Thursday Connections with SUD at DHS
May 15, 2025

DEPARTMENT OF HUMAN SERVICES

Agenda

3:00-3:05: Logistics and introductions

3:05-3:15: Team Updates

3:15-3:40: Utilization Management

3:40-4:00: Resources For New Culturally Specific

Providers & Programs

- 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.

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

To: Everyone

Enter chat message here
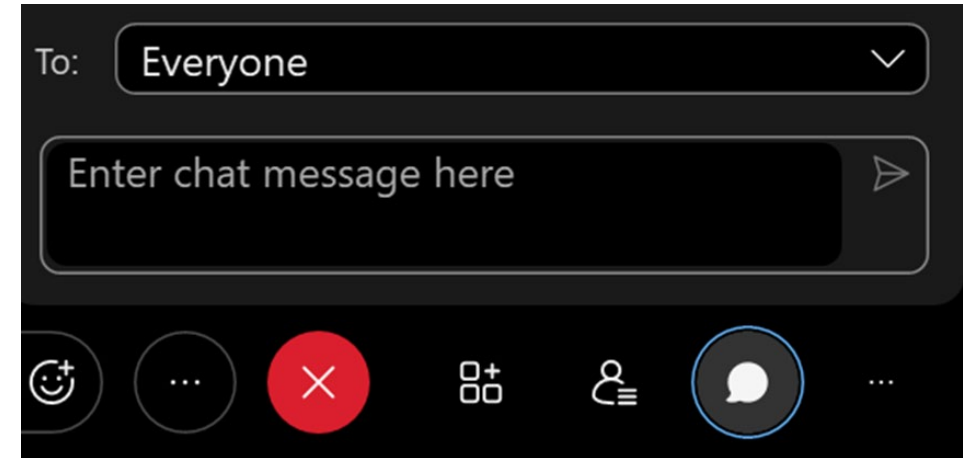
Use chat feature to enter questions

- **Jen Sather**, Director of Substance Use Disorder Services

- **Shirley Cain**, Manager of American Indian Team

- **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**, Supervisor, SUD American Indian Team

- **Kate Toftness**, Interim Supervisor, Opioid Response Team

Team Updates

DEPARTMENT OF HUMAN SERVICES

- Thursday Connections meeting will not be held in June

Opioid Response Team Updates

Kate Toftness| Opioid Response Team Supervisor- Interim

mn **DEPARTMENT OF HUMAN SERVICES**

Opioid Epidemic Response Team

- The Opioid Epidemic Advisory Council (OERAC) 2025 RFP is expected to be published in early summer

- OERAC meeting tomorrow, Friday, May 16 from 10 a.m.-3:30 p.m.

  - The link to join the meeting can be found on the OERAC webpage: [Meetings / Minnesota Opioid Response](#)

- Other funding opportunities will be coming soon

American Indian Team Updates

Shirley Cain| Manager, American Indian Team

Chris Renville| Supervisor, SUD American Indian Team

mn DEPARTMENT OF HUMAN SERVICES

- American Indian Team positions

  - Mental Health Tribal Liaison – in process

  - Executive Path Intern – hired

  - Mental health grants manager – in process

  - Substance Use Disorder Tribal Liaison – at Human Resources for final approval

- Equity

  - Manger did a meet and greet with Shavana Talbert on May 12

  - Team – invited to meet and greet with Shavana Talbert on May 27

- American Indian Mental Health Conference: Bois Forte, June 12-13

- 1115 Traditional Healing Waiver Tribal Listening Sessions

    - Lower Sioux on May 27 from 12-2 p.m.

    - Grand Portage on June 4 from 10-12 p.m.

    - Mille Lacs Band of Ojibwe – TBD (in process of scheduling)

Reform and Redesign Team Updates

Nathaniel Dyess| Reform and Redesign Team Supervisor

DEPARTMENT OF HUMAN SERVICES

1115 SUD System Reform Demonstration Waiver

SUD Reform & Redesign Team Updates

- Centers for Medicare and Medicaid Services (CMS) granted MN a temporary extension of the 1115 SUD waiver, through June 30, 2025.

