1115 SUD System Reform Demonstration: utilization management overview script

Slide 1 Title

Good Morning, Thank you for joining us today for the 1115 SUD Demonstration's utilization management overview webinar. Today will be an introduction to utilization management (UM) and related components as well as a brief background on the Demonstration. This is collaborative effort with the 1115 Demonstration team and Kepro, our partner for UM.

Slide 2: Agenda

Kristen Godwin the SUD Reform Communications Specialist with the Behavioral Health Division will present an overview of the Demonstration's enrollment process and how utilization management ties into the Demonstration.

Julie Jacobson is the 1115 Demonstration Clinical Specialist. She is reviewing all the enrollment checklists and works closely with Kepro on UM. She has extensive knowledge and professional experience in the treatment of substance use disorders. Julie holds a Bachelor of Science in Alcohol and Drug Counseling where she also serves as a Community Faculty Instructor teaching Case Management for the Alcohol and Drug Counseling Undergraduate program.

Kepro's Rebecca Meyer will present an overview of the UM process. Rebecca is the operations manager for the 1115 Demonstration Project Kepro team. She has been working in the mental health and substance use fields since 2005 and has a master's degree in mental health counseling and is a licensed professional clinical counselor and board approved supervisor for Minnesota. In addition to Rebecca's clinical experience Kepro's, UM reviewers have had extensive training in ASAM and is a Center for Medicare & Medicaid Services (CMS) certified utilization management vendor. We also have Denise Rinell from Kepro attending today. She is the Director of Operations and works on four major contracts, including Minnesota's 1115 SUD Demonstration.

Slide 3: What is an 1115 Demonstration?

Section 1115 Demonstrations are a method the federal government uses to incentivize states to innovate and change their state Medicaid systems by providing infrastructure and accountability in the process. They are allowed through federal authority under Section 1115 of the Social Security Act. Essentially, they give a state added flexibility in their programs in order to show how a specific policy approach better serves people on

Medicaid, or Medical Assistance for Minnesota. It's important to note that 1115 Demonstrations are specific to Medicaid, which will be referred to as Medical Assistance or MA going forward.

Minnesota's 1115 SUD Demonstration uses an opportunity announced by CMS to combat the opioid crisis. This was announced first in 2015 and again in 2017. In 2016, Minnesota passed legislation to explore 1115 Demonstration's as a vehicle for system innovation. The purpose of the SUD –focused 1115 Demonstration are to provide states a flexible streamlined approach to improve access to high-quality evidence-based treatment, such as the American Society of Addiction Medicine criteria, which is what Minnesota is using in this 1115 Demonstration. The 1115 Demonstration is guided by state statute and under contract to CMS. State statutes gave DHS the authority to seek and apply for approval of the Implementation Plan. We are under obligation to the federal government for the components of the Implementation Plan and the Special Terms and Conditions contract.

Slide 4: Federal goals & objectives

For each of the 1115 SUD Demonstrations CMS is looking at six goals and objectives. The Demonstration is designed to address these goals and objectives. The focus is on overall improvement of people's health and retention in treatment. Specifically, the Demonstration is looking to increase initiation, engagement, and adherence in SUD treatment, as well as improved access to care for physical health conditions. By increasing access to treatment, the Demonstration is also seeking to reduce overdose deaths, medically unnecessary emergency department and inpatient usage, as well as, preventable readmissions to the same or higher level of care. To summarize the goals, the Demonstration is working to have people receive the right type of care at the right time. It is using ASAM Criteria to achieve these goals.

Slide 5: 1115 Demonstration goals & objectives

In order to meet the federal goals and objectives, the Demonstration essentially breaks down into two main parts. The first component is the "Demonstration" approach; this is the larger focus. This component is creating a clinical and outcome-driven continuum of care aligned with American Society of Addiction Medicine (ASAM) Criteria. We are moving away from a program and volume driven model to a person-centered approach with a more integrated model of care. This model is based on the nationally recognized standards of ASAM. The overarching goal of the Demonstration and ASAM Criteria is for people to receive the right care at the right time. We won't go into detail today about the ASAM Criteria but if you're interested in learning more we have resources on the 1115 webpage.

