

# Thursday Connections with SUD at DHS

## March 21, 2024

**3:00-3:05:** Logistics and Introductions

**3:05-3:20:** Team Updates

**3:20-3:30:** Harm Reduction Presentation

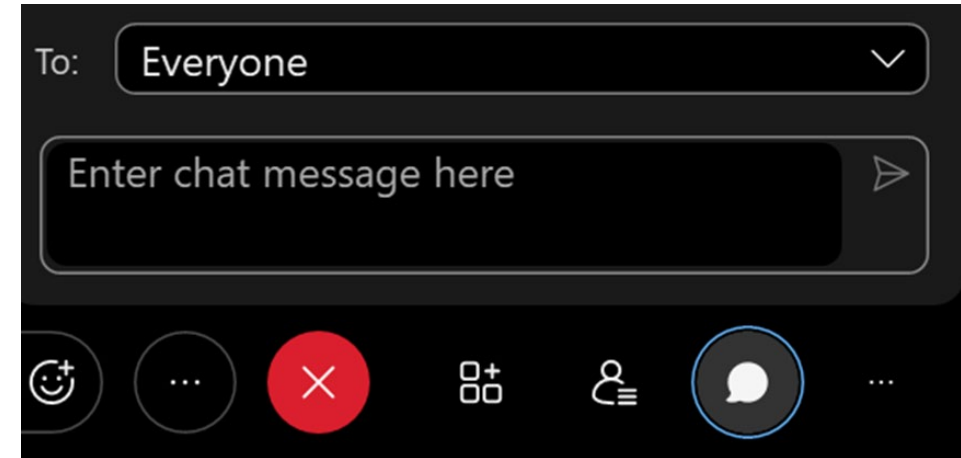
**3:30-4:00:** 1115 Waiver Presentation

# Meeting Logistics

- 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 within two weeks of the meeting date.

# Using Chat

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



Use chat feature to enter questions

# SUD Unit Leadership at DHS

- **Jen Sather**, Deputy Director for Substance Use Disorder Services
- **Andrea Abel**, Supervisor, Promotion, Prevention and Early Intervention Team
- **Nathaniel Dyess**, Supervisor, SUD Reform and Redesign Team
- **Amelia Fink**, Supervisor, SUD Clinical Policy Team
- **Don Moore**, Supervisor, Behavioral Health American Indian Team
- **Jennifer Rennquist**, Supervisor, State Opioid Response Team

# SUD Clinical Policy Services Team

- More than six or 30 hours of outpatient treatment authorization process implemented. Two additional trainings:
  - [Monday, April 1, 2024, 1-2 p.m.](#)
  - [Tuesday, April 16, 2024, noon-1 p.m.](#)
- Involved in review and providing technical assistance to various bills related to substance use
- In depth review of ASAM 4th edition standards

# Promotion, Prevention and Early Intervention Updates

- MN LIFESKILLS Project is ending this June and will be replaced by School based strategic prevention activities.
- All are welcome to join Problem Gambling Advisory Committee which meets every two months on the second Thursday.

# SUD Reform & Redesign Team Updates – 1115 SUD System Reform Demonstration Waiver

- All residential programs mandated to attest to ASAM by Jan. 1, 2024, did so.
- 204 nonresidential/outpatient programs must attest to providing an ASAM level of care (enroll) by Jan. 1, 2025.
- Minnesota providers must have 245G or 245F licensure and be enrolled as a Minnesota Health Care Program (MHCP) provider.
  - They must also have the 245G.20 co-occurring designation.



# SUD Reform & Redesign Team Updates - ASAM Implementation

- “ASAM Criteria 4th Edition” eBook distribution deadline is March 29, 2024
  - 4th Edition textbook distribution will begin as early as May 2024
- Acentra Utilization Management and Clinical Documentation online training
- Request for Proposal (RFP) for Evidence-Based Training
- ASAM Criteria Assessment Interview Guide
- On-the-Spot: ASAM Integration and Application

# SUD Reform & Redesign Team Updates - ASAM Training & Support

- [Clinical Documentation Training PowerPoint](#)
- [Monthly Portal Training Meeting](#)
  - 2nd Friday at 11 am CST
    - April 12
    - May 10
- [ASAM Quarterly Lunch & Learn Training Meeting](#)
  - 4th Wednesday, every 3 months at 12 pm CST
    - June 26
    - Sept. 25

# SUD Reform & Redesign Team Updates— Paperwork Reduction & Systems Improvement

- Discovery focused on billing and payment has begun.
  - AHP joined monthly BHD/MCO Meeting to gather information.
  - AHP following up with MCOs individually to complete key informant interviews.
  - AHP to utilize part of steering committee meeting to gather feedback from stakeholders/providers.
- Steering Committee Meetings continue monthly.

# SUD Reform & Redesign Team Updates – Community of Practice (CoP)

- Upcoming Work Groups focused on *Culturally Specific SUD Care*
  - [March 29, 2024: 12:00-1:00 pm CT](#)
  - [April 16, 2024: 2:00-3:00 pm CT](#)
- Upcoming Meetings
  - [May 7, 2024: 11 am-12:30 pm CT - Q2](#)
  - [Aug. 20, 2024: 1-2:30 pm CT - Q3](#)
  - [Oct. 15, 2024: 1-2:30 pm CT - Q4](#)
- SUD [CoP Webpage](#) – provides overview, agendas and summaries.