- Office Hours are now 1st and 3rd Thursdays from 2:00-3:00

  - [Office Hours WebEx link](#)

- On-the-Spot: ASAM Integration and Application

  - **3rd Friday of the month at 11 am CST**

- Open Office for SUD Portal Assistance

  - **2nd Friday of the month at 11 am CST**

    - June 13, 2025

    - July 11, 2025

- Monthly ASAM Lunch & Learn Training

  - **4th Wednesday of the month at 12 pm CST**

    - May 28, 2025 - Substance TBD

- ASAM Readiness Tools for providers available.

    - New [ASAM Resources webpage](#) is live.

    - Separate versions for [3rd edition](#) & [4th edition](#).

- Report of recommendations currently going through DHS's internal review process before being posted publicly.

- RFP in progress for a contract starting July 1, 2025, to focus the CoP on peer-to-peer and person-to-provider sharing.

  - Contract negotiations in final stages.

  - Discovery related to the SUD CoP will likely occur over the summer.

  - Next SUD CoP meeting will likely be held in the fall.

- To view reports and meeting summaries, please visit the [SUD CoP webpage](#).

- Accomplished

  - Deliverable #4: 1115 Waiver Application Components & Monitoring Plan – received 5/2/25

  - Deliverable #3: Coverage, Cost, Policy, and Operations Options Summary – received 12/4/2024

  - Deliverable #2: CM Current Landscape Summary – received 10/9/2024

  - Deliverable #1: Description of Deliverables Package Deliverable – received 5/28/2024

- Next focus

  - Final Closeout Meeting – 5/27/2025

- Application submitted to CMS on Jan 16, 2025. DHS is waiting on CMS next steps.

- The Reentry Working Group meets monthly to help design and implement services for individuals transitioning from incarceration to community living.

- The county jail pilot sites will be determined using a competitive selection process.

  - As part of that process a readiness assessment tool will be required.

  - DHS intends to widely share that tool shortly.

- RFP to develop and implement the monitoring protocol and evaluation efforts have been received, scored and an intent to negotiate has been sent out.

- RFP is currently being developed for [culturally specific or culturally](#) responsive providers and recovery programs.

- Anticipated publication at the start of fiscal year 2026 (early summer).

- $4 million of funding across several contracts.

- Technical Assistance services will also begin this summer.

- A call for community reviewers with be made towards the end of spring, reviewers are excluded from submitting to RFP. People with culturally responsive expertise are welcome to become reviewers. Submit community reviewer recommendations [here](#).

- Twelve of 26 peer reviews scheduled to date

  - If you have received an email to participate in the peer review this cycle, please respond!

- Reviews begin April 23, 2025; to be completed by June 30, 2025

- Send an email to SUD.Peer.Review.DHS@state.mn.us with questions

Managed Care Organization Contacts

- Minnesota Health Care Programs (MHCP) providers can contact managed care organizations (MCOs)

- Use the phone, fax numbers and email addresses listed at [MCO Contacts for MHCP Providers](#)

  - Prepaid Medical Assistance Program (PMAP)

  - MinnesotaCare

  - Minnesota Senior Health Options (MSHO)

  - Special Needs Basic Care (SNBC)

Utilization Management

Molly Lang| Utilization Lead, SUD Reform & Redesign Team

History

2017 - Centers for Medicare and Medicaid Services (CMS) announced section 1115(a) demonstrations to combat opioid crisis

2019 - Legislation codified required provider standards and provided necessary funding for implementation, demonstration evaluation, utilization management process (MN Statute 256B.0759)

2020 - CMS approved Minnesota's 1115 Substance Use Disorder Reform Implementation Plan

2021 - Majority of the milestones met and Utilization Management (UM) began

2025 – State Law and State Plan effective; rates aligned with American Society of Addiction Medicine (ASAM) continuum of care, no longer an "1115 rate"

What UM Used to Look Like

Pursuant to MN Statute 254A.03 Subd. 3, (b): The commissioner shall develop and implement a utilization review process for publicly funded treatment placements to monitor and review the clinical appropriateness and timeliness of all publicly funded placements in treatment.

