1115 SUD System Reform Demonstration: Utilization management overview

Department of Human Services

Agenda

Topics
Welcome & introductions – Neerja Singh
1115 SUD Demonstration background – Kristen Godwin
Utilization management (UM) in the 1115 SUD Demonstration
UM Process – Rebecca Meyer
Questions – Kristen Godwin

What is an 1115 Demonstration?

- "[G]ive states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations"
- 2015 & 2017- Centers for Medicare and Medicaid Services (CMS) announced section 1115(a) demonstrations to combat opioid crisis
  - Federal authority under the Social Security Act
- Guided by state statutes & under contract with Centers for Medicare & Medicaid Services (CMS)

Federal goals & objectives

- Increased rates of identification, initiation and engagement in treatment
- Increased adherence to, and retention in, treatment
- Reductions in overdose deaths, particularly those due to opioids
  - Medication Assisted Treatment (MAT) Policy Statement on webpage
- Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD…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
- Improved access to care for physical health conditions

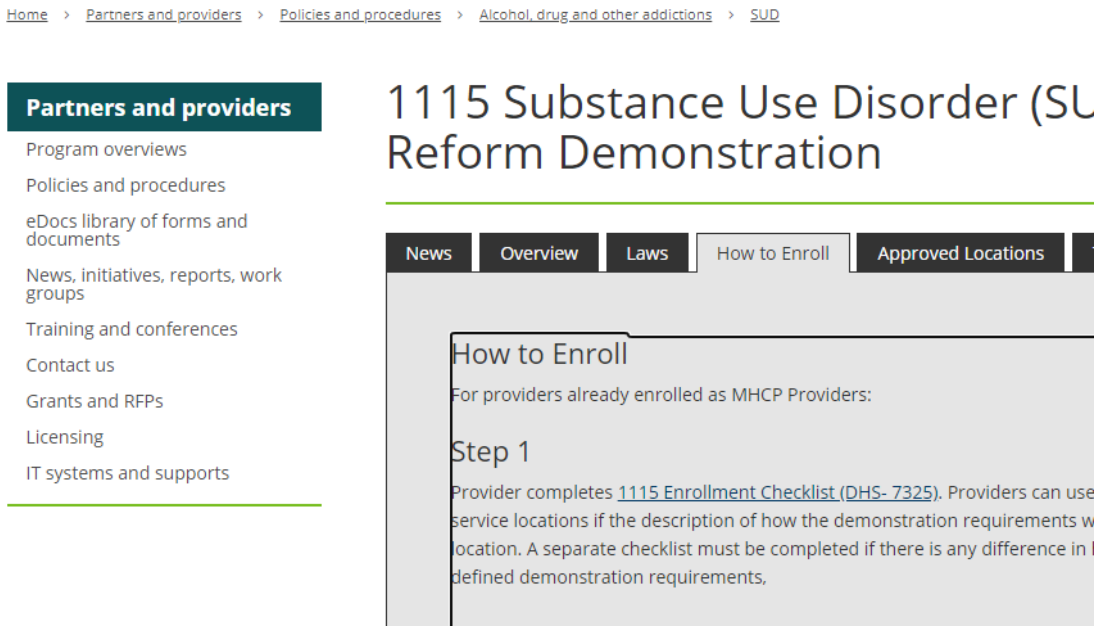
1115 Demonstration goals & objectives

Create a clinical, person-centered and outcome-driven continuum of care aligned with American Society of Addiction Medicine (ASAM) criteria

Expand state Medical Assistance (MA) coverage to Institutions for Mental Disease (IMDs)

Enrollment

1. Provider completes and submits Enrollment Checklist with necessary documents
2. DHS sends notice of receipt and reviews submission
3. DHS sends “Request for More Information (RFMI)” or “Approval to Enroll” letter
   - If RFMI return to Step 1
   - If Approval continue to Step 4
4. Provider submits 1115 Assurance Statement to Provider Eligibility & Compliance (PEC)



Enrollment continued

- 1115 Demonstration webpage
- Virtual office hours once a week
  - Enrollment questions, Tuesdays, 1-2p
  - Enrollment & clinical questions, Thursdays 2-3p
- “Approved Locations” tab for Patient Referral Arrangement Agreement contacts
- Email 1115 mailbox, 1115demonstration.dhs@state.mn.us

Utilization management

- Component of Implementation Plan & Special Terms and Conditions approved by CMS
- Establishment of a utilization management to assure recipients have:
  - Access to SUD services at the appropriate ASAM level of care
  - Interventions are appropriate for the diagnosis and level of care
  - Including an independent process for reviewing placement in residential treatment settings