# SUD Reform & Redesign Team Updates – Re-entry Demonstration

DHS received legislative authority in the 2023 legislative session to:

- [MN Laws 2023, Regular Session, Chapter 61, Article 4, Section 23](#) to complete a Medical Assistance Behavioral Health System Transformation Study that directed DHS to evaluate the feasibility, potential design, and federal authorities needed to cover behavioral health services in correctional facilities under the medical assistance program.
- A contract to complete the study to BerryDunn in late February and will wrap up in September.
- That study will inform any further legislative requirements that may come out of this upcoming session, including if DHS is directed to apply for the waiver.
- The governor has included the 1115 reentry waiver and reinvestment plan in his budget proposal.

# American Indian Team Updates

- No updates at this time

# Opioid Epidemic Response Services Team

- Finalizing the execution of OERAC 2023 contracts and managing those contracts in partnership with grantees.
- Composing the OERAC 2024 RFP.
- Amending contracts set to expire 6/30/2024 with no cost extensions, unspent funds to carryforward or working on closeouts
- Managing and monitoring approximately 100 active contracts
- Preparing for the new SAMSHA Notice of Funding Opportunity and other SAMHSA contract related activities
- Partnering with MDH and OAR to host a naloxone saturation convening this Spring.
- Oversight of county and city 2023 opioid settlement expenditures, due 3/31.

# Harm Reduction Team Updates

Kim Maley | Manager of SUD Recovery and Prevention | BHDH DHS

Odie Spinelli | Harm Reduction Policy Lead | BHDH DHS



# Harm Reduction Team

- 1. Accepts for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.**
- 2. Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence and acknowledges that some ways of using drugs are clearly safer than others. (i.e. smoking versus IV use)**
- 3. Establishes quality of individual and community life and well-being-not necessarily cessation of all drug use- as the criteria for successful interventions and policies.**
- 4. Calls for non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.**
- 5. Ensures that people who use drugs and those with a history of drug use routinely have a real voice in creation of programs and policies designed to serve them.**
- 6. Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use.**
- 7. Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequities affect both people's vulnerability to and capacity for effectively dealing with drug –related harm.**
- 8. Does not attempt to minimize or ignore the real and tragic harm and danger than can be associated with illicit drug use.**

# Safe Recovery Sites

Last year, the Minnesota Legislature authorized the creation of [Safe Recovery Sites](#), which will offer a variety of harm reduction supplies and services for people experiencing substance use disorder. Through its general fund, Minnesota is investing \$14.6 million in fiscal year 2024 and \$3 million each year thereafter for start-up and capacity-building grants for organizations to establish Safe Recovery Sites.

- HR team is working on drafting the Safe Recovery Site RFP

# Community Engagement

- The HR Team has been travelling around the state to engage Syringe Service Programs (SSP) to understand what type of services they offer, understanding what barriers exist to providing services, and what they envision for their program in the future.
- So far, we have visited 11 locations across Minnesota. We have 4 more sites to meet with.



# Community Engagement

We are engaging similar programs in other states to help inform the process:

- Staff visited New York City in January 2024 where we met with their Overdose prevention site OnPoint, NYC Health Department, and local Syringe Service program VOCAL NYC.
- Next stop is Rhode Island to visit their upcoming overdose prevention site and Rhode Island Department Of Health.





**mi** DEPARTMENT OF  
HUMAN SERVICES

## Harm Reduction Vending Machines

# Harm Reduction Vending Machines

- The Harm Reduction team is working with the American Indian team to offer harm reduction vending machine dollars to tribes. The dollars will be available to purchase two vending machines per tribe and stock items that each Tribal Nation determines is needed in their communities.
- The American Indian Team will be reaching out to tribes to offer this funding soon.
- Tribes can place their machines wherever they find most effective.

# Naloxone Portal



[Naloxone Standing Order and Portal - MN Dept. of Health \(state.mn.us\)](https://state.mn.us)

## **Minnesota Department of Health (MDH) & Department of Human Services (DHS) collaborated on an ordering portal**

- MDH and DHS staff collaborated to collect orders and provide naloxone at no-cost to mandated groups.
- Modeled after successful programs in other states (IL, CA, MI, etc.)
- Developed a standing order available to all eligible groups to use for their naloxone needs.
- Any eligible organization that needs access can sign up and place a request for no-cost naloxone nasal spray



# Pilot Centralized Distribution

**Any eligible organization that needs access can sign up and place a request for no-cost naloxone nasal spray**

Very efficient process:

- No RFP or contracting wait times
- Cost effective – minimal staffing, no space/warehouse costs
- Consistent supply- no shortages
- Two-day FedEx shipping

# Groups with Narcan Portal Access

- 2023 Legislative session mandated groups:

- Schools
- Law Enforcement
- Licensed SUD programs
- Corrections
- Group/on-site Housing
- Sober Homes

## Other Groups given access:

- Tribal nations
- Syringe Service Programs
- Emergency Shelters

# Current Narcan portal status

- Working to secure consistent funding for the portal
- Used some spend downs to pilot it
- Orders have been open to eligible groups since 12/6/23, and are open until dollars run out while we seek more ongoing funding
- Feedback has been overwhelmingly positive from groups accessing Narcan through the portal



100 cases, or 2400 doses, of Narcan

# Naloxone Saturation convening

- May 7, 2024, on which the Department of Human Services and the Department of Health, in partnership with the Minnesota Office of Addiction and Recovery, will host a day-long event to bring together naloxone partners to help inform a statewide naloxone saturation plan.
- The insights gathered during the convening will inform a draft statewide distribution plan.
- The event will bring together identified representatives from partner organizations to participate in the convening.
- The draft statewide distribution plan will be shared broadly for additional public and partner review and comment before being finalized.

