



Substance Use Disorder Reform

Amelia Fink, LADC, LPCC | Behavioral Health Division

Objectives

1. Gain an understanding of current and future services and access to services for people affected by substance use disorders.
2. Gain an understanding of the intersection between SUD services and treatment courts.

What do you know already?

- Can you walk through the current process for someone getting access to substance use disorder (SUD) treatment?
- What barriers/challenges do you see in the relationship between treatment courts and the substance use disorder system?

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 for treatment services including new services of SUD treatment coordination, peer recovery support, and withdrawal management (July, 2019)

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. **Not quite here yet.
- Once a client enters treatment, the comprehensive assessment, if done elsewhere, should be obtained with an appropriate release by the program that ultimately admits the client.

- Still using Rule 25 process until 7/1/2020.
- Still working on the systems piece to allow for direct access to be fully implemented.
- Currently new services of treatment coordination and peer support can be billed by enrolled, eligible vendors.
- Licensed professionals in private practice can enroll and provide substance use disorder services independently without a program license. *They would need a service agreement authorization through the county.

Comprehensive assessment

- Comprehensive assessment allows for client choice, both in location of service and level of care
- The comprehensive assessment authorizes the treatment services

Eligible Vendors

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

Location of comprehensive assessments

- Licensed programs may choose to have alcohol and drug counselors complete comprehensive assessments in the community
- Licensed professionals in private practice may also complete comprehensive assessments wherever the individual is located
- *Note- the individuals financial eligibility still needs to be determined by the county if the individual does not have insurance to determine if they are eligible for Consolidated Chemical Dependency Treatment Funds (CCDTF).

Treatment coordination- What is it?

- Treatment coordination exists to support the delivery of services over a longer period and help connect the client to other services that the client will need to truly build a self-directed recovery process. There will need to be training for these treatment coordinators and ongoing supervision, so they can extend the support needed by clients as they move forward on the path of recovery.
- Service is billable in 15 minute increments. Staff credentials are lower than what is required for other SUD treatment services.

Peer Support- What is it?

- Peer support services can be provided before, during and after SUD treatment to help individuals connect with resources that support recovery. Peers are individuals who are willing to share their personal recovery experience, and often engage quickly with individuals to offer reassurance, reduce fears, answer questions, support motivation and convey hope.
- SUD Programs and Recovery Community Organizations are eligible to provide this service, the peers themselves would not be eligible for direct reimbursement

Withdrawal Management- What is it?

- 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.
- 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.

Withdrawal Management- what is it?

- 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.
- 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.

What do I need to know?

- There will be quicker access to treatment for individuals who need it
- There is a focus on a continuum of care- someone may ebb and flow between higher and lower levels based on their need
- Clients get to choose their level of engagement
- Peer services are reimbursable when authorized by a Rule 25 (current) or comprehensive assessment (future)
- Placing authorities are not obligated to do a comprehensive assessment when requested as they are for Rule 25 assessments
- Location of service provision- will now be able to make agreements with organizations such as drug courts, primary care clinics, hospitals, and schools to provide specific services at locations outside of their licensed site.

- Fast tracker: <http://sud.fast-trackermn.org>
- Licensing Look-up: <https://licensinglookup.dhs.state.mn.us/>
- SAMHSA treatment locator:
<https://www.findtreatment.samhsa.gov/>
- Behavioral Health Substance Use Disorder Reform Website:
<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/alcohol-drug-other-addictions/sudreform/>

Questions?



Thank you!

Amelia Fink, LADC, LPCC

Amelia.fink@state.mn.us

651-431-3506