Drug and Alcohol Normative Evaluation System (DAANES): As required by 254B.05 Subd. 1b., (3), All SUD clients regardless of funding need to be entered into DAANES for each admission episode.

Federal Goals and Objectives

1. Increased rates of identification, initiation and engagement in treatment

2. Increased adherence to, and retention in, treatment

3. Reductions in overdose deaths, particularly those due to opioids

4. Reduced utilization of emergency departments and inpatient hospital settings for Opioid Use Disorder (OUD) and other Substance Use Disorders (SUD) through improved access to more appropriate services available through the continuum of care

5. Fewer readmissions to the same or higher level of care for readmissions that are preventable or medically inappropriate

6. Improved access to care for physical health conditions

1115 Demonstration Goals and Objectives

Create a clinical and outcome-driven continuum of care aligned with American Society of Addiction Medicine (ASAM) criteria

Expand MN Medical Assistance (MA) coverage to Institutions for Mental Disease (IMD) - (inpatient / residential facilities with 17 or more beds) that are typically not covered by MA due to the IMD exclusion

Ensure that people receive services in the right level of care at the right time

1115 Demonstration Milestones

1. Access to critical levels of care for SUDs

2. Widespread use of evidence-based, SUD-specific patient placement criteria

3. Use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications

4. Sufficient provider capacity at each level of care, including medication assisted treatment (MAT)

5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD

6. Improved care coordination and transitions between levels of care

Utilization Management

Purpose: To assure a client receives SUD services at the appropriate ASAM level of care and that the interventions are appropriate to meet the client's current needs.

Acentra Health (formerly Kepro) monitors and reviews recipient medical records to determine if the documentation supports the level of care and medical necessity, in alignment with ASAM Standards as established by MN Statute 254B.19

Additionally, Acentra will review for medical necessity for Peer Recovery Support Services (PRSS) in alignment with MN Statute 254B.052

SUD providers submit clinical documentation to Acentra for fee-for-service (FFS) and Behavioral Health Fund clients

Managed Care Organizations (MCOs) are required to align with the FFS UM process and ASAM Criteria

Acentra staff review documentation for clinical and medical necessity and ASAM criteria

Acentra staff have a legal obligation to report suspected fraud, waste and abuse to the DHS Program Integrity Oversight Division (PIO)

The Provider Process

Provider becomes eligible to provide ASAM level(s) of care

Contact MinnesotaASAM@acentra.com to register an Atrezzo Portal Account

Provider receives email from Acentra identifying recipients for review (soon to be automatic case creation)

Provider creates a case in the Atrezzo Portal

Provider completes questionnaire and uploads documentation demonstrating compliance

Follow-up requests for additional information about documents submitted are through Atrezzo Portal

Provider to follow instructions for concurrent review of a client through to discharge

Upon Case Review

> **Acentra clinical staff make initial determination**

> **Acentra Medical Director review/approval/rejection**

> **Case rejections:**

- Email sent to provider relating to administrative denial due to not meeting ASAM requirements based on missing ASAM documentation/information (provider given 15 days to respond)

- Consult provided via phone or MS Teams (involving provider clinical teams and billing specialists as needed) if not resolved via email

- If no further response, the case is rejected, and information is provided through the Atrezzo Portal for reconsideration requests

Referrals are made to PIO for reasons including, but not limited to, the following:

Provider does not engage in UM;

Not meeting medical necessity;

Continued stay criteria not met; and/or

Documentation does not support the level of care

What to expect once a referral is made to PIO:

PIO coordinates with Acentra and BHA SUD Unit throughout the entire process

Tiered System of Review

Opportunity for a reduced percentage of reviews based on "High Compliance"

Review categories to be determined based on performance over the previous three months

Standard reviews to include:

- 5% of client files for ASAM level of care services 1.0
- 10% of client files for ASAM levels of care services 2.1, 2.5, 3.1, 3.2, 3.3, 3.5 and 3.7
- 2% of client files for Opioid Treatment Program services
- 5% of client files for PRSS services

Tiered System of Review

High Compliance reviews to include:

- 2% of client files for ASAM level of care services 1.0
- 5% of client files for ASAM levels of care services 2.1, 2.5, 3.1, 3.2, 3.3, 3.5 and 3.7
- 1% of client files for Opioid Treatment Program services
- Not applicable for PRSS services

Providers default to the "Standard" review category

Newly certified providers will start in the "Standard" review category

ASAM Level of Care Requirements

- Certified providers must provide treatment services as defined in MN Statute 254B.19

- Highlights:

  - ASAM does not recognize a level of care in which 30 hours of outpatient services a week are provided on a consistent basis

  - Level 1.0 Outpatient = Up to 8 hours per week of skilled treatment services

  - Level 2.1 Intensive Outpatient = 9-19 hours per week of skilled treatment services

  - Level 2.5 Partial Hospitalization = 20 or more hours of intensive, multidisciplinary care

    - Visit Enroll to Provide ASAM Level of Care 2.5 and complete the steps to comply with requirements

Support and Collaboration

DHS will continue to collaborate and support programs in meeting requirements by way of:

- Peer Review processes

- Clinical Virtual Office Hours – ASAM Certification

- ASAM trainings

- Data distributions from UM

- On-the Spot trainings with Acentra

- Technical assistance provided by Acentra

Celebrating Achievements!

UM successfully implemented to meet CMS requirements

Percent of a provider's cases reviewed has decreased from 100% to 10%-15%

Approval for sole source

UM process refined for provider ease-of-use

Increased ASAM education presentations from Acentra

ASAM Levels of Care adopted by MN

If there are any questions about registering an account, please reach out to MinnesotaASAM@acentra.com

If there is a need for clinical assistance, please reach out to ASAM.DHS@state.mn.us

Questions/Comments?

Thank You!

Resources For New Culturally Specific Providers & Programs

Sagirah Shahid – Culturally Specific Grants Manager

How is Culturally Specific Defined?

- For SUD service providers, they must meet this definition: Subd. 4a. However, this RFP may include partnerships beyond this definition

- Additionally, the state of Minnesota continues to partner with communities to inform more equitable and inclusive grantmaking practices and policies, including a work group and collaboration with the Minnesota Council of Nonprofits

- Read MCN's Report: Strategies-Toward-Equitable-Government-Grantmaking-through-Cross-Sector-Partnerships.pdf

- **Free Grant/Proposal Writing Resources:**

  - On-demand Minnesota Council for Nonprofits Training: Applying for State Grants: Grant writing 101

  - Proposal writing trainings on Candid

  - Grant writing checklist for new nonprofits on Candid

  - Logic Model guide for beginners

  - Propel: a mix of free and paid nonprofit educational resources.

    Example: Annual Requirements for Nonprofit Organizations in Minnesota

  - **Reminder:** Culturally Specific Recovery Organizations RFP deadline is June 13.

- **Forthcoming Provider Trainings at DHS:**

  - On demand Minnesota Provider Screening and Enrollment (MPSE) [Trainings](#)

    - Provider enrollment live demonstration on June 10, 1 – 4 p.m.

      - Register to [attend](#)

    - Enrolling Community Residential Services, Live demonstrations May 29, 2025, from 1 to 3 p.m. [Register to attend](#)

    - Additional [trainings](#) for new providers enrolling with [MHCP](#)

  - **Improve the process, take the Minnesota Health Care Programs provider [survey](#)**

- General information about the impact of Medicaid in Minnesota is publicly available on DHS' [Medicaid Matters](#) webpages

- Explore the [toolkit](#)

- Include your story in [Faces of Medicaid](#)

Sagirah Shahid

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.

DEPARTMENT OF HUMAN SERVICES

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.