommends ASAM Level 3.3 and 3.5 residential SUD programs continue to offer 30 hours of treatment services per week with at least one daily skilled treatment service seven days a week until state plan approval is communicated.

Q: Are there any plans for group based PRS to be payable?

Chapter 127, Article 48, Section 16 requires that a working group on peer recovery support services be convened, which must develop recommendations on acceptable activities to bill for peer recovery services, including group activities.

Q: The statute related to 14 hours of peer recovery services per week, does this mean that a single client is limited to 14 hours per week of peer support services or does this mean a single Peer can only provide 14 hours to that client. For example, could a client receive more than 14 hours of peer services if they are working with more than one peer for whatever reason?

The 14 hours is tied to the individual receiving the service, not to a recovery peer providing the service. The law specifically states, "(2) limit an individual client to 14 hours per week for peer recovery support services from an individual provider of peer recovery support services." which is effective Jan. 1, 2025. (Chapter 125, Article 3, Section 8)

Q: What is the application process for the working group?

This is still being developed. Please stay tuned to e-memo communication for more information.

Q: Clarifying question: DHS is recommending that all 3.5 residential programs continue to provide 30 hours of clinical/skilled services AND seven days of skilled services be provided while NOT allowing the Federal holidays or missed treatment hours with documentation to take place until the state plan is approved?

It has been determined that State Plan approval is required for the allowance of missed treatment for federal holidays and missed treatment hours. DHS will provide additional information when it is available.

Q: Is the 2.5 ASAM level of care now part of the 1115 demonstration project and eligible for the 1115 rate?

No, ASAM 2.5 Partial Hospitalization is not part of the 1115 demonstration project. ASAM 2.5 level of care was added to Minnesota Statutes during the 2023 legislative session. However, this service is not effective in state law until Jan. 1, 2025, or upon federal approval of the service. Upon approval of this service in State Plan,

programs seeking to provide ASAM 2.5 level of care must be certified at that level of care. The Behavioral Health Division intends to use a similar or same process for certifying ASAM 2.5 programs that has been used to "enroll," now being referred to as "certify," providers in the 1115 Demonstration. DHS will provide additional information on rates and claims submissions for outpatient ASAM levels of care when it is available.

Q: Will the satellite location be approved by third party payers too such as MA and UCare? Was told by certain payers that it was not covered.

MA would cover licensed SUD services within satellite locations. Please feel free to reach out with more information you have about this not being covered: sud.direct.access.dhs@state.mn.us.

Q: What platform will be used to communicate authorizations or claim payment that has been denied or seeking additional clarification for approval? MNIT mailbox?

Please email sud.direct.access.dhs@state.mn.us for a more specific response.

Q: Can a professional qualified to provide a treatment service in a residential setting do so outside of the program location and count it as a treatment service toward the 30 hour and/or daily requirement (For example, while attending a community appointment)?

Treatment services provided by SUD treatment programs count towards the amounts for residential programs in 254B.19 when they are skilled services, defined in 254B.01, subd. 10, provided by a qualified professional according to each client's specific treatment schedule, as directed by the individual treatment plan, and in compliance with 245G.07. SUD treatment programs may provide treatment services off site from the licensed site according to the requirements in 245G.07, subd. 4. Services provided by professionals in the community who are not part of the SUD treatment program do not count as services provided by the treatment program. Although accompanying a client to appointments that support recovery may fall under the description of peer recovery support services, that is not included in the definition of a skilled treatment service.

Q: Is this a department created document only? Or do you provide the ability to make your own document if it covers all the same criteria?

Yes, 245G.04, subd 3 (new subdivision) previously existed as a requirement in the comprehensive assessment states the material approved by the commissioner, and this is the only document approved by the commissioner.

This is the commissioner approved this opioid education document.

Q: We are an ASAM 3.1 level of care. We recently increased our programming to 15 hours per week. Our per diem rate currently is $79.84. Due to the increase in the number of hours per week of programming, are we able to begin submitting claims for the $166.13? Do we have to attest to the ASAM level first?

As an ASAM 3.1 level of care, if the individual receives at least 15 hours of skilled treatment service, the program may be reimbursed at the per diem rate of $166.13. Please see the Minnesota Health Care Programs (MHCP) general billing requirements for additional information related to billing usual and customary (U&C) charges.

Q: As Part of a larger MH center does the MH Provider requirement mean the treatment program needs to hire the MH staff or does the MH center staff count towards that staffing requirement.

There are multiple requirements related to mental health professionals (MHPs) which apply to SUD treatment programs:

- 245G.08, subd. 4: All SUD treatment programs must have access to and document the availability of a licensed mental health professional to provide diagnostic assessment and treatment planning assistance. The MHP in this case may or may not be a SUD treatment program staff member, depending on whether they meet the definition in 245G.01, subd. 20e.

- 245G.20: SUD treatment programs specializing in the treatment of a person with co-occurring disorders must have a mental health professional available for staff member supervision and consultation. The MHP in this case may or may not be a SUD treatment program staff member, depending on whether they meet the definition in 245G.01, subd. 20e.

- 254B.05, subd. 5, (c), (5): SUD treatment programs approved for the enhanced rate for services to individuals with co-occurring must meet the currently published staffing ratios for counseling staff. Effective Aug. 1, 2024, the requirement is that the program employs a mental health professional as defined in section 245I.04, subdivision 2. The MHP in this case must be a SUD treatment program staff member.

Q: Here's a couple more questions from our members that haven't been addressed yet:

1. **What is the effective date that claims can be submitted at the higher rate ($166.13) for ASAM 3.1?** The amendments to 254B.05, subd. 5, (b), (1) are effective retroactively from Jan. 1, 2024, for ASAM Level 3.1 programs which provided 15 or more hours of skills treatment services each week.
2. **Why the 7 day per week requirement? Not only a hassle for clients but it does mean that we need to have someone on staff on the weekend. Ever more expense.** The requirement for daily skilled treatment services in ASAM Level 3.3 and 3.5 programs is a standard of the ASAM Criteria 3rd Edition.

Q: When does the State plan to move to ASAM 4th Edition requirements?

A date has not been determined yet as the State wants to work collaboratively with providers to ensure a smooth transition as the change in ASAM 4th ed. are significant.

Q: Will DHS be providing a printed summary of the legislative changes including effective dates?

Please see the Legislative section of the Direct Access web page for side by side tables of all the SUD related 2024 legislative changes.

Q: What is the likelihood the SPA is not approved with the removal of 30 hours? And, given it is smaller, do you have a sense for the timeline for approval? The last ASAM SPA was not approved within the required 90-day timeframe (thankfully so).

Unfortunately, we cannot say definitively on the likelihood of approval or the timeline. We can say the SPA should be submitted to CMS Mid-July and we should have an update by Mid-Oct. At the latest.

Q: Will there be a streamlined process for adding ASAM level 2.5 to our already approved locations once 2.5 is included in the 1115 demonstration?

ASAM 2.5 Partial Hospitalization is not part of the 1115 demonstration project. ASAM 2.5 level of care was added to Minnesota Statutes during the 2023 legislative session. However, this service is not effective in state law until Jan. 1, 2025, or upon federal approval of the service. Upon approval of this service in State Plan, programs seeking to provide ASAM 2.5 level of care must be certified at that level of care. The Behavioral Health Division intends to use a similar or same process for certifying ASAM 2.5 programs that has been used to "enroll", now being referred to as "certify", providers in the 1115 Demonstration.