

October 2024 Chat Questions

Q: I know it's in the SPA, but can you share with the group when the OTP bundled rates will be effective, if approved?

A: DHS anticipates this will be around January 1, 2026.

Q: How will the 3 category changes, specifically psychotherapy, change billing? Would this be a Prof bill/ fee w MH Professional?

Q: Can you expand SUD service changes - does this mean different rates for different types of services?

Answer to both questions above: The legislative session idea that was shared about SUD services is to have three categories of treatment services: psychotherapy (or counseling), psychoeducation, and recovery support services. Counseling and education are currently treatment services in section 245G.07; this idea would have minimal changes to those services, and they would still be required to be provided by an ADC or one of the identified qualified professionals operating within their scope of practice. The idea includes creating a recovery support services category which could be provided by a new SUD practitioner position. The idea includes each category of service having its own billed code and rate, based on the type of service and the level of qualifications required to provide it.

Q: Gena - what are the top three services on the DHS priority list for rates?

A: For rate study we are trying to go big with all the rate increases to start since the services are so underfunded. Strategically we are looking at scaling.

Q: If program hires a licensed professional such as LICSW to provide therapy and or DA, that billing would remain as is- through mental health professional billing?

A: Services provided as part of the SUD treatment programming must be billed by the SUD program, under that NPI number. If an agency has mental health providers that provide services outside of the SUD program, the SUD clients may be referred to those providers, who would bill for services separately from the SUD program.

Q: So, would an ADC-t now be considered a practitioner?

A: Within the legislative idea that was shared about creating a new SUD practitioner position, LADCs and ADC-Ts would remain ADC Counselors under 245G.11, although they would likely meet and exceed the qualifications of a practitioner.

Q: Any further info related to recent changes to the MHCP provider manual regarding OP billing? Some of what has been communicated thus far creates significant documentation and billing questions/challenges for group services

A: DHS does not have any additional information at this time beyond what is posted in the [MHCP provider manual](#). If you have specific questions or concerns about that information, please email us at SUD.Direct.Access.DHS@state.mn.us.

Q: Are you saying 1/1/205 there will be one rate -1115 and enhancement rates go away?

A: There is no plan at this time for the enhanced rates under 254B.05 to change. Pending SPA approval and necessary systems work, there will be just one base rate for 245G programs, including for BHF clients, because the base rate is equivalent to the 1115 rate. This is effective for residential programs back to 7/1/24 pending system's work and will be effective 1/1/25 for non-residential programs and upon SPA approval.

Q: Do you have link to the Outpatient SPA?

A: [24-40 Draft State Plan Amendment](#). Additional items related to state plans can be found here: [Medicaid and CHIP state plan amendments / Minnesota Department of Human Services](#)

Q: Any updates on documentation reduction?

A: Preliminary recommendations were received, and internal DHS prioritization has begun. The final full report of prioritized recommendations from the vendor is on track for mid-December completion. An ASAM Readiness Tool that organizations can use to self-assess their strengths and gaps in preparedness to integrate ASAM 4th edition is underway and on track for mid-December completion. The focus of Steering Committee Meetings this quarter is:

- high-level overview of 'ASAM Readiness Tool' & communication of transition plan
- identify and agree on possible 'Quick Wins' within the recommendations
- identify and agree on possible larger recommendations and general direction