Thursday Connections with SUD at DHS
June 20, 2024

DEPARTMENT OF HUMAN SERVICES

Agenda

3:00-3:05: Logistics and introductions

3:05-3:45: Legislative updates

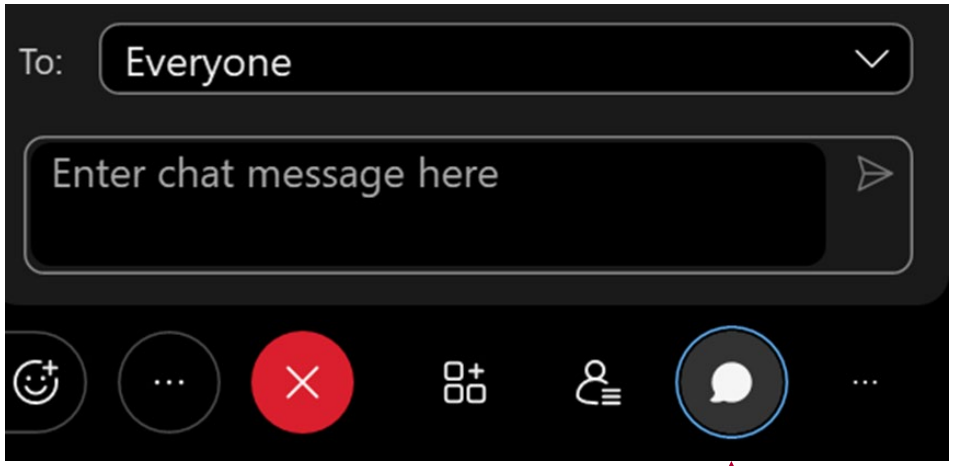
3:45-4:00: Q & A

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
- **Don Moore**, Supervisor, Behavioral Health American Indian Team
- **Jennifer Rennquist**, Supervisor, State Opioid Response Team

Legislative Updates

- American Society of Addiction Medicine (ASAM) Residential Levels of Care
  - Chapter 108, Article 4, Section 23 & Chapter 127, Article 48, Section 10
  - ASAM 3.1 Clinically Managed Low Intensity at Least 5 Hours Per Week
  - ASAM 3.1 Clinically Managed Low Intensity at Least 15 Hours Per Week
  - ASAM 3.3 Clinically Managed Population-Specific High Intensity at Least 30 Hours Per Week
  - ASAM 3.5 Clinically Managed High Intensity at Least 30 Hours Per Week
  - Daily Skilled Treatment Service Seven Days a Week Effective July 1, 2024, and Contingent Upon Federal Approval
- Level of Care requirements Effective Aug. 1, 2024, and Contingent Upon Federal Approval
  - Chapter 108, Article 4, Section 23
  - Eligibility to Bill at Intensity Level When a Client Misses Services…
  - Hours in a Treatment Week May be Reduced in Observance of Federally Recognized Holidays

Legislative Updates

- ASAM Nonresidential Levels of Care Effective Jan. 1, 2025
  - Minnesota Laws 2023, Chapter 50, Article 2, Section 52
  - ASAM 0.5 Early Intervention
  - ASAM 1.0 Outpatient Services Up to 8 Hours Per Week
  - ASAM 2.1 Intensive Outpatient at 9 to 19 Hours Per Week
  - ASAM 2.5 Partial Hospitalization Must Receive 20 Hours or More Per Week
- 3% Rate Increase for Residential SUD Services Effective Jan. 1, 2025
  - Chapter 127, Article 48, Section 19

Legislative Updates

- 1115 Reentry Demonstration Waiver
  - Chapter 127, Article 48, Sections 12, 13, 17 and 18
  - Establishes Eligibility and Service Criteria
  - Working Group
  - Direction to Apply
  - County Capacity Building and Implementation Grants
  - Appropriations to Engage With Individuals With Lived Experience

