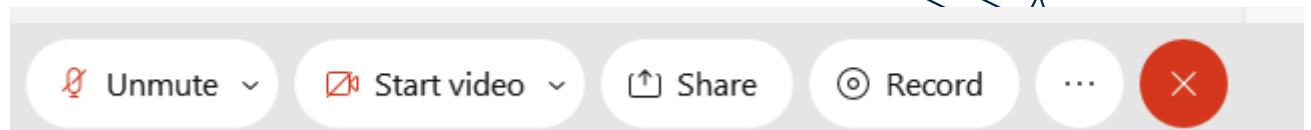


Welcome to the Behavioral Health Division's Direct Access Overview Presentation

- Presenter(s)/host audio will be muted until the presentation begins.
- Attendee audio will be muted during the presentation.
- Presentation materials will be available online after the event.

Audio:

- If your computer audio is not working. Try switching your audio device to a phone by clicking on the icon at the bottom of your WebEx screen.
 - *Click on “switch audio”.*
 - *Choose the “call me at” or “call in” option.*



For Questions:

- Please submit your questions using the Q and A panel.
 - *Type your question into the text field*
- To view participant info or the Q and A panel.
 - *click on the lower right icon.*
- Questions will be collected to inform future engagement and communications.

Participants (1)

Search

Panelist: 1

BM Brytanie M...
Host, me

Attendee: 0 (0 displayed)

Q&A

All (0)

Select a question and then type your answer here,
There's a 256-character limit.

Send Send Privately...

Participants QA



Photo by John Anderson

Pathway to Direct Access

Direct Access Overview

Behavioral Health Division

Agenda

- Welcome – Introductions
- Presentation –
 - Rick Moldenhauer
 - Summary of historic Rule 25 process
 - What Direct Access will look like when implemented
 - Current Status and projected timeframes
 - Angie McNeil-Olson
 - Brief Overview of DAANES changes

SUD Providers in Minnesota

Detox

Providers – 16

Withdrawal Management Providers --5

Detox episodes - 25,000 per year

Treatment

Providers - 570

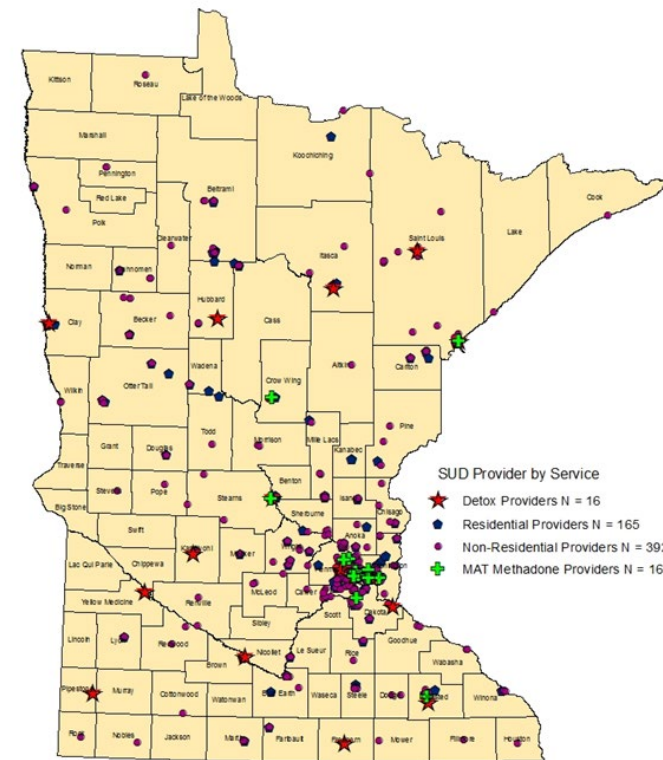
Treatment episodes – 62,738 per year

OTP Central Registry

Providers-17

Active Clients – 6,700 daily

Substance Use Disorder Treatment Providers



Source: Minnesota Department of Human Services, BHD (8/24/2018)

What is the goal?

