Thursday Connections with SUD at DHS
Sept. 20, 2024

DEPARTMENT OF HUMAN SERVICES

Agenda

3:00-3:05: Logistics and introductions

3:05-3:15: Team updates

3:15-3:25: Review of Billable Units and Time Requirements

3:25-3:40: Review of State Plan Amendment changes

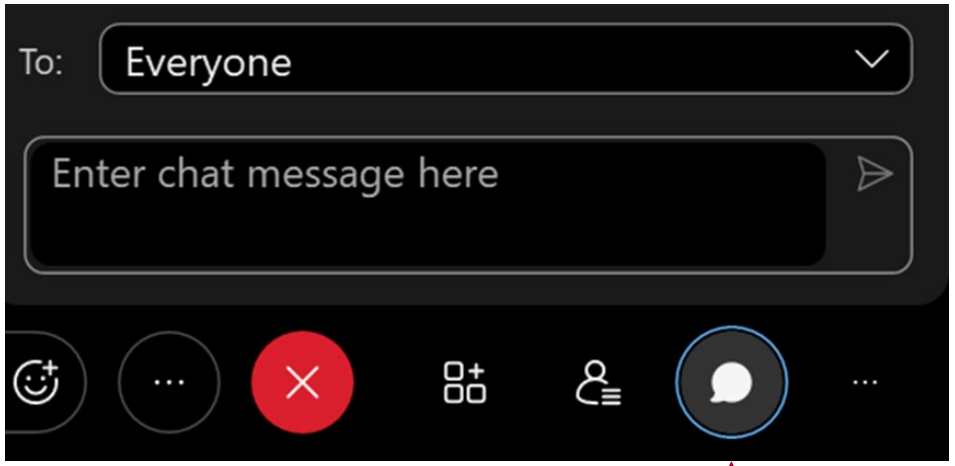
3:40-4:00: Q&A

Meeting Logistics

- All attendees, except presenters, will remain muted
- To save bandwidth, please keep cameras off
- We will work to address all questions during the time allotted.
- A summary of questions, comments and responses will be posted on the Thursday Connections with SUD webpage within one month of the meeting date.

Using Chat

1. Submit questions in the chat
2. Questions submitted via chat will be addressed during Q&A portion of meeting
3. Post chat questions to everyone to allow for all attendees to see conversation
4. Refrain from using chat during presentations



Use chat feature to enter questions

SUD Unit Leadership at DHS

- **Jen Sather**, Deputy Director for Substance Use Disorder Services
- **Kim Maley**, Manager of SUD Recovery and Prevention Services

- **Andrea Abel**, Supervisor, Promotion, Prevention and Early Intervention Team
- **Nathaniel Dyess**, Supervisor, SUD Reform Team
- **Amelia Fink**, Supervisor, SUD Clinical Policy Team
- **Chris Renville**, Interim Supervisor, Behavioral Health American Indian Team
- **Kate Toftness**, Opioid Response Team Supervisor- Interim

SUD Primary Prevention and Recovery Team Updates

Andrea Abel| SUD Primary Prevention and Recovery Team Supervisor

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2024 RFPs

- Women’s recovery RFP is still open
- Regional prevention coordination RFP will be posted shortly
  - This RPF is for parties championing SUD primary prevention in the community

Opioid Response Team Updates

Kate Toftness| Opioid Response Team Supervisor- Interim

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2024 RFPs

- OERAC:
  - Completed community reviewer panels for the applicants
  - OERAC Council meeting on Friday, Sept. 20 for final review and recommendations to Commissioner
- SOR:
  - Application still pending with SAMHSA

Naloxone Accessibility Initiative

- Micro grant project for naloxone storage boxes have been going well
- Grantees have identified unique and progressive placement for the naloxboxes that will benefit the community including four universities/colleges, mosques, YMCAs, libraries, a city hall and a trailhead
- There will also be eight mobile boxes that can travel where there is a need

Reform and Redesign Team Updates

Nathaniel Dyess| Reform and Redesign Team Supervisor

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SUD Reform & Redesign Team Updates – 1115 SUD System Reform Demonstration Waiver

- Centers for Medicare and Medicaid Services (CMS) granted MN a temporary extension of the 1115 SUD waiver, through June 30, 2025
- 148 nonresidential programs must certify an ASAM level of care (enroll) by Jan. 1, 2025
- NEW streamlined ASAM Certification Checklist
- Providers seeking certification must first meet the following:
  - 245G or 245F licensed
  - have the 245G.20 co-occurring licensing designation; and
  - be enrolled as a Minnesota Health Care Programs (MHCP) provider
- Attend a Virtual Office Hours for support in getting certified!

