

## Legislative Proposal

### Summary

*Amend Special Session HF 33 (Chapter 7), Article 11, Sec. 38 Direction to the Commissioner, as amended in 2021-2022 session, to make the deadline for the DHS report to the legislature December 15, 2024.*

So far, 3 major accomplishments and other smaller ones

- Reduced the frequency with which treatment plans are required to be reviewed, which will allow providers to reduce the previous 50% of reviews that resulted in no change in the treatment plan. Providers have expressed, repeatedly, their great appreciation for this change.
- Reduced the proportion of utilization management reviews under the 1115 waiver from 100% of claims to 10% of outpatient claims and 15% of residential claims.
- Some suggestions on improving operation of Direct Access adopted.
- DAANES data entry computer functions partially restored to pre-Direct Access level. Assessment DAANES simplified to items answers from which are actually used.

Previous **legislation** on paperwork reduction and systems improvement for Substance Use Disorder Treatment funded through the Minnesota Department of Human services **required having contracting with a consultant** as an important component.

\* DHS has taken 2-1/2 years to contract with consultant required in enabling legislation, normally takes under 6 months. We can't just depend on the Behavioral Health Division to bring material forward in a timely fashion.

\* Consultant's work finishes June 30, 2024.

\* Not moving the deadline forward will result in missing an entire year's legislative session before considering the recommendations. The current DHS report deadline would be September 30, 2025. We want to move it to December 15, 2024.

## Paperwork Reduction and Systems Improvement Accomplishments (So Far)

As of February 20, 2024

Legislative:

### Client Services Documentation

*6/30/23 With the support of Billing and DAANES Action Team, DHS is adding two positions to the DAANES processing and programing staff.*

### Client Services Documentation

Following a MARRCH survey on the time required for client services documentation that showed the biggest time loss was for treatment plan reviews in which the treatment plan did NOT change and a DHS Focus group confirmation that this was a central concern of line staff, *DHS includes a revision in their legislative bill of the minimum frequency for treatment plan reviews for the 2023 session.*

DHS Bill to Amend Minnesota Statutes 245G.06 INDIVIDUAL TREATMENT PLAN.

**Subd. 3b. Frequency of treatment plan reviews.** (a) The license holder must ensure that a treatment plan review is completed and meets the requirements of subdivision 3, and is entered in each client's file by the alcohol and drug counselor responsible for the client's treatment plan according the frequencies in this subdivision.

(b) For a client in a residential program, a treatment plan review must be completed and entered once every 14 days.

(c) For a client in a nonresidential program a treatment plan review must be completed and entered once every 14 days unless the treatment plan clearly indicates services will be provided to the client less frequently according to paragraphs (d) and (e).

(d) For clients in a nonresidential program with a treatment plan that clearly indicates less than 20 hours of skilled treatment services will be provided to the client each week or less frequently than weekly, a treatment plan review must be completed and entered once every 30 days.

(e) For clients in a nonresidential program with a treatment plan that clearly indicates less than 5 hours of skilled treatment services will be provided to the client each month or less frequently, a treatment plan review must be completed and entered once every 90 days.

(f) Notwithstanding this subdivision, opioid treatment programs licensed according to section 245G.22 must complete treatment plan reviews according to the frequencies in section 245G.22, subd. 15, paragraph (c), clause (3).

## Direct Access

- Some of Action Team Report Recommendations Amended into DHS Bill

### 254B.04, subdivision 6

Subd. 6. Local agency to determine client financial eligibility. (a) The local agency shall determine a client's financial eligibility for the behavioral health fund according to section 254B.04, subdivision 1a, with the income calculated prospectively for one year from the date of comprehensive assessment. The local agency shall pay for eligible clients according to chapter 256G. The local agency shall enter the financial eligibility span within ten calendar days of request. Client eligibility must be determined using forms prescribed by the department. To determine a client's eligibility, the local agency must determine the client's income, the size of the client's household, the availability of a third-party payment source, and a responsible relative's ability to pay for the client's substance use disorder treatment.

## 1115 Waiver

### Administrative Change:

From 1115 Waiver Action Team Minutes:

At the request of Paperwork Reduction Action Teams, with other provider requests, and the agreement of DHS and Kepro, *Kepro moved from Utilization Management (UM) for 100% of all claims to UM for 10% of outpatient claims and 15% of residential claims.* This seems quite adequate to document compliance with the federal waiver and ASAM criteria.