- No wrong door for entry into care
- Faster access into care
- Less paperwork for provider



DHS E-memo Update on Rule 25 and Direct Access (#20-18, June 8, 2020)

- Outlined the steps and target dates for the “parallel process”
- Explained what has been necessary to get us this far
- Future process and target dates to move from only Rule 25 to completion of direct access

Rule 25 and Direct Access

- To view e-memo: [Rule 25 and Direct Access \(#20-18, June 8, 2020\)](#)

Behavioral Health e-Memo

#20-18

06/08/20

Update on Rule 25 and Direct Access

The purpose of this e-Memo is to provide you with information regarding recent and upcoming changes to the assessment processes for substance use disorder (SUD) treatment services.

The "Rule 25" process has been the method for eligible people to access publicly paid SUD treatment services in Minnesota. This has been the only process for assessing eligibility for SUD services through counties, Tribes, and Managed Care Organizations (MCOs). This process has been in place since the late 1980s.

In an effort to streamline this process, create improved access to services, have a wider network and array of services, and come into compliance with Centers for Medicare & Medicaid Services (CMS) directives, the DHS Behavioral Health Division began a process of transitioning from this historical method to a "direct access model." This model allows people a choice in provider, as well as allowing them to go directly to a provider in order to receive a "comprehensive assessment."

To make the transition from when direct access begins until the Rule 25 process closes out on June 30, 2022, Minnesota will have a "parallel process." During that period, a person can either follow the traditional Rule 25 process or go directly to a provider for an assessment and treatment.

CMS recently approved DHS' renewal waiver application for the Consolidated Chemical Dependency Treatment Fund (CCDTF) program. This authority allows county and tribal workers to continue to authorize treatment and for people to access treatment through Rule 25. The effective dates of this waiver are July 1, 2020, to June 30, 2022.

Meanwhile, direct access and the parallel process will begin no later than October 1, 2020. Initially it was hoped this would begin on July 1, 2020, but it was delayed as a result of DHS needing to prioritize modifications to its programs in response to the COVID19 pandemic.

Effective July 1, 2022, comprehensive assessments will replace the Rule 25 assessments, and the Rule 25 process will no longer be available. Counties and Tribes will no longer be able to authorize treatment services using this process as of July 1, 2022.

Statutory changes were made this legislative session to fully implement the transition to direct access, and to allow the parallel process of Rule 25 or direct access for two years. [HF 4556](#), article 3, sections 3, 4, and 13b allow for implementation of the transition to direct access and repeal the "Rule 25" assessment rules related to chemical dependency care for public assistance recipients (MN Rules, parts 9530.6600-9530.6655) effective July 1, 2022.

Please email Neerja Singh at neerja.singh@state.mn.us with any questions.

The history of the Rule 25 process

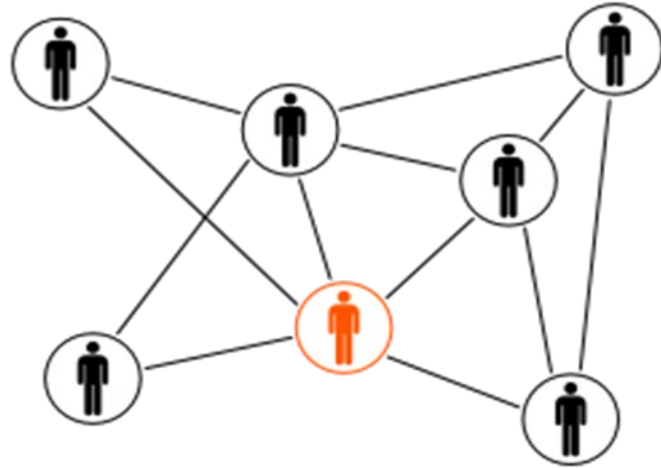
- Rule 25 process and tool to access Rule 24 (CCDTF/Behavioral Health Fund) Funding ([AR 9530.6600-9530.6655](#))
- Placing Authorities role and responsibilities ([AR 9530.6605](#), Subp. 21a/MS254A.02, Subd. 8a)