The second component of the Demonstration is the "waiver" component. Since Minnesota is implementing ASAM Criteria, CMS also allowed for the expansion of state MA coverage to Institutions for Mental Disease (IMDs), or residential facilities with 17 or more beds. MA does not typically cover IMDs due to federal law. IMD locations participating in the Demonstration can receive federal Medicaid funding. This brings us to the enrollment process.

Slide 6: Enrollment

We wanted to highlight the enrollment process today because the end of the enrollment process is when UM begins. We are currently accepting enrollment checklists. The federal ASAM compliance date was June 30, 2021, which means in order to be enrolled all the Level of Care Requirements must be implemented. We cannot approve locations to enroll unless all requirements are in place. There is proposed legislation to change this date, but we are waiting for federal approval and have a bulletin explaining this in more detail.

This process is also available on the "How to Enroll" tab of the 1115 webpage. The first step in the enrollment process is filling out the Enrollment Checklist and necessary documentation, such as Patient Referral Arrangement Agreements and Medication-Assisted Treatment Policies. Once that is completed, providers submit all their documentation to the 1115 mailbox. DHS will send an email saying we have received the application and begin reviewing.

After reviewing, DHS will send a "Request for More Information (RFMI)" letter or "Approval to Enroll" letter. If a provider receives a request for more information, they will need to resubmit their documentation with the necessary documents or edits. Typically, one to three RFMI's are sent before approval. I'll go over enrollment resources and technical assistance in the next slide. We want to help you all through this process. Once a provider receives their approval to enroll letter, they submit an 1115 Assurance Statement to Provider Eligibility & Compliance. The instructions for this are at the end of the approval letter. You are not fully enrolled in the Demonstration until you submit the Assurance Statement and receive confirmation from PEC.

Assurance statement has agreement to participating in UM. After submitting this they need to reach out Kepro for Atrezzo Portal registration number – Kepro offers trainings on using the provider portal. We'll provide an email for Kepro later in the presentation.

Slide 7: Enrollment continued

Before we transition into UM, we want to highlight resources and technical assistance opportunities for the enrollment process. We recommend looking through the 1115 Demonstration webpage to begin with. We announce trainings and Virtual Office Hours on this webpage. We also offer drop-in Virtual Office Hours for live Q&A. These are focused on enrollment and clinical questions. We offer them once a week rotating Tuesday's 1-2p and Thursday's 2-3p. Even if you don't have specific questions, we recommend attending. We want these to be a space for collaboration. They are always a highlight in my week.

We also have the "Approved Locations" tab on the 1115 webpage to help make Patient Referral Arrangement Agreements with locations offering different levels of care with contact information, address, and the levels of care at each location. Once a location is approved, it is added to this list. It's updated every two weeks.

Lastly, if you have any questions email the 1115 mailbox. We answer questions every Friday. Questions sent after 5p on Tuesday are answered the following Friday. If it's a timely or technical enrollment question, we recommend office hours. It's often easier to communicate nuances or clarifications in person.

Slide 8: Utilization management

Now that we've gone through the enrollment process for the Demonstration, we want to review how UM fits into the Demonstration. UM is a component of our Implementation Plan and Special Terms & Condition approved by CMS, or the federal government. We are required to establish a UM process that assures people enrolled in MA receiving SUD treatment have: access to the SUD services at the appropriate ASAM level of care; interventions are appropriate for the diagnosis and level of care; and include an independent process for reviewing placement in residential treatment settings. Kepro is helping us meet the federal goals and objectives by making sure people receive the correct level of care at the correct time. Kepro is also helping us look at gaps in the continuum of care where Minnesota may need services. They're specifically looking at the possible need of 2.5 Partial Hospitalization services in Minnesota.

Slide 9: Utilization management approach

We want to acknowledge that this is a new process for the state of Minnesota and we're dedicated to helping you all through it. For the first year of UM, DHS and Kepro will be taking a technical assistance approach. This means helping providers strengthen their ability to use the ASAM Criteria more efficiently and seamlessly. We want to help you all succeed as clinicians. Kepro will help guide you through this process. This approach will shift in time as the Demonstration moves through different phases and providers feel more comfortable with the ASAM Criteria. DHS and Kepro will be sure to communicate those changes with you.