# Thank You!

Odie Spinelli | Harm Reduction Policy Lead | DHS

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## 1115(a) Demonstration Waivers

SUD Reform & Redesign Team | Behavioral Health Division

# Substance Use Disorder (SUD) System Reform Goals Minnesota Statute 254B.15

- improve and promote strategies to identify individuals with substance use issues and disorders.
- ensure timely access to treatment and improve access to treatment.
- enhance clinical practices and promote clinical guidelines and decision-making tools for serving people with substance use disorders.
- build aftercare and recovery support services.
- coordinate and consolidate funding streams, including local, state, and federal funds, to maximize efficiency.
- increase the use of quality and outcome measures to inform benefit design and payment models.
- coordinate treatment of substance use disorder primary care, long-term care, and the mental health delivery system when appropriate.



# SUD System Reform Proposal Requirements

- Direct Access
- Licensed Professionals in Private Practice
- Treatment Coordination
- Peer Support Services
- Withdrawal Management
- Primary Prevention
- Services and supports that are responsive to the chronic nature of SUD
- Exploration and implementation of available options to allow for exceptions to the federal Institution for Mental Diseases (IMD) exclusion

# Institution for Mental Disease (IMD) Exclusion

- Federally enacted in 1965, designed to shift responsibility for inpatient psychiatric services from being federally funded to being state funded (Social Security Amendments of 1965, Public Law ([P.L. 89-97](#)))
- [§1905\(a\)\(29\)\(B\)](#) of the Social Security Act excludes Federal Financial Participation (FFP) for services delivered to Medicaid-eligible individuals age 21-64 who are patients in IMDs
- *“The term ‘institution for mental diseases’ means a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.”* ([SSA §1905\(i\).](#))
- “The International Classification of Diseases (ICD) system classifies alcoholism and other chemical dependency syndromes as mental disorders...There is a continuum of care for chemical dependency. At one end of the spectrum of care, treatment follows a psychiatric model and is performed by medically trained and licensed personnel. If services are psychological in nature, the services are considered medical treatment of a mental disease.” ([CMS, 4390 \(E\), 4-389](#))

# State Medicaid Director Letter #17-003 (U.S. HHS, 2017)

- “Under the demonstration authority granted by section 1115 of the Social Security Act, Centers for Medicare and Medicaid Services (CMS) can waive certain federal requirements so that states can test new or existing ways to deliver and pay for health care services in Medicaid **to the extent that the demonstration is likely to promote the objectives of the Medicaid program.**”
- “...improve access to high quality, clinically appropriate treatment for opioid use disorder (OUD) and other substance use disorders (SUDs) while incorporating metrics for **demonstrating that outcomes for Medicaid beneficiaries are in fact improving under these demonstrations.**”
- “States should **demonstrate how they are implementing evidence-based treatment guidelines, such as those published by the American Society of Addiction Medicine (ASAM),** including by covering critical levels of care.”

# Goals and Objectives for 1115 SUD Waivers

- Increased rates of identification, initiation and engagement in treatment for Opioid Use Disorders (OUD) and other SUDs;
- Increased adherence to, and retention in, treatment for OUD and other SUDs;
- Reductions in overdose deaths, particularly those due to opioids;
- Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment when the utilization is preventable or medically inappropriate, through improved access to more appropriate services available through the continuum of care;
- Fewer readmissions to the same or higher level of care for readmissions that are preventable or medically inappropriate; and
- Improved access to care for physical health conditions among beneficiaries with SUDs.
- [Medicaid Section 1115 Substance Use Disorder \(SUD\) Demonstrations: Cross State Analysis \(November 2023\)](#)

# Required Milestones for 1115 SUD Demonstration Waivers

- Access to critical levels of care for SUDs, including outpatient, intensive outpatient (IOP), medication assisted treatment (MAT), residential, inpatient, and medically supervised withdrawal management;
- Widespread use of evidence-based, SUD-specific patient placement criteria;
- Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications;
- Sufficient provider capacity at each level of care, including medication assisted treatment (MAT);
- Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD; and
- Improved care coordination and transitions between levels of care.

# “Minnesota Substance Use Disorder System Reform” 1115 Demonstration Waiver

- May 2018: [Section 1115 Waiver Demonstration Request Initial Application](#)
- May 2019: [Minnesota Session Laws - 2019, 1st Special Session](#)
- August 2019: [Demonstration Approval Package: Special Terms and Conditions \(STC\)](#)
- October 2019: [Implementation and Health Information Technology Plans Approved](#)
- October 2020: [Service components, standards, and staffing requirements published](#)
- January 2021: [Monitoring Protocol Approved](#)
- July 2021: [Evaluation Design Approved](#) – [Utilization Management Reviews Begin](#)
- August 2023: [Mid-Point Assessment Approved](#)
- December 2023: [Extension Application Submitted with Interim Evaluation Report](#)

