

1115 Substance Use Disorder (SUD) System Reform Demonstration Enrollment webinar script

Slide 1: Title

Good Morning, Thank you for joining us today for the 1115 SUD Demonstration's enrollment webinar. Today will be an overview of the enrollment process and requirements. This is collaborative effort with the 1115 Demonstration team, Licensing Division, and Provider Eligibility and Compliance.

Our goal today is to focus on how we can help people enroll in the demonstration.

Slide 2: Agenda

My name is Kristen Godwin and I'm the communications specialist on the 1115 Demonstration. I'll present a brief overview and background on the Demonstration.

The 1115 Team including Jen Sather, Lisa Luckhardt, and Julie Jacobson will present an overview of the enrollment process and requirements. Jen is the 1115 Demonstration Supervisor, Lisa is the Operations Lead, and Julie is the Clinical Specialist. We all work closely with providers participating in the Demonstration.

Before we get to the 1115 enrollment process, Kristi Strang from the SUD licensing division will present. She will give the important steps to getting the necessary licensing designations for the Demonstration.

Paul Schenk from Provider Eligibility & Compliance will present an overview of the Assurance Statement process to formally enroll in the Demonstration and receive the applicable rate enhancements.

Background & History

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.

Required Enrollment & process overview

Slide 6: Required 1115 Demonstration enrollment

Participation and enrollment in the Demonstration has been optional for the majority of its duration. In 2021, state statute was implementing requiring all residential treatment programs licensed by the MN Department of

Human Services (DHS) and enrolled in Minnesota Health Care Programs (MHCP), withdrawal management programs licensed by DHS and enrolled in MHCP, and lastly out-of-state residential SUD providers enrolled in MHCP to participate in the 1115 Demonstration. Providers who are required to enroll must do so by January 1, 2024, failure to meet this requirement will result in unenrollment from MHCP and inability to bill for services. Outpatient SUD providers and tribally licensed providers are not affected by this statute. They may elect to participate.

Reminder that this is a state law passed in the 2021 First Special Session. The statute citation is included for reference. Our goal today is to focus on how we can help people enroll in the demonstration

Slide 7: 1115 Demonstration enrollment overview

The 1115 Demonstration enrollment process breaks down into eight steps. These are the same eight steps posted on the 1115 webpage. The first step is to make sure you have all the required licensure for your levels of care through the Licensing Division. Next, obtain referral arrangement agreements, attend office hours, and choose your level of care for your application.

After completing those four items, the next steps, numbers five and six, are to update the relevant policies and procedures for the 1115 Level of Care Requirements. We'll cover some of the Level of Care Requirements, or standards for participating in this presentation; however, we won't be able to cover everything today. We'll discuss resources for questions and help later in the presentation. After updating all the necessary policies and procedures, submit the application and supporting documentation to the 1115 mailbox. We'll cover the review process and resubmission later in the presentation. Lastly, after the 1115 Team approves your locations to enroll, submitting the Assurance Statement assures you receive the rate enhancements and formally enrolls you in the 1115 Demonstration.

To start the in depth explanations we have Kristi Strang here from DHS licensing.

Licensing requirements

Slide 8: 245G.20 Licensing requirements

Providers interested in obtaining the co-occurring add-on should submit the following documentation to dhs.mhcdlicensing@state.mn.us that demonstrates the following:

- Continuing access to a medical provider with appropriate expertise in prescribing psychotropic medication; (Submit a contract or signed agreement);
- A mental health professional available for staff member supervision and consultation; (Submit the license of the MHP); and
- An assessment process that determines appropriate group size, structure, and content considering the special needs of a client with a co-occurring disorder

We are encouraging providers who do not yet have this add-on to the license, to submit as soon as possible, but no later than October 31, 2023 to ensure you meet the deadline to enroll.

1115 Demonstration enrollment

Slide 9: Virtual Office Hours

Before we transition into explaining the process and requirements, we want to Virtual Office Hours. We host weekly drop-in office hours for live Q&A with the 1115 Team every Thursday 2-3 p.m. These are focused on enrollment and clinical questions. We recommend attending these throughout the enrollment process, even if you don't have specific questions. You are able to join anytime between 2:00 p.m. and 3:00 p.m. and can leave after your questions are answered. We want these to be a space for collaboration between providers and often find you're able to help and answer each other's questions. They are always a highlight of our weeks.