SUD Reform & Redesign Team Updates - ASAM Implementation

- ASAM Criteria 4th Edition eBook distribution deadline was July 31, 2024
  - 4th Edition textbook distribution will begin fall 2024.
- Request for Proposal (RFP) for Evidence-Based Training
  - RFP was released in May. Proposal review complete.
- ASAM Criteria Assessment Interview Guide
- Clinical Documentation Training PowerPoint

SUD Reform & Redesign Team Updates - ASAM Training & Support

- On-the-Spot: ASAM Integration and Application
  - 3rd Friday at 11 am CST
- Open Office for SUD Portal Assistance
  - 2nd Friday at 11 am CST
    - October 11
    - November 8
- ASAM Lunch & Learn Training Meeting - **Now monthly!**
  - 4th Wednesday at 12 pm CST
    - September 25
    - October 23

SUD Reform & Redesign Team Updates– Paperwork Reduction & Systems Improvement

- ASAM Readiness Tool in development.
  - A tool that organizations can use to self-assess their strengths and gaps in preparedness to integrate ASAM 4th edition.
- Steering Committee Meetings continue monthly.
  - October focus: present high-level overview of 'Readiness Tool' & discussion of transition planning
  - November focus: Last meeting with vendor and transition plan

SUD Reform & Redesign Team Updates – Community of Practice (CoP)

- Upcoming Meeting:
  - Oct. 15, 2024: 1-2:30 pm CT - Q4
- Request for Information (RFI) posted – to gather information on best practices in the community of practice space
  - Responses were due Aug. 23, 2024
- SUD CoP Webpage – provides overview, agendas and summaries

SUD Reform & Redesign Team Updates – 1115 Re-entry Demonstration

- The Minnesota Reentry Feasibility study will be completed by Sept.20, 2024
- 2024 Legislature directed DHS to apply to CMS for an 1115 Reentry Waiver with the expected application submission date of early 2025
- Tribal consultation is being completed for the tribal entity seat(s) for Reentry Working Group and for input on the tribal pilot site
- The county jail pilot sites will be determined by a competitive process. More information will be coming in future meetings
- An e-memo regarding the reentry waiver project is expected to be sent next week

SUD Reform & Redesign Team Updates – Contingency Management MA Study

- Deliverables:
  - Contingency Management Current Landscape Summary 10/9/2024
  - Coverage, Cost, Policy and Operations Options Summary 12/4/2024
  - 1115 Waiver Application Components Report 3/27/2025
  - Recommendations for a Monitoring Plan 5/9/2025
- Providers & professionals with contingency management experience in Minnesota who are interested in participating as a key informant, please contact andrea.suker@state.mn.us.
- Statute reference: MN Laws 2023, Regular Session, Chapter 61, Article 4, Section 23 directed DHS to complete a Medical Assistance Behavioral Health System Transformation Study to evaluate the feasibility, potential design and federal authorities needed to cover contingency management services under the medical assistance program.

SUD Reform & Redesign Team Updates – Federal Block Grant Peer Review Process

- Federal Fiscal Year (FFY) 2024 ends Sept. 30, 2024
- An e-memo seeking SUD professionals to assist with independent peer review to be released in October or November
- Please submit questions regarding the peer review process to sud.peer.review.dhs@state.mn.us
- Code of Federal Regulations (CFR) 96.136

SUD Clinical Policy Team

Amelia Fink| SUD Clinical Policy Supervisor

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SUD Clinical Policy Updates

- MHCP Provider Manual Update: Substance use disorder services for Billable Units and Time Requirements
- Draft State Plan Amendment for OTP Bundled Rates posted (25-01)
- Recovery Month Proclamation

STATE *of* MINNESOTA

Proclamation

WHEREAS: Substance use disorder hurts individuals, harms families, and undermines communities; and

WHEREAS: Thousands of people in Minnesota have achieved long-term recovery from substance use disorder; and

WHEREAS: By commemorating the strength and commitment of people in recovery and by recognizing the many ways people find recovery, we can counter misconceptions and stigmas associated with substance use disorders; and

WHEREAS: An estimated 450,000 to 500,000 Minnesotans are directly impacted by substance use; and

WHEREAS: 7 in 10 adults with a substance use disorder consider themselves to be recovering or in recovery; and

WHEREAS: Providing timely, equitable, and culturally appropriate prevention, treatment, and recovery services is vital for those struggling with substance use disorders; and

WHEREAS: Investments in community-based services, along with support from families and communities, contribute to recovery for individuals with substance use disorders; and

WHEREAS: Minnesota continues to build and maintain a wide range of prevention, treatment, and recovery efforts, including peer recovery programs; and

WHEREAS: Minnesota continues to work with its many partners including the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, and in communities across the state to provide support for all people in Minnesota no matter where they are in their recovery.

NOW, THEREFORE, I, TIM WALZ, Governor of Minnesota, do hereby proclaim September 2024 as

RECOVERY MONTH

in the State of Minnesota.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the State Capitol this 29th day of August.

GOVERNOR

SECRETARY OF STATE

Billable Units and Time Requirements

Billable Units and Time Requirements

The following guidance can be found in the MHCP Provider Manual: Substance Use Disorder Services.

For nonresidential (outpatient) services, codes H2035 and H2035 HQ are used for individual counseling and group treatment services, respectively.

These codes are defined as “alcohol and/or drug counseling per hour” and are measured in units of time. More than half of the time must be spent providing the treatment service to an individual, excluding any breaks, to report these codes.