Changes in the future of direct access

- Comprehensive Assessment process and access Rule 24/MA Funding
- Placing Authorities role and responsibilities; determination of financial eligibility vs. placement determination-sunset July 1, 2022

Where we are

- From October 1, 2020 till June 30, 2022:
- Individual can utilize EITHER process, traditional Rule 25 or direct access



Pathway to direct access update

Rule 25 vs direct access

- Rule 25 process:

Standardized tool

20 days to complete assessment, additional 10 days to make determination; Service Agreement issued indicating location, level or care and length of authorization. Assessment “current” for 45 days with update, after 6 months new complete assessment required

- Direct access:

Required items, not a standard tool (remember must include MH screening)

Can be completed by individual or entity identified in 245G/245F/254B.05. Timeframes not in Statue, Service Agreements not required to initiate services

Who can do a Comprehensive Assessment?

Depends on where it is done:

- In a 245G/245F program as an assessment tool vs. licensure requirement
- At a county per [254B.05](#), Subd 1 (c) :

A county is an eligible vendor for a comprehensive assessment and assessment summary when provided by an individual who meets the staffing credentials of section [245G.11, subdivisions 1](#) and 5, and completed according to the requirements of section [245G.05](#).

- A licensed professional in private practice per 254B.05, Subd 1 (b):

A licensed professional in private practice who meets the requirements of section [245G.11, subdivisions 1](#) and 4, is an eligible vendor of a comprehensive assessment and assessment summary provided according to section [245G.05](#),

Can a Comprehensive Assessment be billed?

Yes, must be enrolled in Minnesota Health Care Programs to bill for it

- [See MHCP Substance Use Disorder Services provider manual](#) page for details

Comprehensive Assessment

- 2 allowable every rolling 6 months. Current reimbursement is \$162.24:

See [Rate Grid](#) for reimbursement rates

Differences in the use of the Comprehensive Assessment in Direct Access

- When used as an assessment and an assessment tool vs. a licensure requirement
- Not a standard tool, but has required components in MS 245G.05:
 - See [245G.05](#) for all required components
- Template available for Assessment and Assessment summary at:
 - [Substance use disorder Licensing webpage](#)

Can a Comprehensive Assessment be used for both placement and meeting licensure requirements?

- Yes, **BUT** it must be updated to be current...MS245G.05, Subd. 1 (d):

(d) If the comprehensive assessment is completed to authorize treatment service for the client, at the earliest opportunity during the assessment interview the assessor shall determine if:

(1) the client is in severe withdrawal and likely to be a danger to self or others;

(2) the client has severe medical problems that require immediate attention; or

(3) the client has severe emotional or behavioral symptoms that place the client or others at risk of harm.

If one or more of the conditions in clauses (1) to (3) are present, the assessor must end the assessment interview and follow the procedures in the program's medical services plan under section [245G.08, subdivision 2](#), to help the client obtain the appropriate services. The assessment interview may resume when the condition is resolved.

Can a Comprehensive Assessment follow the client?