Slide 10: Choosing a Level of Care – outpatient

The Demonstration uses ASAM's Levels of Care. If you're unsure about the level or levels of care you provide, apply for levels that you believe closely align with the provision of treatment services of your program or programs. A program may apply for multiple levels– and will be approved for whichever levels you submit supportive documentation for. If a program applies for level 2.1, it is very likely the program also meets the requirements to provide 1.0, in fact, a few programs have initially only applied for level 2.1 and then came back requesting to add 1.0.

If your program provides zero to eight skilled treatment service hours per week, it is a 1.0 Outpatient. If your program provides nine to nineteen hour then generally it's 2.1 Intensive Outpatient, or IOP. IOP locations can provide more than 19 hours. You will just need documentation indicating why that's medically necessary and indicating if 2.5 Partial Hospitalization would be a better level of care for the client's needs.

Slide 11: Choosing a Level of Care – residential

There are three residential ASAM Levels of Care in the Demonstration. They are not a one to one alignment with Minnesota's residential levels of care. If your program is licensed at a low or medium intensity program in Minnesota, then you are likely a Level 3.1 Clinically Managed Low-Intensity Residential. ASAM does not have a medium intensity residential.

If your program is licensed as a high intensity residential in Minnesota and has a disability specialization, then it's a 3.3 Clinically Managed Population Specific High-Intensity Residential. The disability specialization was recently approved by CMS, and not many programs qualify as a 3.3. Additionally, we want to note there may be significant changes to the ASAM's 3.3 level of care in the next edition of the ASAM Criteria. Currently, we only have one 3.3 program in Minnesota.

Last, if your program is licensed, as a high intensity residential level of care then it is likely a 3.5 Clinically Managed High-Intensity Residential. Similar to outpatient levels of care, if your program provides 3.1, may also be capable of providing 3.5.

Slide 12: Choosing a Level of Care – withdrawal management

Withdrawal management programs are licensed under Minnesota chapter 245F. If your withdrawal management program is licensed as a medically monitored program then it is likely a 3.7. If your program is licensed as a clinically managed program then it is likely a 3.2. Withdrawal management enrollment looks different than most other levels of care and is easier to align with the Demonstration requirements.

Slide 13: Patient Referral Arrangement Agreements (PRAAs)

Providers participating in the 1115 Demonstration are required to have Patient Referral Arrangement Agreements for the ASAM Levels of Care not offered at their participating location or locations. PRAAs must be with other enrolled providers or providers in the process of enrolling. This will enhance relationship building for providers enrolled in the Demonstration and build an ASAM continuum of care.

You are not limited to referring only to enrolled providers. Client choice always comes first.

Slide 14: PRAAs

PRAAs must be submitted with the completed application. PRAA forms are available on the 1115 webpage in the How to Enroll instructions. We 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. After the 1115 Team approves a location, it is added to this list. The list is updated every two weeks. We want to note that Vinland National Center is the only 3.3 in Minnesota. They are aware of this and are expecting requests.

Slide 15: Level of Care Requirements policies & procedures

When preparing to enroll in the demonstration, it is important that providers review their current policy and procedure manual. Depending on the level of care selected, new policies or updated policies will be required to enroll. Think of this as similar to opening a program; just as you need policies speaking to statutory requirements, you also need to have policies that identify all of the requirements of the demonstration.

As a clarifying point, most requirements are to document the access and availability of certain services. The Demonstration is not requiring providers to have all of these services on site. It is asking the provider to identify in policy, how a client will access these services, or if you have a limited availability of select services, identify when said services are available.

Slide 16: Program Outreach Plan

One of the newer requirements is the Program Outreach Plan. Providers must develop and maintain a program outreach plan, which must be reviewed annually and updated for any changes necessary. The outreach plan must include how the provider will ensure seamless transitions across the continuum of care. It should explain and speak to how the provider will coordinate different types of health care and community services. Examples of what should be included are early intervention treatment services, Certified Community Behavioral Health Clinics (CCBHC), hospitals, emergency departments, primary care and mental health settings. This is dependent

on each geographic location and available services. If you have questions about the Program Outreach Plan, please let us know. We're happy to help in office hours or other meetings.