Utilization management approach

- Goal: teach providers how to use ASAM in their facilities' treatment plans
  - Taking a technical assistance approach
- UM is providing review for clinical & medical necessity
  - Separate from licensing reviews
  - Legally obligated to report fraud, waste, & abuse

Utilization Management Overview

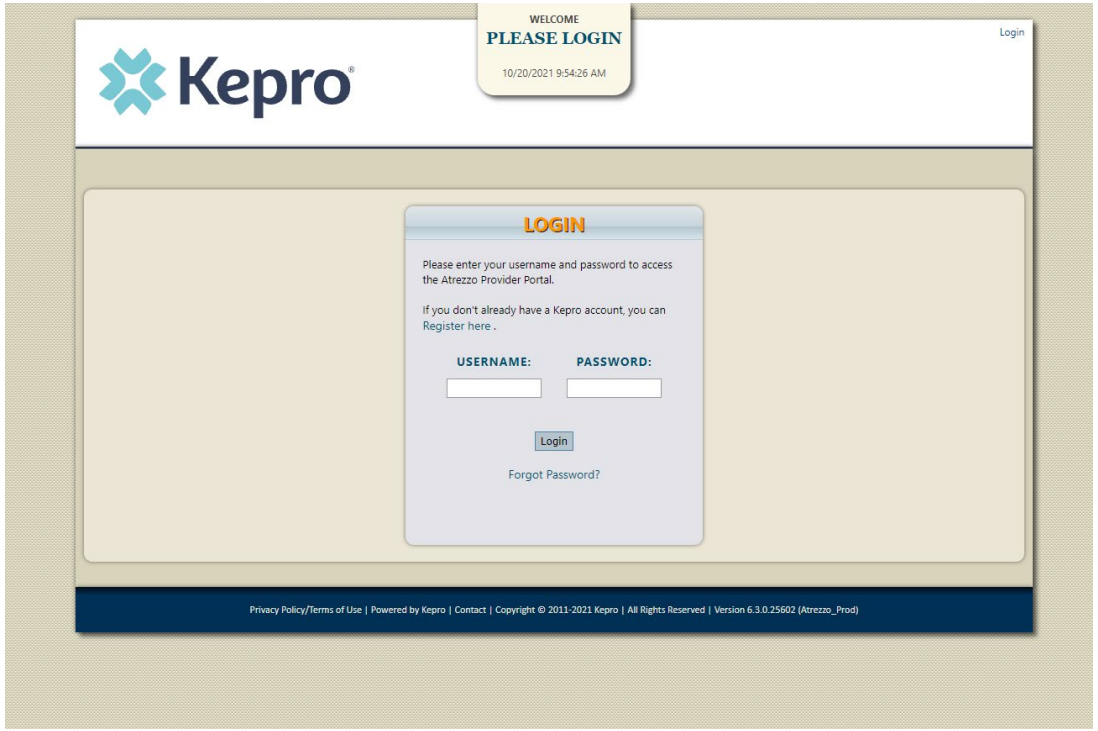
Rebecca Meyer, MS, LPCC-S

SUD Operations Manager

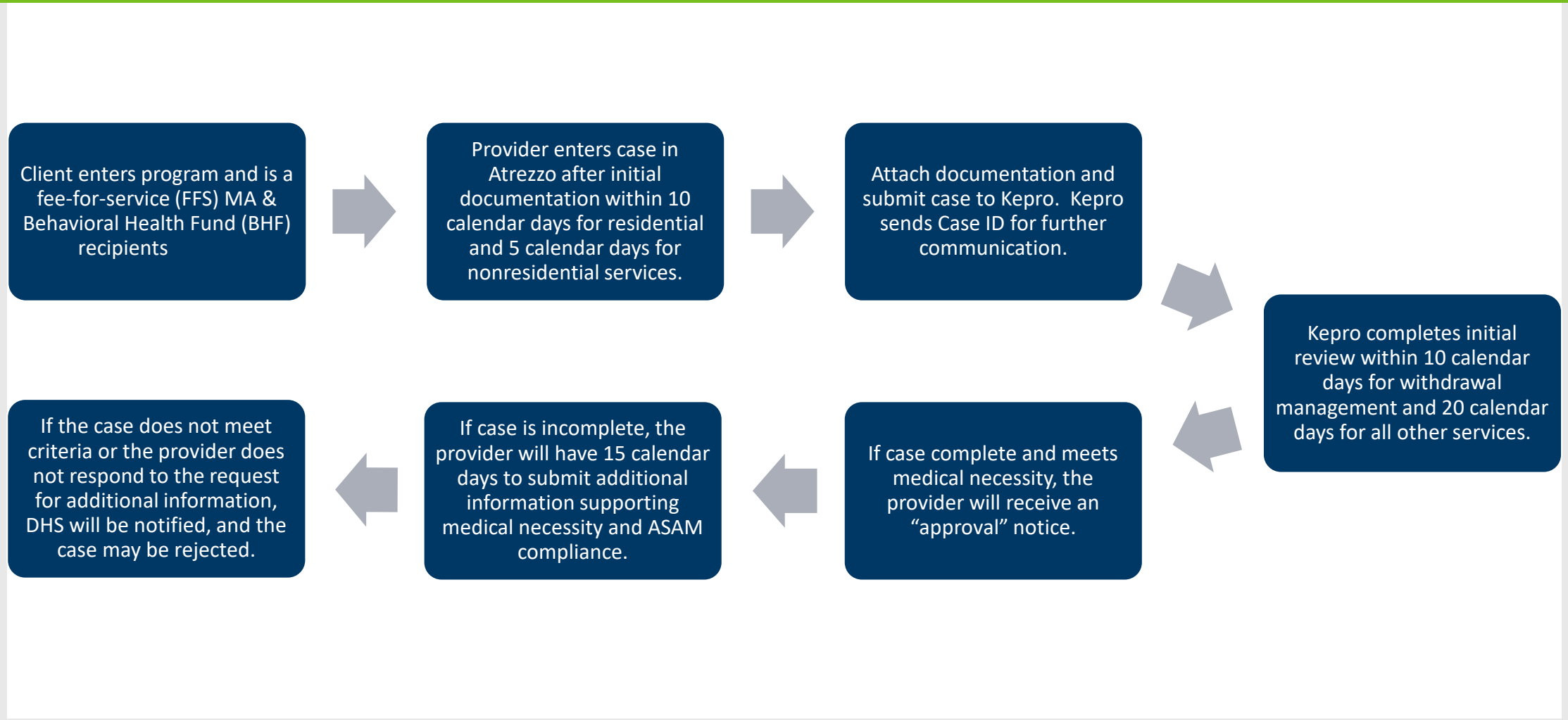
DEPARTMENT OF HUMAN SERVICES

Atrezzo Portal

- Use the Atrezzo portal for documentation submission
- For more information, see Kepro's Atrezzo Portal training
  - DHS/Kepro webpage
  - kepro1115sud@kepro.com



Utilization management process



Required documentation - residential & outpatient

1. SUD 1115 Assessment and Placement Grid
2. Comprehensive Assessment
3. Initial Treatment Plan with measurable goals
4. Treatment Plan Review (if applicable)
5. Discharge/Transition Summary (if applicable)
6. Provider Questionnaire (embedded in Atrezzo)

Required documentation - withdrawal management

1. SUD 1115 Assessment and Placement Grid
2. Comprehensive Assessment (within 72 hours of Assessment)
3. Initial Stabilization with measurable goals
4. Nursing assessment and/or physician evaluation depending on level of care being provided.

Required documentation - withdrawal management continued

