DEPARTMENT OF HUMAN SERVICES

Legislative Report

Substance Use Disorder Treatment Program Systems Improvement

Behavioral Health Division

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is $1,500.

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Contents

I. Legislation

This report is in response to legislation, Laws of Minnesota 2019, First Special Session, Chapter 9, Article 6, Section 76.

Sec. 76. DIRECTION TO COMMISSIONER; SUBSTANCE USE DISORDER TREATMENT PROGRAM SYSTEMS IMPROVEMENT.
The commissioner of human services, in consultation with counties, tribes, managed care organizations, substance use disorder treatment associations, and other relevant stakeholders, shall develop a plan, proposed timeline, and summary of necessary resources to make systems improvements to minimize the regulatory paperwork for substance use disorder programs licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes, chapters 245F and 245G, and Minnesota Rules, parts 2960.0580 to 2960.0700. The plan shall include procedures to ensure that continued input from all stakeholders is considered and that the planned systems improvements maximize client benefits and utility for providers, regulatory agencies, and payers.

II. Introduction

According to research[1] by the Minnesota Department of Health (MDH) on the Licensed Alcohol and Drug Counselor (LADC) workforce, paperwork requirements are the number one driver of career dissatisfaction. This is revealed in LADC comments on work satisfaction, but also in quantitative findings on how much time counselors spend on patient care, which is much lower than other professions. LADCs reported that they find paperwork and documentation overwhelming and stressful as a growing share of overall work responsibilities. Some themes that emerged from the survey include:

- Too much paperwork and too many required forms that take away from direct services to clients
- Excessive documentation
- Background requirements that eliminate people who have the capacity to serve

Minnesota's regulations across substance use disorder and mental health services are currently highly varied. Complex analysis is necessary to maximize opportunities for simplification, while still ensuring health, safety and the integrity of public funding. Thorough evaluation will be critical to help prevent unintended consequences from any proposed changes, to ensure no violations of state or federal law, and to protect client confidentiality.

Background

Substance use disorder (SUD) treatment programs interface with multiple administrations and divisions within the Department of Human Services. SUD treatment programs are licensed and regulated by the Licensing Division in the Office of the Inspector General. The Behavioral Health Division in the Community Supports Administration establishes policy related to substance use disorder treatment and services. Providers must enroll and participate in the Drug and Alcohol Abuse Normative Evaluation System (DAANES), which is a database that tracks outcomes for the Substance Abuse and Mental Health Services Administration (SAMHSA). Providers receive training from DHS on how to use DAANES and must enter all SUD clients into the DAANES database for each admission and discharge, regardless of the client's funding source.

To receive payment for providing SUD services through Medical Assistance, MinnesotaCare, or the Consolidated Chemical Dependency Treatment Fund, a substance use disorder program must be enrolled and meet provider qualifications as a Minnesota Health Care Program (MHCP) provider for substance use disorder services through DHS' Health Care Administration. To enroll, a provider must complete and submit a number of forms and

[1] Minnesota Department of Health, Office of Rural Health and Primary Care. Workforce Survey for Licensed Alcohol and Drug Counselors, 2017.

documents.[2] Providers must re-submit enrollment forms at revalidation, which is typically at least once every five years. SUD providers that serve public program enrollees with managed care plans must also work with each client's managed care plan to receive payment for services, or with DHS directly to receive payment for clients on fee-for-service medical assistance.

Various areas within DHS, including Provider Enrollment, the Behavioral Health Division, and the Licensing Division, connect with providers, often at different times, to either conduct reviews, ensure compliance with requirements, or to work with providers on policy related issues. Providers have raised concerns regarding time and resource constraints as they work to meet multiple compliance-related requirements in the absence of a coordinated system.

Drug and Alcohol Abuse Normative Evaluation System (DAANES)

The Drug and Alcohol Abuse Normative Evaluation System (DAANES) is a health surveillance system used to monitor the prevalence and severity of substance use disorders in Minnesota. The Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services annually awards the Department of Human Services with approximately $23 million in block grant funds for substance abuse related prevention and treatment activities. Under the block grant, DHS is required to report information to the federal Treatment Episode Data Set (TEDS) reporting system.

In Minnesota, the DAANES system is used to fulfill the TEDS reporting requirement. SAMHSA requires that all treatment providers who receive any state or federal funds report on this system. DAANES has two subsystems, one that monitors the delivery of detoxification/withdrawal management services and another which monitors the delivery of substance abuse treatment services. In addition, the DAANES treatment subsystem is the federally required central registry of clients who are receiving methadone treatment services. Originally developed in the mid 1980's, DAANES has gone through many revisions and is currently a web-based reporting system. Currently, there are 16 detoxification providers and 460 substance abuse treatment providers reporting on the DAANES system.