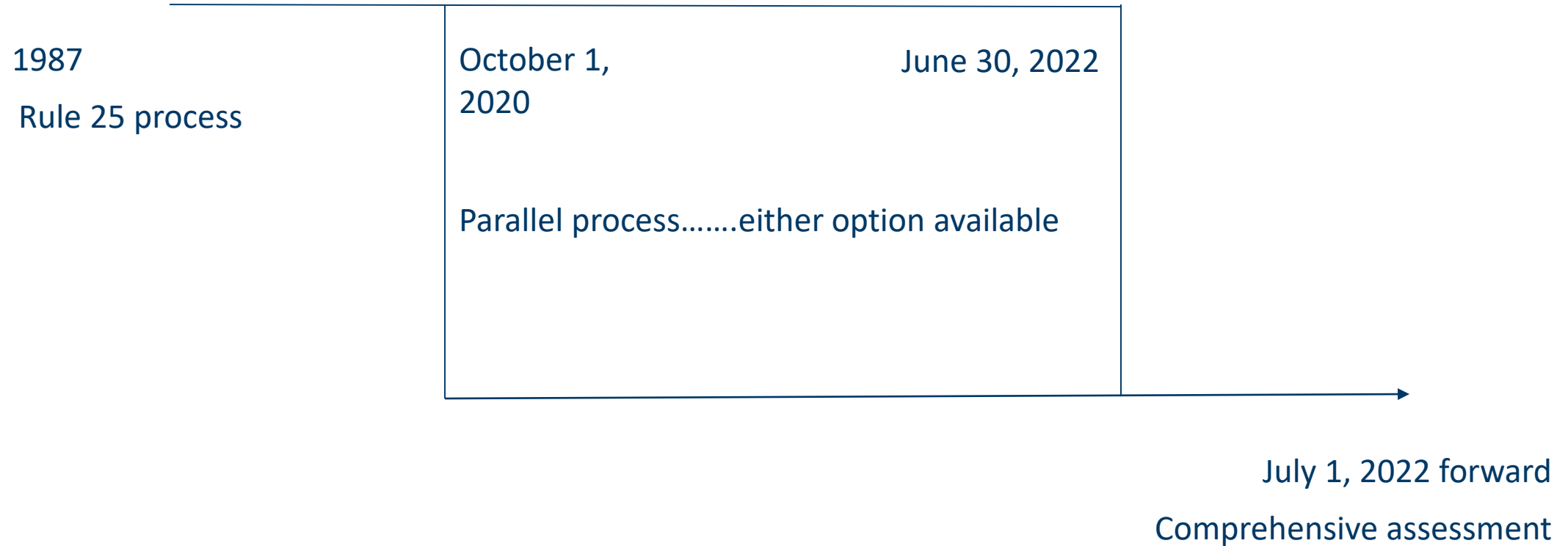
- Yes, but does need to be updated.....



Current timeframe predictions

- Ability to bill for comprehensive assessments without a service agreement to begin October 1, 2020
- Ability to bill for services based on “00” eligibility span and without a Service Agreement to begin October 7, 2020
- Rule 25 tool and process sunset June 30, 2022