5. Clinical Institute Withdrawal Assessment (CIWA) or similar scale documenting client's withdrawal symptoms
6. Medication Administration Record (MAR)
7. Documentation of Treatment Coordination (should be in Individual Treatment Plan (ITP))
8. Transition Summary identifying level of care client is moving to
9. Provider Questionnaire (embedded in Atrezzo)

ASAM Criteria Level of Care – Other Treatment and Recovery Services

ASAM Criteria Level of Care	ASAM Level	Dimension 1 Substance Use, Acute Intoxication and/or Withdrawal Potential					Dimension 2 Biomedical Condition and Complications					Dimension 3 Emotional, Behavioral, or Cognitive Condition and Complications					Dimension 4* Readiness to Change					Dimension 5* Relapse, Continued Use, or Continued Problem Potential					Dimension 6* Recovery/Living Environment				
Severity/Impairment Rating		0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Outpatient Services	1															Recommend inpatient mental health services															
Intensive Outpatient Services	2.1																														
Partial Hospitalization >/= 20 hours	2.5	Service currently unavailable																													
Clinically Managed Low-Intensity Res. Services	3.1																														
Clinically Managed population specific, High-Int Res. Ser.	3.3																														
Clinically Managed Med (youth) & High (adult) – Int Res. Ser.	3.5																														