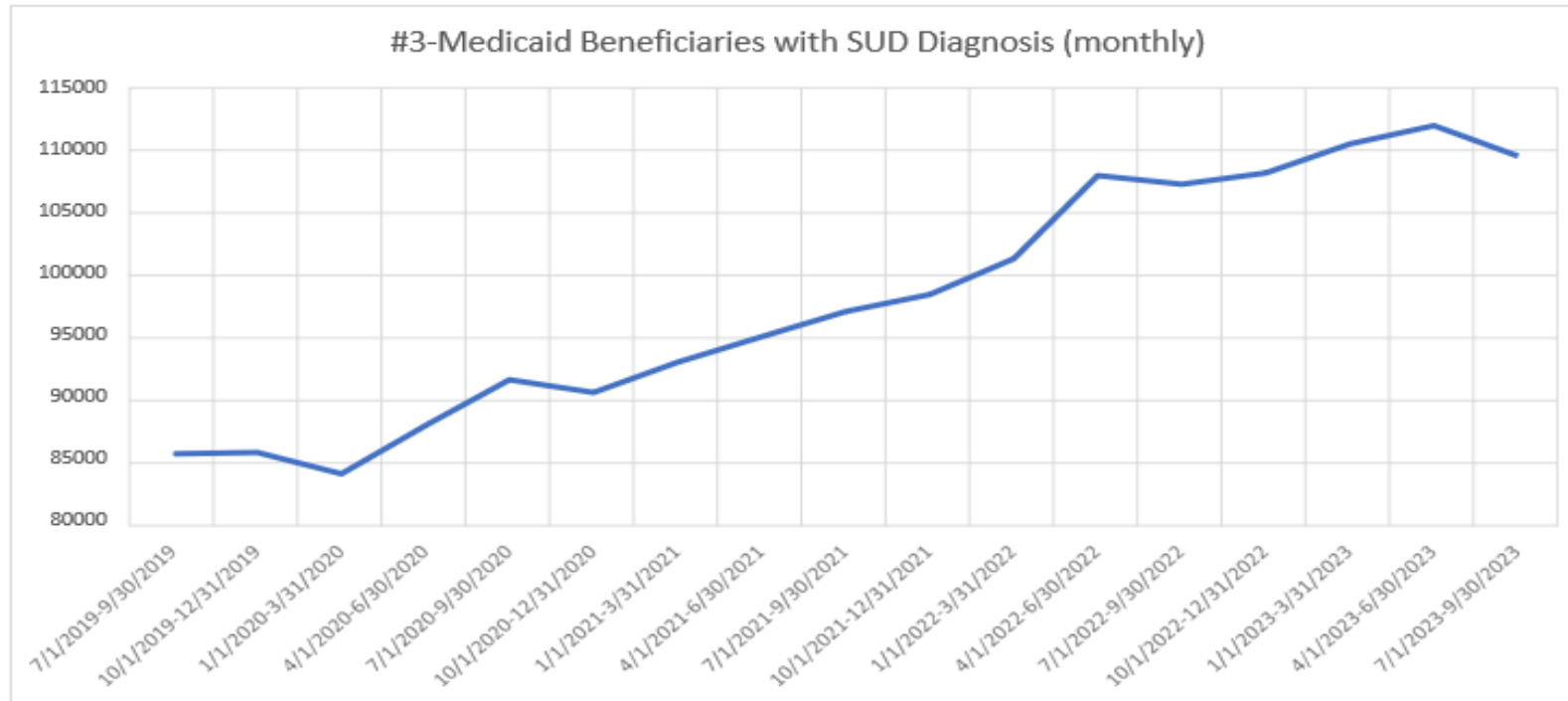
# Increased rates of identification, initiation and engagement in treatment for Opioid Use Disorders (OUD) and other SUDs

## Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly)

Number of beneficiaries with an SUD diagnosis who receive MAT or a SUD-related treatment service during the measurement period and/or in the 11 months before the measurement period.

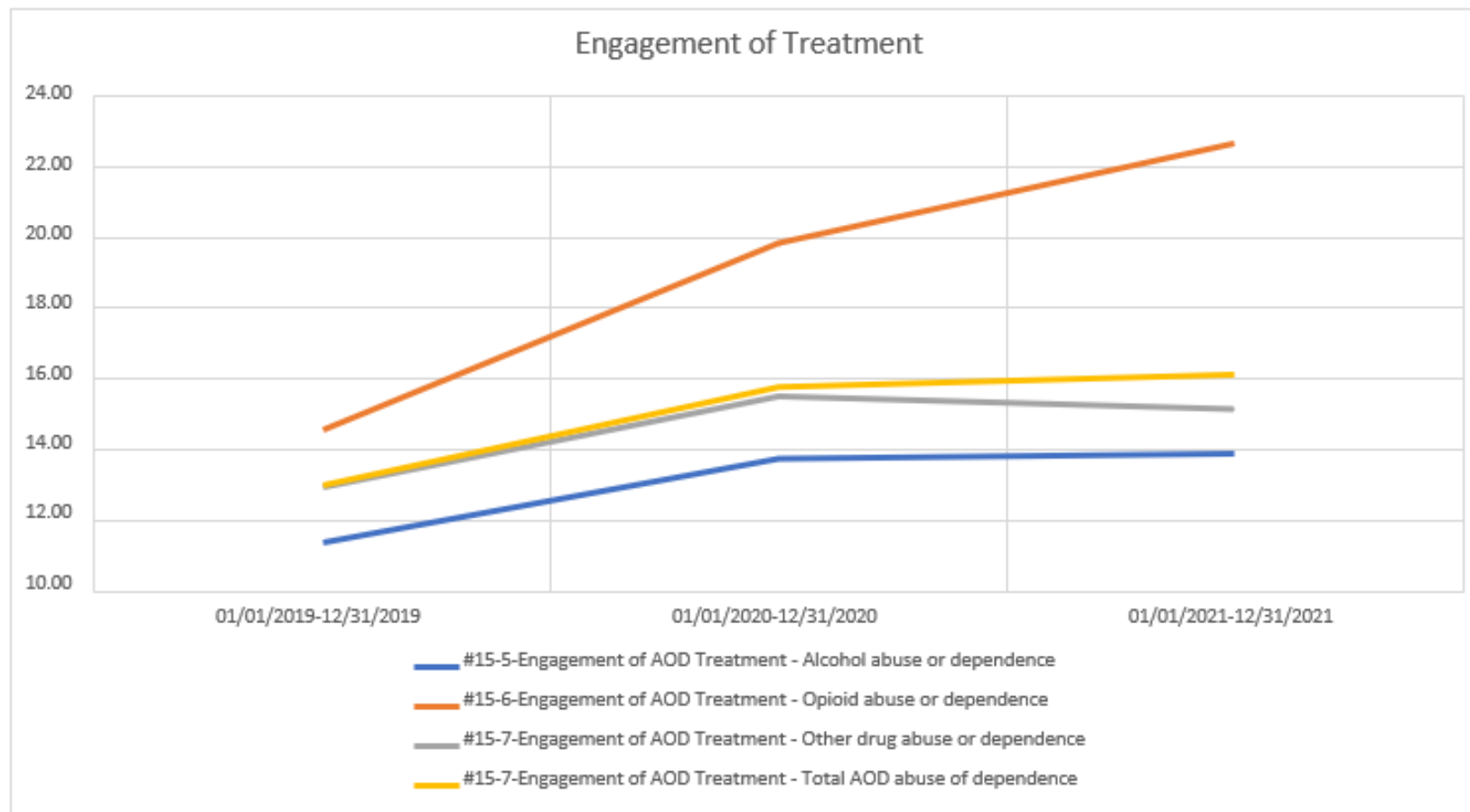
Most common codes include:

- H0020: Alcohol and/or drug services; methadone administration and/or service
- H2036: Alcohol and/or other drug treatment program.



# Increased adherence to, and retention in, treatment for OUD and other SUDs

**Metric #15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - *Engagement of treatment within 34 days of the initiation visit***

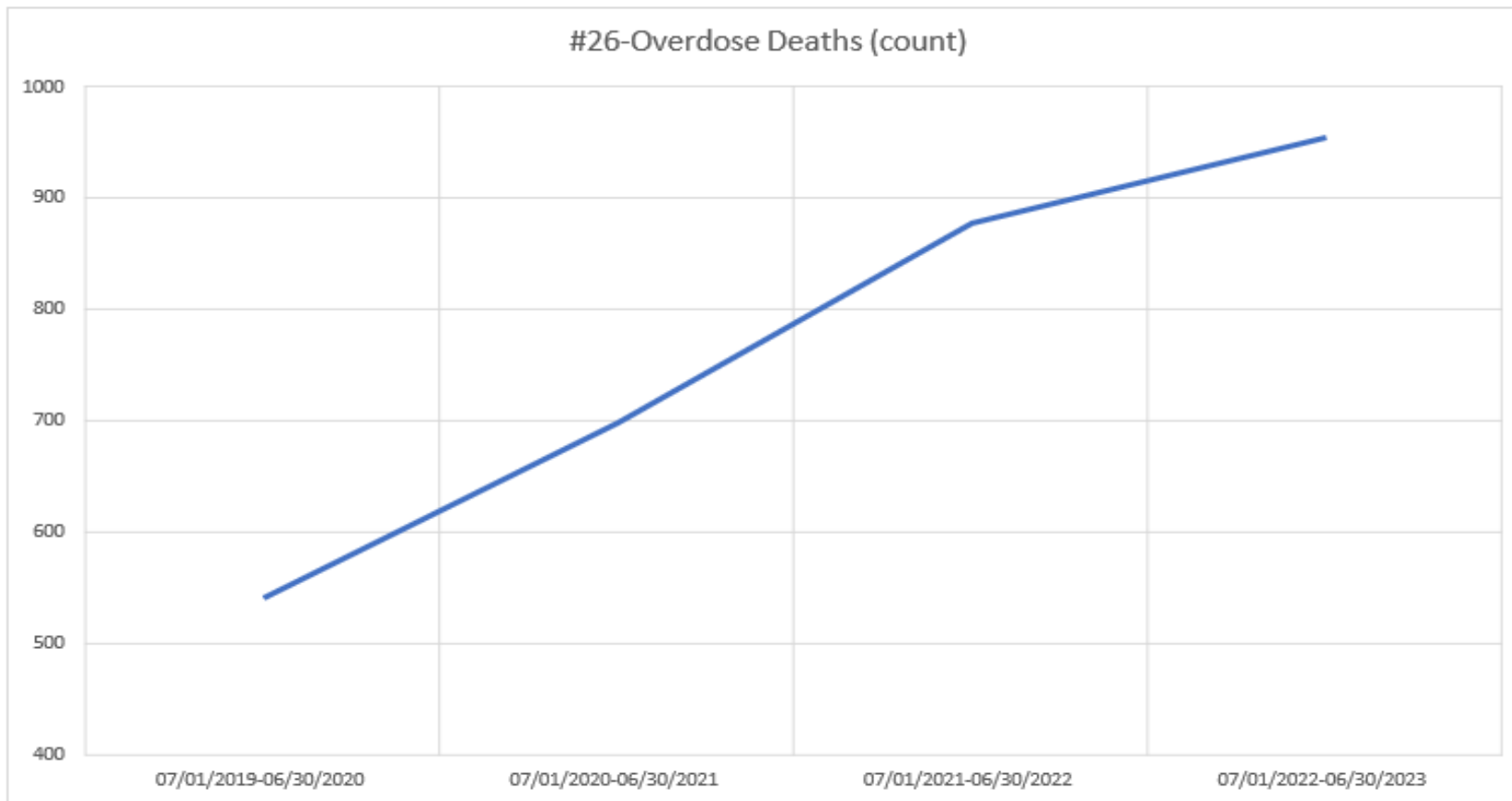




# Reductions in overdose deaths, particularly those due to opioids

## Metric #26: Drug Overdose Deaths (count)

Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration.



# Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment

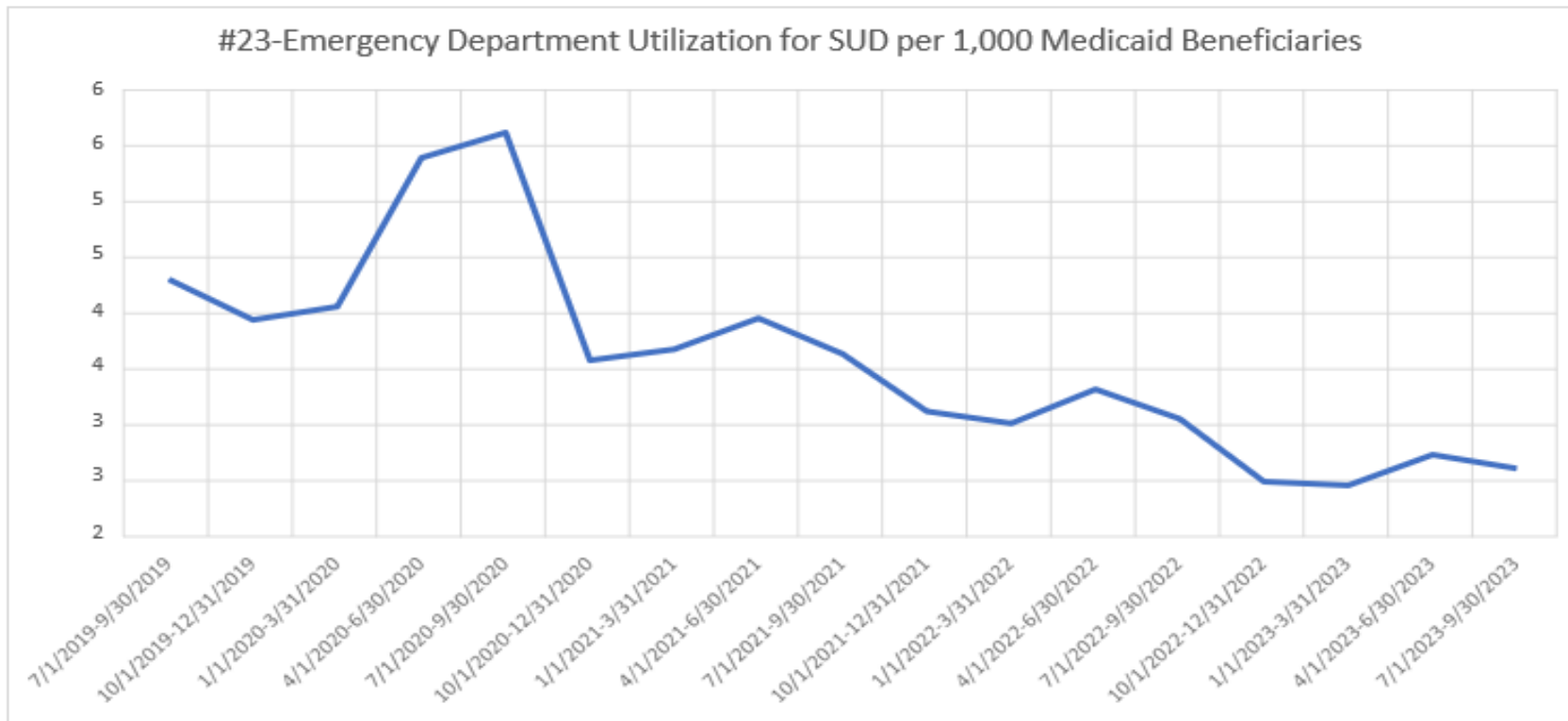
## Metric #23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries

Description: Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period.

Most common codes include:

0450: Emergency Room – General

0456: Hospital-based urgent care



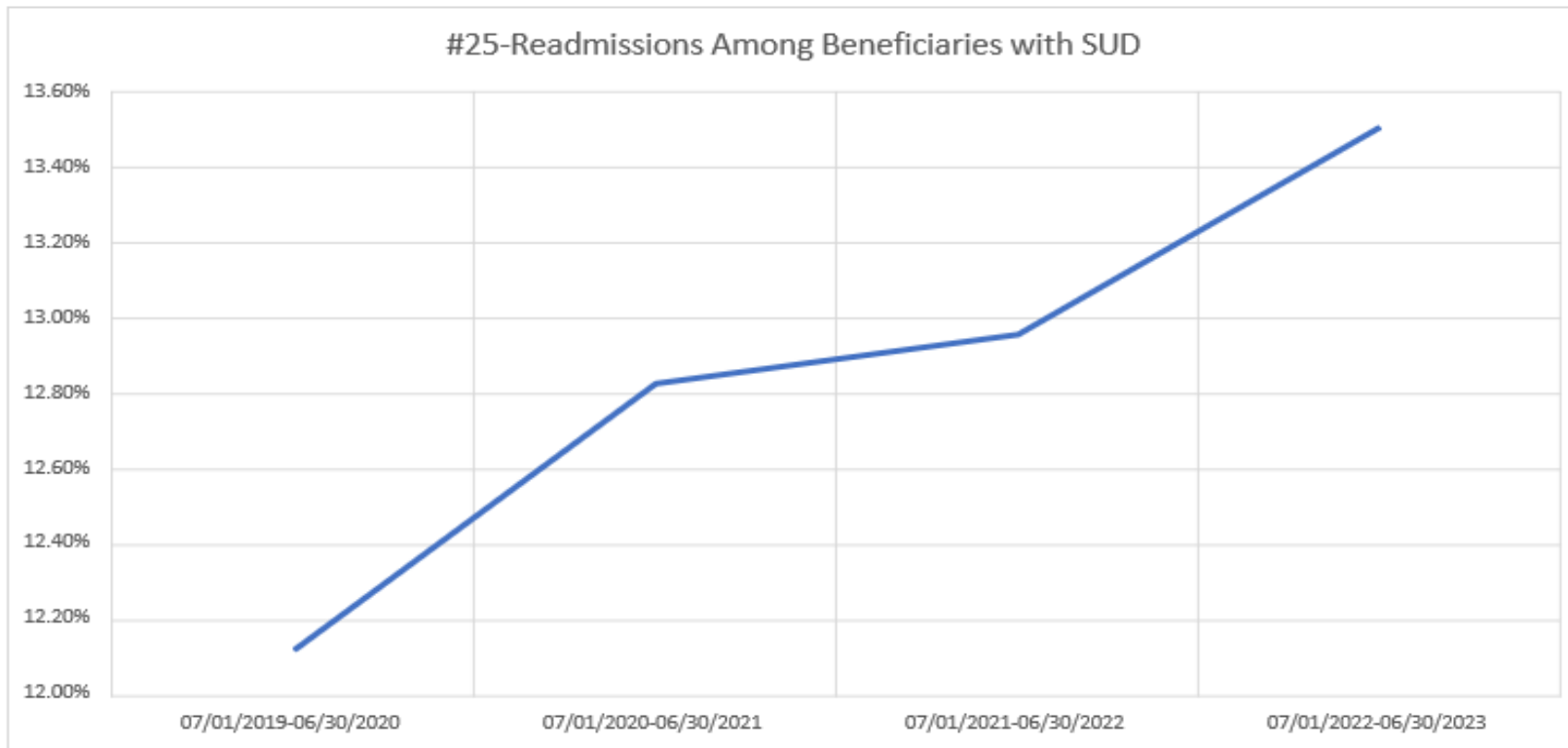
# Fewer readmissions to the same or higher level of care for readmissions that are preventable or medically inappropriate

## Metric #25: Readmissions Among Beneficiaries with SUD

The rate of all-cause readmissions within 30 days during the measurement period among beneficiaries with SUD.

Most common codes include:

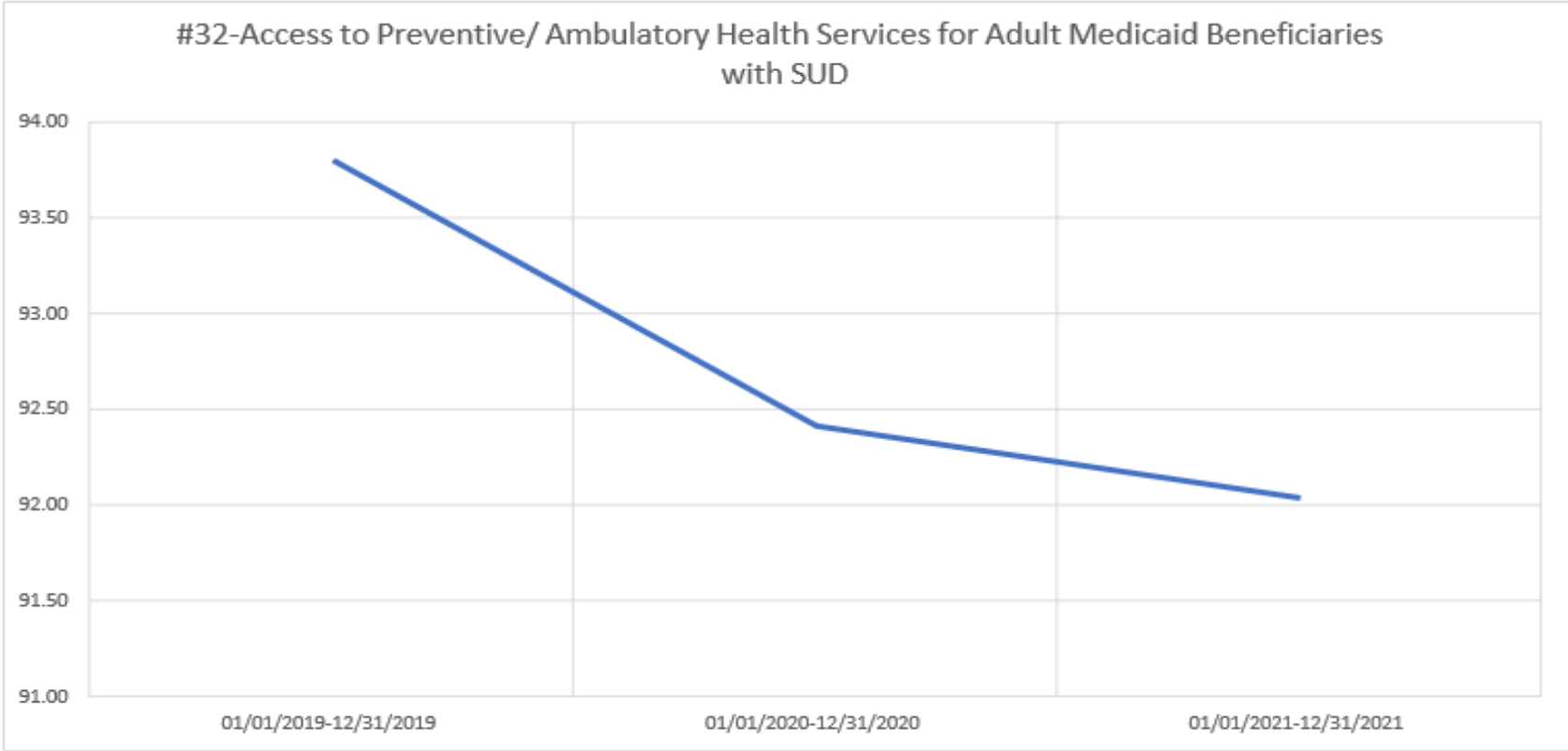
- 0101 All-inclusive Room and Board
- 1002 Residential Treatment-Chemical Dependency



# Improved access to care for physical health conditions among beneficiaries with SUDs

## Metric #32: Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD

Description: The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period.