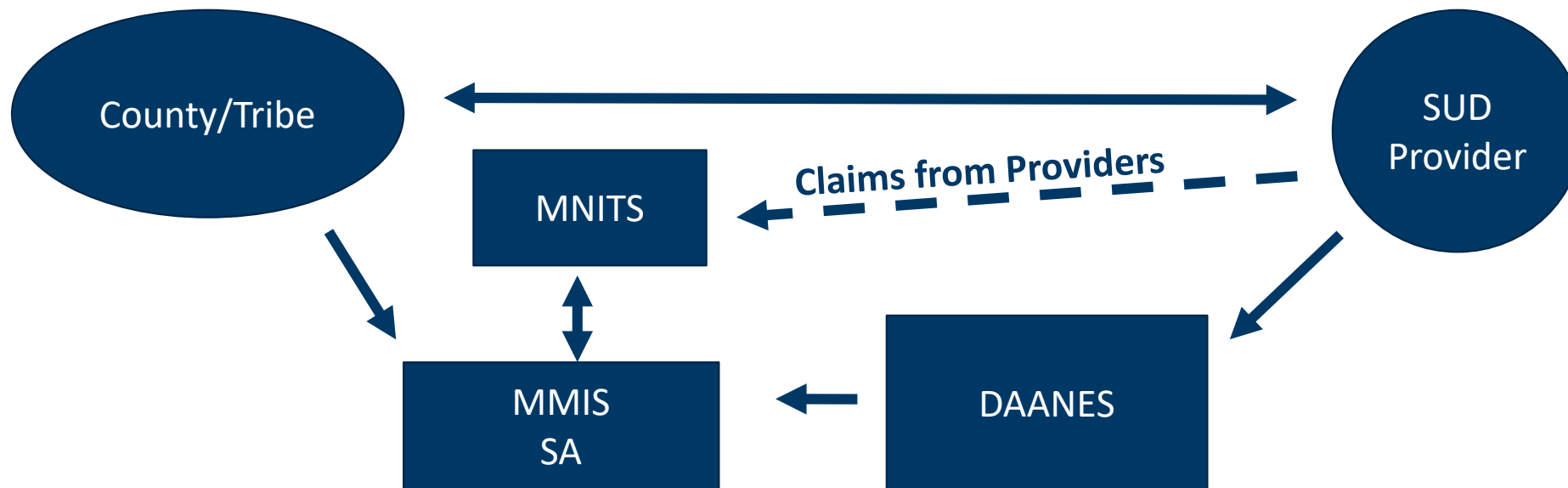
Overlapping timeframes



DAANES

Current Information Flow with the BHF and DAANES

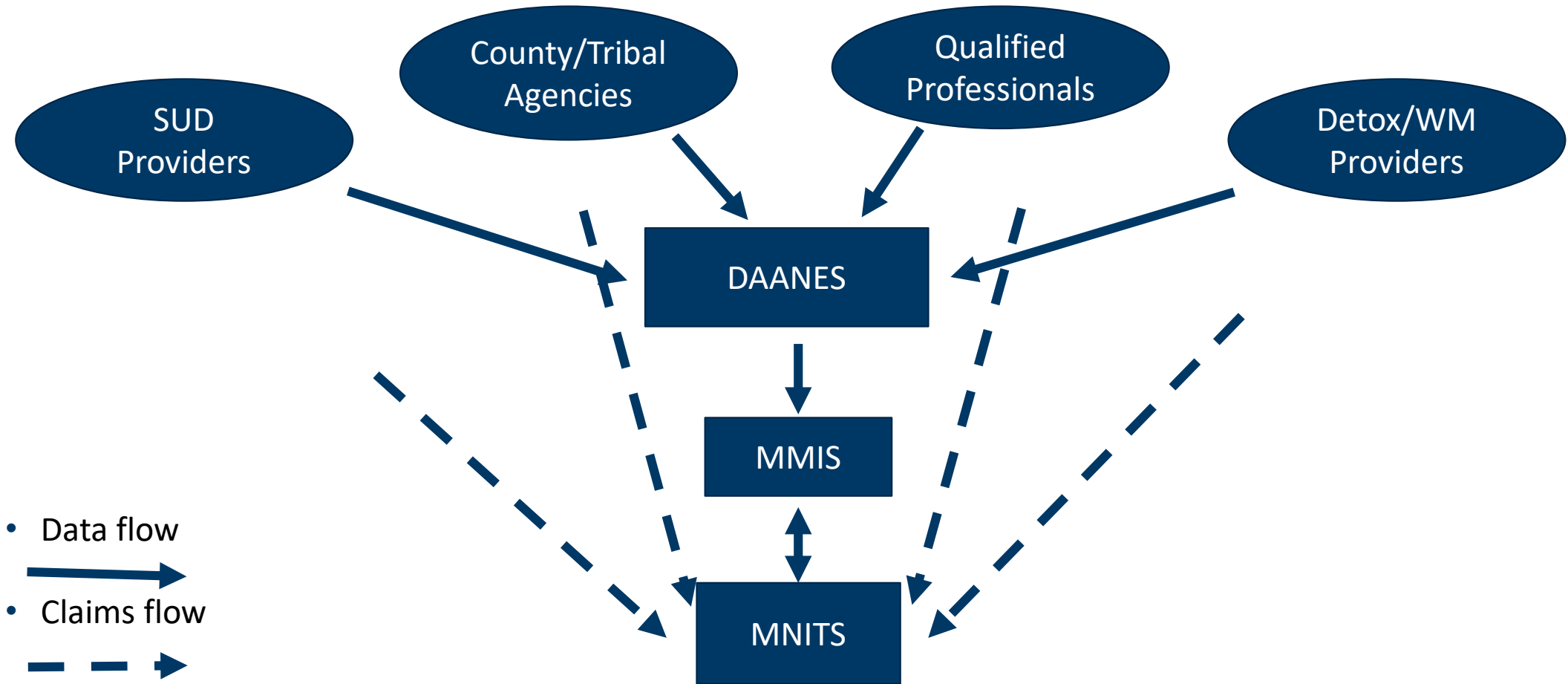
- County and Tribal ‘placing authorities’ determine clinical/financial eligibility and create an MMIS service agreement which authorizes the client with a specific SUD treatment provider.
- SUD Treatment Providers complete a DAANES record which validates the client and treating provider against the service agreement. Once the SA is validated, providers may submit claims within MNITS for reimbursement.