Level of Care	Adults	Adolescents
1.0 Outpatient program	8 hours skilled treatment services	6 hours skilled treatment services
2.1 Intensive Outpatient Program	9-19 hours skilled treatment services	6-19 hours skilled treatment services
3.1 Clinically Managed Low-Intensity Residential	At least 5 hours of skilled treatment, peer recovery, and treatment coordination	
3.3 Clinically Managed Population-Specific High-Intensity Residential	At least 30 hours of skilled treatment services, peer recovery and treatment coordination provided to individuals with a TBI or cognitive impairment.	
3.5 Clinically Managed High-Intensity Residential	At least 30 hours of skilled treatment services, peer recovery and treatment coordination provided to individuals. 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full therapeutic community.	

1115 SUD Assessment and Placement Grid

Assessment and Placement Grid

ASAM Criteria Level of Care – Withdrawal Management See pages 147 – 173 for detailed recommendations	ASAM Level	Dimension 1 Substance Use, Acute Intoxication and/or Withdrawal Potential					Dimension 2 Biomedical Condition and Complications					Dimension 3 Emotional, Behavioral, or Cognitive Condition and Complications					Dimension 4 Readiness to Change					Dimension 5 Relapse, Continued Use, or Continued Problem Potential					Dimension 6 Recovery/Living Environment				
Severity/Impairment Rating		0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Ambulatory W/M with Extended On-Site Monitoring	2 - WM																														
Clinically Managed Residential W/M	3.2-WM																														
Medically Monitored Inpatient W/M	3.7 – WM																														

Withdrawal Management:

Level 2-WM Withdrawal Management: Recommended ASAM risk ratings 1 – 3

Level 3.2-WM Withdrawal Management: Recommended ASAM risk ratings 1 – 2

Level 3.7-WM Withdrawal Management: Recommended ASAM risk ratings 3 – 4

*Please note: Dimensions 4, 5, and 6 require providers to address items that require immediate action. These should be addressed in your clinical documentation. Please identify any 4B risk ratings on the provider questionnaire.

Mee-Lee, D., Shulman, G.D., Fishman, M.J., Gastfriend, D.R., Miller, M.M., et al. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions.* 3rd edition. Carson City, NV: The Change Companies, 2013.

1115 SUD Assessment and Placement Grid

Elements of the Comprehensive Assessment

- Biopsychosocial Assessment Elements
- History of the present episode (be detailed)
- Family History
- Developmental history
- Alcohol, tobacco, other drug use or addictive behavior history
- Legal history
- Psychiatric history
- Medical history
- Spiritual History
- Review of systems
- Cultural and socioeconomic factors
- Mental history and status examination
- Physical examination
- Formulation and diagnoses
- Survey of assets, vulnerability, and supports
- Treatment recommendations and assessment summaries (must include whether or not client's placement is aligned with the level of care)
- Discharge planning