Slide 17: Assessment & Placement Grid

Another new requirement is the 1115 Assessment & Placement Grid. All assessment summaries must include documentation of whether or not the client's placement is aligned with the level of care recommendation in the 1115 Assessment and Placement Grid. A different level of care can be used, as long as clinical rationale for why a level of care being provided to the client differs from the level of care recommended is included. The Assessment and Placement Grid is required documentation for utilization management through Kepro and is available on their website.

Slide 18: Example Assessment and Placement Grid

This is the first page of the Assessment and Placement Grid. The purple squares are the recommended risk ratings based on the ASAM Criteria. Clients can be placed in levels of care that don't align with the ASAM Criteria as long as there's documentation of clinical rationale and medical necessity for the placement. We understand there's a gap between 2.1 IOP and 2.5 Partial Hospitalization levels of care and are tracking the issue.

Slide 19: Psychiatric & medical consultation

We wanted to review some of the key differences between state statute and the demonstration requirements. A large difference is in how psychiatric and medical services are identified and used.

In outpatient services (1.0 and 2.1) providers must have access to and document the availability of psychiatric and medical consultation services within 24 hours by phone. This can be done by documenting staff the provider employs who would meet these requirements, or documenting agreements providers have with psychiatric and medical clinics for referral. Additionally Level 2.1 requires access and availability to the aforementioned professionals within 72 hours in person. This access would be documented similarly to the 24-hour requirement.

For residential levels of care (3.1, 3.3, 3.5) providers are required to have telephone or in-person medical consultation available 24 hours a day, 7 days a week. As mentioned previously, this needs to be documented in policy. It should explain how clients would have access to this either through current staff or through agreements with external mental health and medical health providers.

Slide 20: Medication-assisted treatment (MAT) Policy

DHS supports and encourages the use of all three FDA approved MAT medications as part of an evidence-based person-centered approach to treating Opioid Use Disorder (OUD). This policy is in alignment with the American Society of Addiction Medicine's (ASAM) 2020 National Practice Guideline for Opioid Use Disorder, the Substance Abuse and Mental Health Service Administration's (SAMHSA) 2020 Treatment Improvement Protocol for Opioid Use Disorder, and Minnesota's compliance with the Centers for Medicare and Medicaid Services (CMS) 1115 Demonstration's Special Terms and Conditions.

CMS announced Section 1115 Demonstrations as a way to combat the ongoing opioid crisis. They require the implementation of evidence-based standards such as those developed by ASAM or other nationally recognized standards.

According to the guidelines established by ASAM and SAMHSA, people using MAT are considered to be in abstinence-based recovery. MAT should be given as long as a patient finds benefit. Equitable access to MAT is vital to reducing illicit opioid use, improving patient retention in treatment, and decreasing overdose deaths.

The demonstration is not requiring providers to supply MAT or prescribe MAT. Participating demonstration providers and programs should not require people to taper off MAT to continue treatment or participation in a specific program or facility. Additionally, demonstration providers are to have policies identifying referral options and resources for clients seeking MAT or those who would benefit from participating in MAT treatment.

Enrollment application

Slide 21: Using the enrollment application

The enrollment application is available on the 1115 webpage. We recommend downloading and saving the application as you work on it and for any resubmissions. Only certain browsers work for the download. Let us know if you have any issues. Once you select the level or levels of care you provide at your location or locations, the application will populate the requirements necessary for you to address. As you edit your policies and procedure to incorporate the Demonstration components, cite the relevant policy and procedure for each requirements, or red box. This allows the 1115 Team to review and correct policies for each requirement and expedites the enrollment process.

You also have the option to add more than one location to your enrollment application. One application can be submitted for multiple locations if the policy and procedures are largely the same.

Slide 22: Populating the enrollment application

This is what the second page of the application will look like when you open it. Be sure to add all the required information in the left table prior to submission, including signatures. We are working on updates that will include a licensing number as a requirement as well. The image on the left is the requirements sections before you choose a level of care. Notice there is no boxes to fill out.