# *SUD System Reform Goals Minnesota Statute 254B.15*

- improve and promote strategies to identify individuals with substance use issues and disorders.
- ensure timely access to treatment and improve access to treatment.
- enhance clinical practices and promote clinical guidelines and decision-making tools for serving people with substance use disorders.
- build aftercare and recovery support services.
- coordinate and consolidate funding streams, including local, state, and federal funds, to maximize efficiency.
- increase the use of quality and outcome measures to inform benefit design and payment models.
- coordinate treatment of substance use disorder primary care, long-term care, and the mental health delivery system when appropriate.

# Implementing Evidence-based Treatment Guidelines, Such as Those Published by the ASAM

- ASAM level 0.5 early intervention services provided according to section 254B.19, subdivision 1, clause (1);
- ASAM level 1.0 outpatient services provided according to section 254B.19, subdivision 1, clause (2);
- ASAM level 2.1 intensive outpatient services provided according to section 254B.19, subdivision 1, clause (3);
- ASAM level 2.5 partial hospitalization services provided according to section 254B.19, subdivision 1, clause (4);
- ASAM level 3.1 clinically managed low-intensity residential services provided according to section 254B.19, subdivision 1, clause (5);
- ASAM level 3.3 clinically managed population-specific high-intensity residential services provided according to section 254B.19, subdivision 1, clause (6); and
- ASAM level 3.5 clinically managed high-intensity residential services provided according to section 254B.19, subdivision 1, clause (7)

# Medical Assistance Behavioral Health System Transformation Study

[MN Laws 2023, Regular Session, Chapter 61, Article 4, Section 23](#)

The commissioner of human services, in consultation with stakeholders, must evaluate the feasibility, potential design, and federal authorities needed to cover traditional healing, behavioral health services in correctional facilities, and contingency management under the medical assistance program.

# CMS Website on Section 1115 Demonstrations

- Traditional Healing

- AZ, UT and CA all have 1115 waiver applications under review by CMS. You can link to the application letters in the footnote citations at the end of the article linked above.



# Contingency Management

- “... contingency management is an evidence-based tool in the treatment of SUD, consisting of a series of incentives for meeting treatment goals. Contingency management has demonstrated effectiveness in increasing rates of drug abstinence in a range of SUDs, including use of stimulants, cannabis, alcohol, and tobacco.” (WA CMS Approval Letter)
- ‘Ctrl f’ search for ‘contingency management’ in the links:
  - [WA CMS Approval Package](#)
  - [CA CMS Approval Package](#)

# Section 1115 Reentry Waivers

- **Increase coverage, continuity of coverage, and appropriate service uptake** through assessment of eligibility and availability of coverage for benefits in carceral settings just prior to release;
- **Improve access to services** prior to release and improve transitions and continuity of care into the community upon release and during reentry;
- **Improve coordination and communication** between correctional systems, Medicaid systems, managed care plans, and community-based providers;
- **Increase additional investments in health care and related services**, aimed at improving the quality of care for beneficiaries in carceral settings and in the community to maximize successful reentry post-release;
- **Improve connections between carceral settings and community services** upon release to address physical health, behavioral health, and health-related social needs (HRSN);
- **Reduce all-cause deaths** in the near-term post-release; and
- **Reduce number of ED visits and inpatient hospitalizations** among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.

# Summary of CMS Reentry Waiver Requirements

- **Eligible Facilities**
- **Eligible Individuals**
- **Minimum Covered Services**
  - **Case Management**
  - **Medication Assisted Treatment (MAT) -**  
Coverage of MAT under a state plan includes all U.S. Food and Drug Administration–approved medications for opioid use disorder, including buprenorphine, methadone, and naltrexone, and acamprosate and naltrexone for alcohol use disorder.
  - **30 Day Supply of all Prescription Medications**
- **Eligible Providers**
- **Time Period for Covering Pre-Release Services: 30-90 days**
- **Medicaid Eligibility and Enrollment**
- **Reinvestment Plan and Budget Neutrality**

# Reentry Implementation Plan Required Milestones

- **Increase and maintain Medicaid coverage**
- **Cover and ensure access to the minimum set of pre-release services**
- **Promote continuity of care**
- **Connect to post-release services**
- **Ensure cross-system collaboration**

# 1115 Demonstration Waiver Resources

- [DHS federal health care waivers](#): Links with information on approved waivers in MN.
- [DHS 1115 Substance Use Disorder \(SUD\) System Reform Demonstration](#)
- [Medicaid Section 1115 Substance Use Disorder \(SUD\) Demonstrations: Cross State Analysis \(November 2023\)](#)
- [Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State](#)
- [Health Related Social Needs \(HRSN\)](#)
- [National Conference of State Legislatures \(NCSL\) House Human Services Finance Committee Presentation on 1115 Waivers – March 7, 2024](#)

# Thank you!

[1115demonstration.dhs@state.mn.us](mailto:1115demonstration.dhs@state.mn.us)

What questions do you have for the SUD Unit here today?

We will try to answer your questions at this meeting.

Questions that require more research will be posted within two weeks on the Thursday Connections with SUD at DHS webpage.



# 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](#).