Currently, UM is reviewing for clinical and medical necessity. These are separate from licensing reviews. We want to remind all providers that enrollment requirements for the Demonstration are in addition to licensing requirements. However, Kepro and DHS are legally obligated to report any fraud, waste, and abuse seen in their reviews. This is a legal obligation not related to the 1115 Demonstration requirements. As I mentioned before we want to help you all with ASAM Criteria and Demonstration requirements. Let us know if you have any questions in the chat. We'll be sure to answer questions in future communications.

Slide 10: Utilization management overview

Now, I would like to hand off the presentation to Rebecca Meyer from Kepro to provide an overview of the UM process.

Slide 11: Atrezzo Portal

Thank you, Kristen. As was mentioned, the UM process is designed to increase access to high quality care; regardless of the level of care, being provided for all client's seeking addiction related services.

In order to submit the required documentation to Kepro for review, providers or administrative staff will need to use the Atrezzo provider portal. The provider portal link is available on Kepro's website under the trainings tab. Additionally, Kepro offers specific training to the providers involved in the demonstration project on the fourth Friday of every month.

Slide 12: Utilization management process

Now I'd like to provide a high-level overview of the UM process that Kepro uses to review cases.

It's important to note that Kepro only reviews for clients that are MA fee-for-service (MA FFS) and Behavioral Health Fund (BHF) recipients. If a recipient has a PMAP, that would be managed by the respective MCO.

After confirming, the client is an MA FFS or BHF recipient, the provider or administrative staff will enter the case in the Atrezzo provider portal. It is expected that the initial documentation be uploaded after it has been completed per statute requirements. For residential providers that is within 10 calendar days of the initiation of services and within five calendar days for non-residential services.

After attaching the required documentation, you will be able to submit the case to Kepro for review. Write down the case ID that it provided to you in case you need to reach out to Kepro for any follow-up questions or about the recipient's documentation or services.

Once Kepro receives the documentation, Kepro staff will complete the initial review within 10 calendar days for withdrawal management services and within 20 calendar days for all other substance use services provided. Feedback will be given on every case that is submitted.

Once the case is complete and meets both Minnesota statute requirements and ASAM Criteria the provider will receive an approval notice through the provider portal. At this point in time, there is nothing further that needs to be done for this recipient's current episode of care. If the case requires additional documentation or does not meet MN Statute or ASAM Criteria, the provider will receive a message from Kepro review staff noting what is needed to meet Criteria. Providers will have 15 calendar days to submit the additional information.

If the case does not meet criteria or the provider does not respond to the request for additional information DHS will be notified for follow-up and additional training opportunities. Kepro is striving to work with providers and their documentation to reflect ASAM Criteria. We want to collaborate with you to help you be successful in the transition to this new UM process.

Slide 13: Required Documentation – residential & outpatient

Once you've created a case in the provider portal, you'll need to attach the documentation to the case for the reviewers. There are five external documents that Kepro requires for residential and outpatient services.

The first document listed is the 1115 Assessment and Placement grid. This grid can be found in the MHCP Provider Manual and on the Kepro website. The grid is used as a tool to ensure that the reviewers and providers are on the same page as to what level of care is being provided and to identify the risk ratings that are associated with this client's care.

The second document that we would expect to see is the comprehensive assessment. Please note that the comprehensive assessment is not the same as the Rule 25 assessment. The Rule 25 assessment is associated with county and the county placing authority and does not pertain to client's accessing services through the 1115 Demonstration Project. Additionally, as an 1115 Provider you are attesting to meeting ASAM Criteria and the comprehensive assessment is a key component in the assessment of the client's ecological needs.

The third document that should be submitted is the initial treatment plan. You are required to develop the treatment plan in collaboration with the client. The treatment plan should be individualized and have measurable goals or objectives.

The last two documents we would expect to see to complete a case submission is the treatment plan review and a discharge or transition summary. These, of course, would only be submitted if available.

You will note that the provider questionnaire is also listed as a required component. The provider questionnaire is embedded in the Provider Portal. The questionnaire provides additional data for reporting and ongoing planning purposes for the Demonstration.