Billable Units and Time Requirements Continued

The significance of the past mid-point designation, for example, is if the provider schedules 60 minutes and the client leaves after 50 minutes, the provider is still able to bill for the hour.

The past mid-point language is not intended to allow providers to schedule units in less than 1 hour. Additionally, billable treatment units should not cover a previously billed time.

For example, a provider should not bill two hours/units of service when the individual attends two consecutive 31-minute groups with a short 5-minute break in between (9:00 to 9:31 group, 9:31-9:36 break, 9:36 to 10:07 group). Individuals would then receive a total of 62 minutes of service which is one hours/unit of service and not two hours/units of service. Scheduling in units less than one hour deprives the client of the benefit of the full unit of service.

Question #1

Regarding the underlined language from yesterday's PowerPoint slide, although it is not in statute or the SUD provider manual, that is current clarifying guidance to providers to follow now, correct? Along with this guidance, there will still be a legislative initiative to add this language to the SUD provider manual or statute, correct?

Are the following separate formats acceptable:

1) Group starts at 8:30 a.m., goes until 9:15 a.m., 15-minute break, then the next group starts at the top of the next hour at 9:30 a.m.

2) Group starts at 9:30 a.m., first break for this group is 10:15 a.m., clients return for same group at 10:30 a.m., then break again at 11:15 a.m. Then next group starts at the top of the next hour at 11:30 a.m.

Both scenarios allow for one unit within every one hour of time that passes.

Answer #1

Based on the scenario provided, it sounds like there would be a 1-hour group at 8:30 a.m. and another 1-hour group scheduled at 9:30 a.m. There may be times when you go the entire hour that is scheduled, so if you want to be sure to have a break, the next group could start at 9:45 a.m.

Question #2

I know for group therapy you can't have two billable hours within the same 60-minute period; however, I am wondering when someone goes from group therapy to an individual/psychotherapy session.

For example, if I attend a group from 9 a.m. to 9:45 a.m. can I then start an individual/psychotherapy session at 9:55 or does that need to wait until 10 a.m.? I hope this makes sense and let me know if you have further questions.

Answer #2

We did update the MHCP SUD Provider manual page with some information under “**Billable Units and Time Requirements,”** but it doesn’t directly answer your question. The safest guidance is that it is not permitted to bill two services within the same unit span.

Ex. Group is an hour, you cannot bill for anything additional in that 60 minute/one hour unit. We are looking to see if any services can be provided in 15 minutes increments to provide greater flexiblity based on clientele need. More to come on that!

Question #3

Quick question regarding the skilled service per day requirement. If a client misses a day of treatment service and the reason and intervention are documented, I understand high intensity can be billed.

If a client misses a day of treatment service and there is no reason documented or intervention taken, would the program just not bill that day, or would the intensity need to change?

Answer #3

The statute change only includes an allowance to bill the client's identified intensity level if the requirements are met. It does not include an allowance to bill a different way if those requirements are not met.

A client's specific intensity level is determined by their needs and person-centered considerations. If the client's needs and considerations change, the client should be assessed to determine if a different intensity level is more appropriate; however, that is not something that would change for billing reasons.

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Review of State Plan Amendment changes

State Plan Amendment (SPA) Changes

- **Residential ASAM Levels of Care**: The amendment defines residential ASAM levels of care
- **Unified Residential Treatment Rates**: The SPA includes one rate for residential treatment providers for individuals covered by the Behavioral Health Fund or Medical Assistance
  - DHS is currently updating the claims system to allow for payment of the higher rate for behavioral health fund clients back to July 1, 2024. Additional information will be communicated via e-memo and MNITs mailbox

SPA Changes Continued

- **Daily Skilled Treatment Requirement**: For high-intensity residential treatment (ASAM 3.5 and ASAM 3.3), a daily skilled treatment service is required; there is no longer a requirement to provide 30 hours of treatment per week for ASAM 3.5 and ASAM 3.3 levels of care

- **Low-Intensity Residential Levels**: The SPA outlines two levels of low-intensity residential treatment, one requiring at least five hours and the other at least 15 hours of skilled treatment services along with their respective rates

SPA Changes Continued

- **Billing for Missed Services in Residential Levels of Care**: Programs can continue to bill a per diem rate based on a client's intensity level when a treatment service is missed. The reason for missing a service must be client centered; the program must document both the reason for the client's absence and the interventions taken

- **Holiday Scheduling Flexibility**: Effective Aug. 1, 2024, service hours during a treatment week may be reduced to accommodate federally recognized holidays. This is applicable for outpatient services and ASAM 3.1 low-intensity residential treatment. High-intensity residential (ASAM 3.3 and ASAM 3.5) is still required to provide daily skilled treatment services.

The Department of Human Services (DHS) is actively updating forms and the SUD MHCP provider manual to reflect these changes. We will share updates as they become available.

Questions and Answers

What questions do you have for the SUD Unit today?

We will try to answer your questions at this meeting.

Questions that require more research will be posted within one month on the Thursday Connections with SUD at DHS webpage.

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Thank You!

For updates about future meetings and responses to questions not answered during this meeting, please visit the Thursday Connections with SUD at DHS webpage.