*8/15/22 Kepro stopped sending notices for UM review about assessment only clients. The query program was instructed to ignore assessment only claims.*

1/23/23

- *Placement grid is now in the portal vs on paper*
- *Multiple document upload made possible*
- *Ability of Providers to add levels of care to their web description when added to license.*

## Billing and DAANES

First and Second DAANES Reports: DAANES Feedback – DAANES : Users at MN Adult and Teen Challenge

- Accessing clear guidance on how to report DAANES data.

At the start of our work the DAANES web user handbook found online was created in October 2015 (although a 2020 version was emailed to DAANES users when the Comprehensive Assessment was rolled out). The 2020 DAANES manual was not on the DHS Website because it had not yet been made fully accessible for people with disabilities.

*The out of date 2015 DAANES Manual was removed from the website and archived. With support from MARRCH and MARATP to ask providers for updated e-mail addresses, Angie McNeil-Olson again e-mailed the 2020 DAANES manual to providers electronically.*

*January 23, 2024 a new Assessment DAANES was released focusing questions on those most relevant to the purpose, the open eligibility period for BHF was extended to one year, and several of the skip patterns lost in transferring to Direct Access were restored. The forthcoming Billing and DAANES Action Team Report will indicate need for some additional answer categories and restoring the last skip pattern. A new DAANES manual was created and is distributed by e-mail. It will take some time before it can be posted on the web, as all web postings must be fully accessible to people with disabilities.*

Budgetary: Additional staffing for DAANES DHS work. Two positions were hired as back-up, for processing and programing, but being shared with mental health have only been able to do mental health work since then. There is a position open to actually work with the current staff person once hired.

## PMAPs

A presentation/ conference was held directly between PMAPs and Providers. This is the first such meeting ever.

## Paperwork Reduction and Systems Improvement Historical Timeline

Fall, 2018 through June 30, 2023 Legislature mandates DHS report on Paperwork reduction and Systems Improvement.

Spring, 2020 Mandated report of DHS to legislature. Includes reference to Minnesota Department of Health research documenting that excessive paperwork is one of three top causes for LADC's leaving the profession.

Fall, 2020 DHS becomes aware of MARRCH intent to move forward with enabling legislation. DHS proposes a joint effort, saying it could meet every two weeks. After one more preparatory meeting, delay and failure to meet DHS agreed meeting schedule, until December following a request from the Governor's office.

Spring, 2021, DHS declining to meet pending passage of enabling legislation.

Summer, 2021 DHS declining to meet pending Mapping completion.

DHS Mapping completed by end of August. Then one meeting only.

Fall, 2021 Limited meeting until funding approved by federal government

January 2022 Federal funding approved. DHS initiates Focus Group study, which eventually confirms findings of provider survey on time involved for documentation.

June 30, 2021 It is obvious that DHS cannot contract with a consultant and prepare a meaningful report by the deadline in enabling legislation. Amendment to enabling legislation extends deadline for report to "two years following contracting with the specified consultant".

Uniform Service Standards fails to pass the legislature and DHS withdraws that part of its request for cooperation, but continues to pursue that goal on its own.

July 1, 2022 DHS hired a Project Manager for PWR and Systems Improvement: Andrea Suker. Within the month Steering Committee becomes active.

Fall, 2022 to Spring, 2023 Action Teams complete five major reports, including one that is updated since the first version. DHS gradually adds one representative to each of the six Action Teams. All reports submitted to Steering Committee.

October 17, 2022 Consultant RFP released. Anticipated start of contract November 28, 2022.

Early November, 2022 Submission deadline. Extended one week because of confusion by an applicant.

Early December, 2022 Official RFP review completed. Proposals were so different DHS did not know how to compare them for scoring. DHS unsure of proper procedure to move forward.

February, 2022 DHS moves forward through Best and Final Offer process.

Consultant RFP finally out. Responses within 3 weeks. Submissions were received.

June, 2022 DHS moves from agreement phase of contract to final steps for putting contract In Force.

December to July, 2023. Decision making about inconsistent approach of applicants and time engaging, drawing and signing contract, and putting contract in force.

### Additional Documents Available Upon Request

- \* DHS Report that is further basis for Enabling Legislation
- \* NIATx Statewide Systems Powerpoint
- \* LADC Provider Survey Questionnaire and Summary of Findings
- \* DHS Focus Group Report
- \* DHS System Mapping
- \* Provider Level Detailed Mapping of Licensing Application and Use System
- \* Billing Draft Mapping: Tribal
- \* Billing Draft Mapping: Non-tribal
- \* Consultant RFP
- \* 1115 Waiver Action Team Reports
- \* Direct Access Action Team Report
- \* Licensing Application Action Team Report
- \* Licensing Review Action Team Report
- \* Second DAANES Report
- \* Billing and DAANES Action Team Billing Report