Slide 14 & Slide 15: Required Documentation – withdrawal management

In addition to the documentation for residential and outpatient services, withdrawal management requires the following documentation:

- An initial stabilization plan that has been individualized with measurable goals
- A nursing assessment and or physician evaluation depending on the level of care being provided
- A withdrawal management scale (such as the Clinical Institute Withdrawal Assessment (CIWA) or Clinical Opioid Withdrawal Scale (COWS)) documenting the client's current symptoms
- The medication administration record (MAR) for all dates of service
- Documentation of treatment coordination within the nursing progress notes or individual treatment plan (ITP) reviews
- The transition summary identifying the level of care that the client is moving to

Slide 16 & Slide 17: Assessment & Placement Grid

For all service types in the 1115 Demonstration, we are using the Assessment and Placement grid. This does replace the MN Matrix. This is an overview of what the assessment and placement grid looks like. On this first slide of the assessment and placement grade you can see that we are looking at non-withdrawal management levels of care. Each of these boxes is a box that you can check.

This is the second page of the assessment and placement grid and is only for withdrawal management providers.

Slide 18: Components of the Comprehensive Assessment

We are doing a high-level overview of the elements of the comprehensive assessment that are required per ASAM Criteria and Minnesota 245G statute. Some commonly missed items are a detailed history of the present episode, the client's current legal involvement in history, and the client's current psychiatric concerns and history. Additionally, one of the things also missed are treatment recommendations and assessment summaries, and survey of treatment assets and supports. It's important to tie these aspects of the comprehensive assessment to make sure the client is receiving the care they need across all six dimensions.

It should be noted that the treatment recommendations in assessment summaries must include whether or not the clients placement is aligned with the recommended level of care and then finally a note about discharge planning for the client should also be included in the clinicians treatment recommendations.

Slide 19: Initial Stabilization or Treatment Plan

In order to make sure that the goals are measurable please document both a baseline of where the client is at and the expected outcome once the goal is reached.

Treatment coordination to address Dimension 2 or Dimension 3 concerns must be documented in the treatment plan. Clinicians will want to make sure to identify any referrals made and when the client is expected to receive additional services from those providers; and any subsequent follow through with services received should be documented on progress notes or on treatment plan reviews. ASAM strives to make treatment plans individualized. The treatment plans should reflect client's goals and should not be copy and pasted from client to client.

Treatment plans are submitted without client and counselor signature. If treatment plan was signed over telehealth or verbal consent was obtained, please sign and date. For example, "John Doe was unable to sign treatment plan due to telehealth services. Verbal consent was obtained on 8/24/2021."

Slide 20: Weekly treatment plan reviews

As the client moves through treatment, we'll want to make sure weekly treatment plan reviews are reflecting client's progress of goals and addressing six dimensions in the initial treatment plan and the comprehensive assessment. The client's responses to interventions should also be documented in all dimensions. If a dimension has not been addressed that week then that should be identified as well.

Again, there are should also be documentation of treatment coordination among the referrals that were made and when the client is expected to receive additional services from those providers and there should be a follow through with those services received on the progress notes or on treatment plan reviews. The clinician should also write down any recommendations for amending treatment plan if client is not making progress.

Slide 21: Utilization Management Process

Now that we've reviewed the process and the required documentation, we hope this has given you a better understanding of how Kepro is supporting MN's 1115 Demonstration and the UM review process. I can't emphasize this enough that we really do want to work with providers to be successful in this process.

I also want to encourage you to take advantage of the trainings Kepro offers on the 4th Friday of every month. We review in further detail the UM process, specifics on how to use the Assessment and Placement grid, and questions about navigating and using the provider portal on the fourth Friday of every month. The link to attend one of our Kepro specific trainings is on our website under the "Hot Topics" on the home page.

At the end of this slide show we will have the Kepro specific email address listed so that you can request your Atrezzo Provider Portal registration number and to answer any additional questions regarding UM.

Slide 22: Questions

This concludes the content portion of the webinar. We are collecting questions today to develop future communications. An FAQ or more UM webinars will be developed based on the questions we receive. Please, enter questions into the "chat box" in the bottom. We'll stay on the WebEx event for a few minutes to collect any more questions. When in doubt– reach out to the 1115 mailbox and we can point you to the correct area; the 1115 Demonstration spans much of DHS and we want to help you navigate it.

Slide 23: Thank you!

Thank you again for attending and for your interest in the 1115 SUD Demonstration. If you have additional, questions please reach out to the 1115 mailbox or Kepro's 1115 specific mailbox. Kepro asks that if you have an 1115 question to only use this email.