

## Direct Access (DA) Process for Dates of Service on or after October 1, 2020

### 1. Verify DA in Eligibility Verification System (EVS/[MN-ITS](#))

- a. Medicaid (MA) **without** MCO (Managed Care Organization) enrollment – complete CA (comprehensive assessment) and provide appropriate treatment services.
  - i. Open assessment and treatment tab in DAANES.
  - ii. Directly bill DHS for all services provided. Do not put a SA (service agreement) number on the claim.
- b. MA **with** MCO enrollment – Coordinate with MCO the client is enrolled with.
  - i. Open assessment and treatment tab in DAANES.
  - ii. Follow direction from MCO on billing the plan.
- c. OO eligibility only –
  - i. If provider has a current service agreement (SA) for their facility, they can deliver the services identified on the SA. If additions or changes are needed to the approved services, provider should contact the (county of financial responsibility) and make the changes on the SA. (This recipient is under Rule 25 for the program on the SA only)
    1. Program enters DAANES information.
    2. Program must bill DHS and include the SA number on the claim.
  - ii. If the program doesn't hold the SA, provider can proceed with CA and treatment (same as if the client is enrolled in MA).
    1. Program enters DAANES information.
    2. Provider bills the services directly to DHS without adding a SA # to the claim.
- d. No eligibility at all in EVS or [MN-ITS](#).
  - i. Contact the county in which the recipient says they reside to determine BHF financial eligibility.
  - ii. Coordinate necessary paperwork with the CFR.
    1. If client is eligible for Behavioral Health Fund (BHF) (indicated by OO span in Eligibility Verification System (EVS/[MN-ITS](#))).
      - a. Program can proceed with CA and appropriate care.
      - b. Enter DAANES information.
      - c. Bill DHS without a SA.
    2. If client is NOT BHF eligible, they must find an alternative source of payment (out-of-pocket, sliding fee scale, etc.).

- a. Enter DAANES.
- b. No billing to DHS.

## 2. Verify BHF eligibility each month for ALL clients in your facility

- a. Log into EVS/[MN-ITS](#) the *first week of each month* to see if the recipients funding source has changed.
  - i. If eligibility has dropped.
    - 1. Contact CFR.
      - a. Tell them the client is in your facility and has dropped off eligibility.
      - b. Follow direction from CFR to proceed in determining financial eligibility.
        - i. If approved proceed delivering services and bill DHS directly without a SA.
  - ii. If recipient has become enrolled with a MCO plan.
    - 1. Contact that plan and let them know the recipient is with you and follow the direction from the MCO.
      - a. Bill treatment to MCO.
      - b. Bill room and board to DHS.
  - iii. If recipient has fallen off MCO plan and is not enrolled with MA.
    - 1. Contact the CFR for eligibility for BHF.
      - a. If found to be financially eligible for BHF.
        - i. Follow steps in 1C for OO eligibility only.
          - 1. Bill DHS without a SA.
      - b. If found to no longer be BHF eligible.
        - i. Research alternate payment sources with the client.
          - 1. Bill per the new payment structure. Nothing should be billed to DHS.