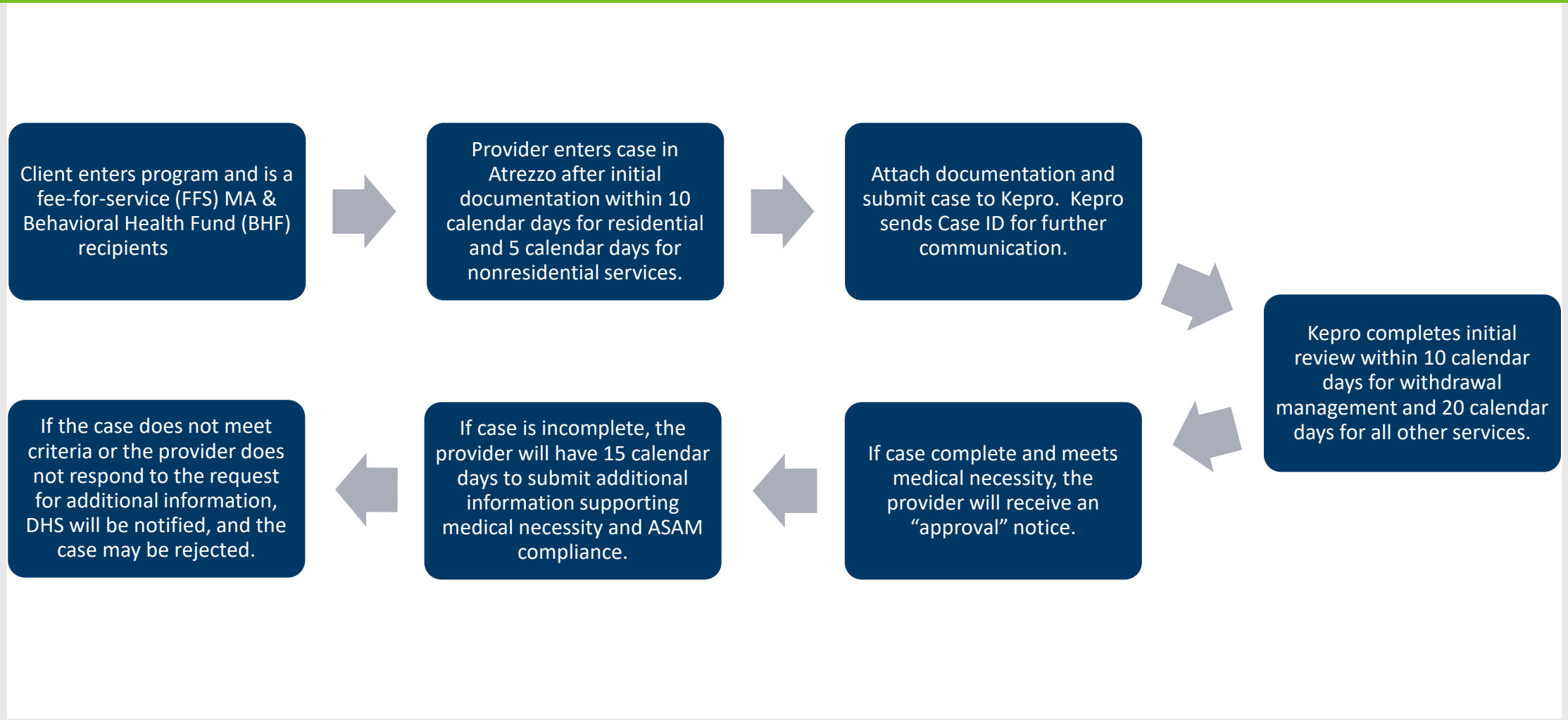
Initial stabilization or treatment plan

- Identifies immediate problems or needs, strengths, skills, and priority formulation
- Short-term measurable goals and preferences along with activities designed to achieve those goals.
- Plan is individualized and reflects the patient's personal goals.
- Be sure to have the client and counselor signature!
  - If verbal consent was obtained by client, document date.
  - For example: "John Doe was unable to sign treatment plan due to telehealth services. Verbal consent was obtained on 8/24/2021."

Weekly treatment plan reviews

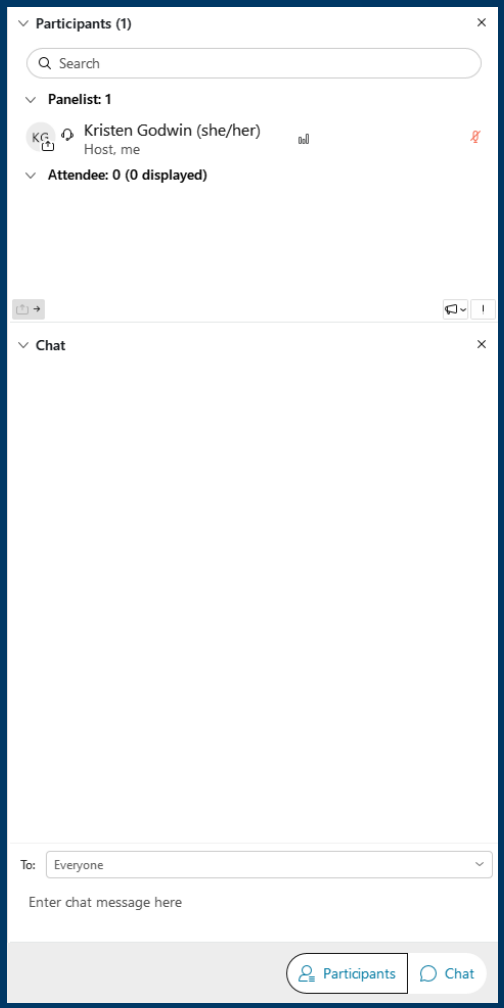
- Clearly reflect implementation of the treatment plan
- Patient's response to therapeutic interventions for all dimensions
- Documentation of treatment coordination
- Amendment recommendations to the treatment plan

Utilization management process



Questions

- Submit questions to all attendees or all panelists in the chat feature
- Questions will be used to develop further resources



DEPARTMENT OF HUMAN SERVICES

Thank You!

1115 SUD System Reform Demonstration Team

1115demonstration.dhs@state.mn.us

kepro1115sud@kepro.com