Slide 23: Population the enrollment application – 3.1 selected

These are the same pages as the previous slide however now a level of care of 3.1 is selected on the left, so the right pictures shows the red boxes. Please include the page or paragraph number of the relevant policy and procedure in each of these boxes. This will help us know where to look in your policies. If this is not completed, we will not review the application, which brings us to the next component of enrollment. Submitting and reviewing the applications.

Slide 24: Application materials

Once you have completed the application please submit a signed application, policies identified in the application (relevant to the 1115 Demo), PRAA's for all levels of care you are not enrolling for. If you are a residential provider, please be sure to attach your MAT policy. All the application material can be submitted to the 1115 mailbox.

Slide 25: Application review process

The 1115 team will reply once an application is received. If you have not received confirmation of your submission within five days, please send a separate email. The 1115 team will review your application and send follow up communication. The four types of communication:

- Incomplete: This communication will be sent if major components of the enrollment process are missing, such as; 245G licensure, missing policies/procedures and missing PRAAs
- Meeting with the 1115 Team – If the application is missing 4 or more policy and procedure items, the team will reach out and set up a meeting to review missing requirements and how to resolve these issues
- Request for More Information – The application is missing less than four policies and procedures. You will receive a letter outlining what is missing and what needs to be submitted in order to be approved.
- Approval – You have met all the requirements within the demonstration application process and are approved to enroll and submit your assurance statement.

Slide 26: Application resubmissions

Applications of providers who submit follow up documentation will be prioritized over new application submissions. Incomplete applications will not be prioritized.

The 1115 team will follow up on RFMI letters and requests to meet, if no response is received the application will be moved to the inactive folder. If an application is moved to inactive, a provider will need to resubmit the application and indicate that they are planning to move forward with enrollment. Resubmitted inactive applications will also not be prioritized over new submissions.

PEC & Assurance Statements

Slide 27: MHCP Enrollment & Assurance Statement

Once you have received your approval letter from the Behavioral Health Division, you will send a copy of the approval letter along with the 1115 Assurance Statement to us.

The Assurance Statement can be found online on our website: mn.gov/dhs. You would click on eDocs in the upper right corner and search for the form name or number: DHS-7323.

This can be sent to us by fax, or through the MPSE Portal. If you're faxing, the fax number is located at the bottom of the assurance statement. If you use the MPSE Portal, you would log into your MN-ITS account, choose

the link on the left hand side that says Minnesota Provider Screening and Enrollment (MPSE) Portal. From your MPSE home page, you will choose the option to create a new request at the bottom of the page. The type of request would be an Enrollment Record Request.

Once you have faxed or uploaded the form, Provider Eligibility and Compliance will review it within 30 days. If there are any issues with this, we will send a letter asking for corrections, either to your MN-ITS mailbox, or by the US Postal Service.

Slide 28: 1115 Demonstration Provider Assurance Statement

This is what the assurance statement looks like. It is two pages, the first page asks for the information for your organization, and asks you to initial next to the levels of care you have been approved for. The second page includes a section for you to request to end levels of care if you no longer provide them.

The second page must be signed. It should be signed by an authorized person, that is, someone who was disclosed to us with your initial enrollment.

The form can be signed by hand or digitally. If you sign it digitally, there is a box that needs to be checked, directly above the signature area.

If you have any issues with any part of this process, you can call the Provider Resource Center at 651-431-2700.

After enrollment

Slide 29: Billing & utilization management

We want to highlight two comments that occur after enrollment. We want to remind you all that there are some rate enhancements for participation in the Demonstration. Currently there is a 15% rate enhance for residential and 10% rate enhancement for outpatient providers. There are additional rate enhancements that have been approved by CMS. We will communicate these when they go into effect.

There are no rate enhancement for withdrawal management providers.

If you are interested or have questions about billing we recommend reviewing the billing over webinar on the 1115 webpage or the SUD Provider Manual. Both have great information and resources.

Additionally we want to remind people of utilization management after enrolling in the Demonstration. We can provide more information on this later on in the process.

Slide 30: Thank you

Thank you everyone for attending today and especially want to thank our presenters. Email the 1115 mailbox with any additional questions, 1115demonstration.dhs@state.mn.us.