Additional changes in Chapter 108, Article 4

- Section 1 Modifies education requirement in statute section 148F.025 for Alcohol and Drug Counselor license applicants. Effective day following enactment.
- Section 16 Adds requirements in statute section 254A.19 for comprehensive assessments completed under certain conditions. Effective Aug. 1, 2024.
- Sections 20 and 21 makes changes to local agency requirements in statute section 254B.04, subdivisions 6 and 6a:
  - Modifies timetable for determining client eligibility under the behavioral health fund.
  - Adds language requiring a local agency to enter the financial eligibility span within five business days of a request
- Section 24 Modifies requirements for Sober Homes regarding location and permitting usage of administered pharmacotherapies for the treatment of opioid use disorder and to treat co-occurring substance use disorders and mental health conditions. Effective Jan. 1, 2025, for MOUD and Jan. 1, 2026, for others.
- Section 25 Allows for hospitals meeting residential treatment program status and providing only ASAM 3.7 medically monitored inpatient level of care to not be required to enroll as demonstration project providers. Effective the day following final enactment.
- Section 26 Clarifies and updates information on rates for providers in statute section 256B.0759. Effective the day following final enactment.
- Section 27 Changes timetable for paperwork reduction from "Within two years of contracting with a qualified vendor according to paragraph (d)" to "By Dec. 15, 2024“.

Additional changes in Chapter 127, Article 48

- Section 1 Modifies statute section 151.065 by removing section on fees reduced under section 256.04.
- Section 2 Amends statute section 245.91 definitions of facility/program to include peer recovery support services provided by a recovery community organization as defined in section 254B.01, subdivision 8.
- Section 11 Modifies Opiate Epidemic Response Fund provisions in statute section 256.043, subdivision 3, and includes distribution of remaining funds to county and tribal social service agencies based on intake data from the previous three calendar years related to substance use.
- Section 14 Provides for civil and legal immunity for local government units administering opiate antagonists in good faith, under statute section 604A.04, subdivision 3.

DEPARTMENT OF HUMAN SERVICES

Recovery Community Organizations and Peer Recovery Support Services

Program and documentation requirements

- Organization names change
- Requirements for the MN Statewide Recovery Organization
  - Response to certification applications, if denied reason provided
- Strengthens standards to be an RCO MA vendor of peer recovery services
- RCOs not accredited by CAPRSS, certified by ARCO or MN Statewide Recovery Organization must start process to be certified by Sept. 1, 2024, and must be certified by June 20, 2025
- Does not allow recovery peers to be hired or classified as an independent contractor (no new as of July 1, 2024, none allowed Jan.1, 2025)

Recovery Community Organizations

- Requires RCOs to provide an orientation and notice to recipients of consumer advocacy services provided by the Ombudsman for Mental Health and Developmental Disabilities and other relevant advocacy services
  - Contact info for Ombudsman for Mental Health and Developmental Disabilities and MARCO
  - Information on who within the RCO complaints should be referred
  - Statement that the recipient should not be retaliated against for a complaint

Peer services

- Defines peer recovery support services
  - Clarifies service must be provided one to one
  - Services must be provided according to an individual recovery plan, treatment or stabilization plan.
  - Must be voluntary
  - Peer recovery support services may not be provided to a client residing with or employed by a recovery peer from whom they receive services
- Documentation and client file requirements for peer services
- Details supervision requirements
  - Adds mental health professionals to be able to provide supervision (in additional to LADCs)
  - Must meet at least once a month
  - Identified content of the supervision

Clinical necessity

(j) Eligible vendors of peer recovery support services must:

(1) submit to a review by the commissioner of up to ten percent of all medical assistance and behavioral health fund claims to determine the medical necessity of peer recovery support services for entities billing for peer recovery support services individually and not receiving a daily rate; and

(2) limit an individual client to 14 hours per week for peer recovery support services from an individual provider of peer recovery support services

Complaints and Recommendations

DIRECTION TO OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

- By Sept. 30, 2025, the ombudsman for mental health and developmental disabilities must provide a report to the governor and the chairs and ranking minority members of the legislative committees with jurisdiction over human services that contains summary information on complaints received regarding peer recovery support services provided by a recovery community organization as defined in Minnesota Statutes, section 254B.01, and any recommendations to the legislature to improve the quality of peer recovery support services, recovery peer worker misclassification, and peer recovery support services billing codes and procedures

PRSS and RCO Working Group

PEER RECOVERY SUPPORT SERVICES AND RECOVERY COMMUNITY ORGANIZATION WORKING GROUP.

Subdivision 1. Establishment; duties. The commissioner of human services must convene a working group to develop recommendations on:

(1) peer recovery support services billing rates and practices, including a billing model for providing services to groups of up to four clients and groups larger than four clients at one time;

(2) acceptable activities to bill for peer recovery services, including group activities and transportation related to individual recovery plans;

(3) ways to address authorization for additional service hours and a review of the amount of peer recovery support services clients may need;

(4) improving recovery peer supervision and reimbursement for the costs of providing recovery peer supervision for provider organizations;

(5) certification or other regulation of recovery community organizations and recovery peers; and

(6) policy and statutory changes to improve access to peer recovery support services and increase oversight of provider organizations.