Service Agreement Eligibility VS. Direct Access Eligibility

- Currently our system pays off the service agreement created by the placing authority.
 - It describes which provider can do what service and when they can do it.
- Going forward, when a client is found to be financially eligible the county staff will enter the eligibility line into MMIS.
 - This eligibility span indicates client can get as much treatment as they need and with any MHCP provider during this 6 month eligibility span.
 - When providers check eligibility in EVS/MN-ITS they will see that the client is eligible for '00' if this span exists in MMIS.
 - The '00' span is only needed if the client is not enrolled with MA but meets financial guidelines.
 - If there is no MA or no '00' span, contact the county the client resides in to get financial eligibility.

Future Information Flow DAANES – BHF and MHCP



DAANES

Comprehensive Assessment & Treatment Services

Direct Access to SUD Services

- Providers Report SUD Services Delivered
 - Assessment records entered into DAANES create a one day span
 - Clinical Services Span for Treatment Coordination and Peer Support -183 days span
 - DAANES Admissions for formal inpatient or outpatient SUD Treatment
 - Creation of Treatment Services records within the treatment admission will create a 183 day span
 - Records upload overnight to the DB2 table
 - Billing to MMIS by the provider the following day
- **ALL Episodes of Treatment Regardless of Funding will Still Need to be Entered into DAANES.**

DAANES Trainings- [Click here to register](#)

- **Monday October 19th**: 9-10am, 12-1pm, 3-4pm
- **Tuesday October 20th**: 7-8am, 10-11am, 2-3pm, 5-6pm
- **Wednesday October 21st**: 9-10am, 12-1pm, 3-4pm, 6-7pm
- **Thursday October 22nd**: 7-8am, 10-11am, 2-3pm
- **Friday October 23rd**: 9-10am, 12-1pm, 3-4pm



Questions

Closing
Notes

Resources

Direct Access Overview- [Click here to register](#)

- **Monday, September 28th**

- 11:30am-12:30pm
- Covers the same content

- **Thursday, October 1st**

- 1:00-2:00pm
- Covers the same content

- **Tuesday, October 6th**

- 11:30am-12:30pm
- Covers the same content

Questions

If you have additional questions, please submit them to the email boxes below:

- **Direct access process questions:**

- Send an email to youropinionmatters.dhs@state.mn.us
- Put “direct access” in the subject line

- **DAANES related questions:**

- Contact Angie at angela.mcneil-olson@state.mn.us

Please feel free to include any questions you have in the survey that will pop up at the completion of this presentation and we will do our best to gather questions and respond.

Resources

For more info about Substance Use Disorder please visit: [substance use disorder reform page](#)

and

[Sign-up](#) to receive updates from the Behavioral Health Division



Thank you
for joining
us