Chat Questions, March 2024

Q: For the Six- and 30-hour authorization needed for outpatient SUD providers, is it only the hours that exceed those amounts that will be denied if no prior auth is submitted? Also, will they back-date if the prior authorizations are submitted late?

Only denied if billing beyond that. The authorization should be submitted whenever it is determined there is a need. Scroll down to Authorization section for more info.

Q: Will DHS provide trainings on the implementation of the "[ASAM Criteria], 4th Edition" when decisions have been made?

Yes. DHS has been working with its utilization management vendor to provide training on ASAM implementation which will extend to "ASAM Criteria, 4th Edition" content when the time comes. In addition, DHS is finalizing a Request for Proposals to provide evidence-based trainings with a focus on ASAM as directed by Minnesota Statutes, Section 254B.191.

Q: It seems there is a lot of confusion by providers about which version of ASAM is currently in use, since there is so much talk about the 4th Ed. Providers think they should already be using it when it hasn't been approved by the legislature yet.

Previous communications from DHS have instructed providers to continue to use "ASAM Criteria, 3rd Edition." DHS is in the process of determining the best way to integrate the "ASAM Criteria, 4th Edition" changes into the SUD continuum. DHS will share its ideas with stakeholders and incorporate feedback into the development of legislative proposals. Adoption and implementation of any changes will be subject to state legislative and federal state plan approvals and timelines will be based on those approvals.

Q: If a client enters OP treatment with an assessment from another facility, are we still required to have an assessment completed on the 5th service day?

This is language from 245G.05, "If the client received a comprehensive assessment that authorized the treatment service, an alcohol and drug counselor may use the comprehensive assessment for requirements of this subdivision but must document a review of the comprehensive assessment and update the comprehensive assessment as clinically necessary to ensure compliance with this subdivision within applicable timelines."

Q: Did the increased rates get approved for SUD? Q: What is the status of rate reform?

Due to this being a nonbudget legislative session, the recommendations that came from the "Minnesota Health Care Programs Fee for Service Outpatient Services Rates Study (PDF)" were not included this year. For more information, see "What is a budget session?" The fiscal year 2024 and 2025 Governor's budget

recommendations can be found here: 2024 Governor's Supplemental Budget Recommendations All Funds by Agency.

DHS knows and understands that rates are important. There are plans to put forward a proposal for the budget year in 2024/2025.

Q: We are finding that it can be a fine line between treatment coordination and Peer Recovery Support services. Example, Treatment coordination: (v) assistance with referrals to economic assistance, social services, housing resources, and prenatal care according to the client's needs. Peer Recovery support: peer recovery support services provided by an individual in recovery qualified according to section 245I.04, subdivision 18. Peer support services include education, advocacy. Can you offer clarification?

The distinction between a treatment coordinator and a recovery peer providing support services lies in "how" the information and support is delivered. A recovery peer is someone with lived experience with substance use disorder who advocates for clients by encouraging them to take initiative in working towards their stated goals. A recovery peer shares their personal experience, as appropriate, to engage, educate, relate and validate the experience of the client. Recovery peers do not make phone calls for the client, instead, their role is to review the client's recovery capital and provide coaching and work together to find resources to assist the client in finding sustainable recovery supports. Treatment coordinators are making calls, finding the best resources, and making referrals based on the client's goals. Additionally, staff qualifications are different for the two positions. Treatment Coordinator requirements are found in 245G.11, Subd. 7 and recovery peer qualifications are found in 245G.11, Subd. 8.

Q: When are the [Naloxone] kits being sent out? I have been waiting for over a month.

If you ordered through the portal and haven't received it, please contact odie.spinelli@state.mn.us and we can figure out what went wrong. To contact DHS Licensing to pick up smaller quantities of Naloxone, please e-mail: dhs.mhcdlicensing@state.mn.us

Q: Is there anything in the works that will fight Xylazine because it is Naloxone resistant?

We have seen more use of oxygen during the overdose with our Syringe Service Programs to combat xylazine. Some are carrying small personal cans of oxygen- due to rapid oxygen loss during overdose.

Q: Has federal approval been given yet or are we still operating with a medium intensity?

CMS has not yet approved the State Plan Amendment.