PRSS and RCO Working Group Cont.

Subd. 2. Membership; meetings. (a) Members of the working group must include but not be limited to:

(1) a representative of the Minnesota Alliance of Recovery Community Organizations;

(2) a representative of the Minnesota Association of Resources for Recovery and Chemical Health;

(3) representatives from at least three recovery community organizations who are eligible vendors of peer recovery support services under Minnesota Statutes, section 254B.05, subdivision 1;

(4) at least two currently practicing recovery peers qualified under Minnesota Statutes, section 245I.04, subdivision 18;

(5) at least two individuals currently providing supervision for recovery peers according to Minnesota Statutes, section 245I.04, subdivision 19;

(6) the commissioner of human services or a designee;

(7) a representative of county social services agencies; and

(8) a representative of a Tribal social services agency.

(b) Members of the working group may include a representative of the Alliance for Recovery Centered Organizations and a representative of the Council on Accreditation of Peer Recovery Support Services.

(c) The commissioner of human services must make appointments to the working group by Oct. 1, 2024, and convene the first meeting of the working group by Dec. 1, 2024.

(d) The commissioner of human services must provide administrative support and meeting space for the working group. The working group may conduct meetings remotely.

PRSS and RCO Working Group Cont. 2

- Subd. 3. Report. The commissioner must complete and submit a report on the recommendations in this section to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on or before Aug. 1, 2025
- Subd. 4. Expiration. The working group expires upon submission of the report to the legislature under subdivision 3

DEPARTMENT OF HUMAN SERVICES

OIG Licensing Legislative Updates

Keith Koegler

Emergency overdose medication

- All programs
- These technical changes exempt programs from medication storage requirements to allow staff and adult clients to carry emergency overdose medications (example, naloxone or Narcan®) and to store these medications in unlocked locations
- If a staff only administers emergency overdose medications, they only need training in administering that medication and may receive the training from any knowledgeable trainer
- Effective May 25, 2024
- Chapter 127, Article 62, Sections 12, 32, & 33

Key staff position change notification

- Programs must notify DHS within five business days of a change or vacancy in a key staff position.
- For **substance use disorder treatment**, these positions are treatment director, alcohol and drug counselor supervisor, and the registered nurse responsible for staff supervision.
- For **withdrawal management and detoxification programs,** these positions are treatment program director, registered nurse, and medical director.
- If there is a vacancy in a key position, the program must notify the program licensor to discuss how the duties will be fulfilled.
- Effective Jan. 1, 2025.

Key staff position change notification

- For substance use disorder treatment programs: Chapter 127, Article 62, Section 34
- For detoxification programs: Chapter 127, Article 62, Section 3
- For withdrawal management programs: Chapter 127, Article 62, Section 29

Location of services

- SUD treatment programs only
- The requirements for treatment service locations change to clarify when a program can provide services at other locations including by telehealth, expand the use of satellite locations, and reduce provider paperwork
- These changes include:
  - allowing nonresidential individual treatment services at a client's home or residence
  - establishing standards for telehealth

Location of services

- adding socialization skills development and peer recovery support as services you can provide away from the licensed location
- eliminating program abuse prevention plan updates for most services provided away from the licensed location
- allowing one license to have satellite locations at an unlimited number of schools, jails, or nursing homes and up to two additional other suitable locations, and
- eliminating redundant documentation of inspections of satellite locations at schools, jails, or nursing homes

Location of services

- Effective Jan. 1, 2025
- Chapter 127, Article 62, Section 31

Licensing candidate limit

- SUD treatment programs only
- The limit on unlicensed treatment staff will not apply to licensing candidates
- The 50% limit continues to apply to students and former students
- Effective Aug. 1, 2024
- Chapter 108, Article 4, Section 10

Opioid education

- SUD treatment programs only
- Changes timeframe for providing the opioid educational material to the day of service initiation and expands the education to all clients including those without an opioid use disorder
- Effective Jan. 1, 2025
- Chapter 108, Article 4, Sections 7-9

Change in ownership

- All programs changing ownership
- The requirements for programs changing ownership were updated to clarify and improve the existing standards
- Effective Jan. 1, 2025
- Chapter 127, Article 62, Sections 2-6

Public email address

- All programs
- The license holder's email address will become public data. This applies to all license holders except family child foster care
- The license holder can choose which email to provide as their public license holder email address
- Effective Jan. 1, 2025
- Chapter 115, Article 19, Section 1

Co-occurring complexity rate

- The service standards for the co-occurring rate replace the mental health staff ratios with a requirement to employ at least one licensed mental health professional

- Programs must continue to ensure there is enough mental professional time to meet the other requirements for this rate

- Effective Aug. 1, 2024

- Chapter 108, Article 4, Section 23

Medical services complexity rate

- The service standards for this rate reduce the amount of health care staff time from two hours down to one hour per client per week

- Effective Aug. 1, 2024

- Chapter 108, Article 4, Section 23

Contraindicated restraint clarifications

- In 2023, language was added prohibiting the use of prone restraints and contraindicated physical restraints
- Clarifying language has been added regarding documentation of known medical or psychological conditions
- A reference to these requirements was added to the protective procedure plan requirements in section 245F.09
- Effective May 25, 2024
- Chapter 127, Article 62, Sections 11 and 28

Personnel file technical correction

- Withdrawal management programs only
- In 2023, the requirement to document a staff's freedom from substance use problems was eliminated
- The requirement to have this in a personnel file was accidently left in chapter 245F
- This change removes this reference to a requirement that has not existed since 2022
- Effective May 25, 2024
- Chapter 127, Article 62, Section 30

Reporting maltreatment of minors definitions

- All programs
- Two changes are made to the definitions for maltreatment
- The definition for threatened injury (a type of maltreatment) adds the term parent. Effective July 1, 2024. Chapter 115, Article 18, Section 45
- The definition for substantial child endangerment (another type of maltreatment) adds labor trafficking. Effective July 1, 2025. Chapter 115, Article 12, Sections 13 and 16

Opioid Treatment Programs (245G.22)

Practitioner definition change: Removes the requirement for an advanced practice registered nurse or physician assistant to receive a variance to perform the duties of a practitioner in an opioid treatment program. This change aligns with the new federal standards. See MN Laws, Chapter 108, Article 4, Section 11

Effective May 18, 2024

Opioid Treatment Programs (245G.22)

Unsupervised use or take-home dose definition: Updates the definition for unsupervised use medications to include the term take-home dose to align with terms used in the federal standards. The terms unsupervised use and take-home dose have the same meaning. See MN Laws, Chapter 108, Article 4, Section 11

Effective May 18, 2024

Opioid Treatment Programs (245G.22)

Closed days: Align with the new federal standards which allow a program to choose to be closed on one weekend day, either Saturday or Sunday. Additionally, programs may continue to close for state and federal holidays. See MN Laws, Chapter 108, Article 4, Section 12

Effective May 18, 2024

Opioid Treatment Programs (245G.22)

Criteria for take-home use medications: Replaces the old criteria for determining if it is safe and appropriate for a client to have take-home doses with a citation to the revised 6-point criteria in the new federal standards. Clarifies that a practitioner must document the take-home doses determination and basis for the determination. See MN Laws, Chapter 108, Article 4, Section 12

Effective May 18, 2024

Opioid Treatment Programs (245G.22)

Number of take-home doses of methadone: Replaces the list of how many take-home doses of methadone a client may receive at a time, based on their number of days in treatment, with a reference to the new federal requirements for these amounts. The new federal requirements allow a client to receive more take-home doses earlier in their treatment. See MN Laws, Chapter 108, Article 4, Section 13

Effective May 18, 2024

Opioid Treatment Programs (245G.22)

Policies and procedures: Align policy and procedure content requirements with the new weekend closure days. See MN Laws, Chapter 108, Article 4, Section 14

Effective May 18, 2024

Opioid Treatment Programs (245G.22)

Counselor to client ratio: Adds flexibility to the counselor to client ratio requirements by allowing a program to determine the appropriate number of clients for each counselor if you maintain a program-wide ratio of one full-time equivalent (FTE) alcohol and drug counselor for every 60 clients. For example, one counselor can be responsible for 55 clients while a second counselor is responsible for 65 clients. See MN Laws, Chapter 108, Article 4, Section 14

Effective July 1, 2024

Opioid Treatment Programs (245G.22)

Removes high dose requirements: Repeals the requirement for a client to meet face-to-face with a practitioner before increasing a client's dose above 150 milligrams of methadone or 24 milligrams of buprenorphine. See MN Laws, Chapter 108, Article 4, Section 28

Effective Aug. 1, 2024

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.