Substance Use Disorder Treatment Service Environment

The field of SUD treatment is evolving based on the changes in the direction from the Federal Government as well as the emerging research in evidence based and culturally responsive practices. DHS is waiting for the approval of the implementation plan submitted to the federal government for the 1115 waiver. This waiver will enable the State to utilize federal funds for Minnesota facilities that cannot currently receive that funding as

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[2] https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ENROLL-62

well as incentivize and require the use of the most effective service models that are more directly tied to individual client needs. All of these changes will have an impact on the paperwork requirements for providers.

SUD Reform and Direct Access

In 2017, SUD reform added services to the state's Medicaid benefit set and provided a more streamlined process for accessing SUD services. This included how to add newly eligible vendors of SUD services, including individuals in private practice, counties, tribes and Recovery Community Organizations (RCOs). The reform is to ensure that people get timely access to SUD treatment services and that people have a choice in a continuum of substance use disorder services.

In the past two years, Minnesota has made several improvements to SUD treatment services. These improvements include expanding services such as withdrawal management, telemedicine, peer recovery services, treatment coordination, and comprehensive assessments with the goal of offering individuals more choice in the care they receive across the state. DHS has also worked to initiate new ways of accessing treatment services including building the groundwork for direct access to treatment, without the added step of an unnecessary Rule 25 assessment. With the full implementation of direct access, Rule 25 assessments will be replaced by comprehensive assessments. DHS will facilitate this transition over the next two years and will coordinate with providers, counties, and tribes.

There have been changes in requirements and procedures that have come along with these reforms that should be considered in any effort to streamline or improve processes for providers. DHS has had ongoing meetings with representatives of the Minnesota Association of County Social Services Administrators (MACSSA) to discuss recent and coming changes to substance use disorder treatment and plans to continue those conversations and conversations with other stakeholders as direct access and other reforms continue to be implemented.

Substance Use Disorder 1115 Medicaid Demonstration Waiver

In March 2018, DHS submitted its Substance Use Disorder demonstration request to the Centers for Medicare and Medicaid Services (CMS) as part of SUD reforms enacted by the state legislature in 2016. The demonstration builds on the state's efforts to transform its SUD delivery system to improve access to appropriate treatment and greater integration of SUD services with the broader health care system. Additionally, residential providers who participate in this waiver will be able to bill Medicaid for a portion of services, saving both state and county dollars. Many of Minnesota's residential provider locations have more than 16 beds, and as such, are not allowed to bill Federal Medicaid for treatment services. Currently, state and county governments share these treatment costs.

Minnesota's demonstration request received initial approval from CMS in late June 2019 and legislation enacted in 2019 provided authority to implement the SUD waiver, directed DHS to publish standards for participating providers, and provided for a rate increase to SUD providers meeting state requirements. Qualified providers electing to participate will be required to deliver services in accordance with the American Society of Addiction

Medicine (ASAM) standards and maintain patient referral arrangements to ensure access to a full continuum of SUD treatment services, including medication-assisted treatment.

There are aspects of the 1115 demonstration waiver which create administrative complexity for providers who wish to participate and be eligible for the rate increase. These aspects include enrolling as a provider under the waiver and meeting service components, service standards, and staffing requirements that are consistent with ASAM standards and federal requirements. Participating providers must also maintain formal patient referral arrangements with providers delivering step-up or step-down levels of care and residential providers must provide or arrange for medication-assisted treatment services.

Omnibus Care Plan

The Omnibus Care Plan (OCP) is an open source, cloud-based tool that facilitates secure, electronic communication and care coordination for a person who is receiving care and services from a variety of providers. OCP was developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to facilitate seamless, patient-centered care coordination across multiple care providers. While many Health IT frameworks are designed primarily for episodic encounters within a single care organization, OCP is designed to link numerous organizations and services to follow the reality of a patient's care journey from referral to registration, screening, treatment, and discharge. The OCP Care Coordination System can assist providers with administrative tasks, patient enrollment, scheduling, care coordination, screenings, assessments, and care planning.

OCP provides an electronic alternative to traditionally paper-based processes such as creating assessments, managing consent, and exchanging information necessary for care coordination. Rather than using paper forms for storing this type of information, OCP can serve as a cloud-based electronic repository that can be accessed by appropriate parties at any time, minimizing the need for making paper copies, scanning, and/or faxing. OCP and its affiliated software can be downloaded from the Open Source Electronic Health Record Alliance (OSEHRA), a nonprofit membership organization dedicated to accelerating innovation through open source strategy.

OCP will first be piloted for the SUD 1115 Waiver Demonstration. If that effort is successful, there may be potential to expand it to all SUD, Mental Health, and Housing Support programs. DHS is in the process of drafting an RFP for a technical vendor to host OCP for the 1115 Waiver Demonstration and support providers with onboarding and technical support. The goal is to have OCP up and running for the 1115 Waiver Demonstration by July of this year. While the system is not currently being used by providers, DHS did conduct a pilot with Otter Tail County in 2019.

Uniform Service Standards Proposal

Uniform Service Standards is a multi-phase, comprehensive, reform and simplification of the regulatory structure for publicly funded mental health services. This DHS initiative will align common standards across different services, eliminate requirements that do not add value or enhance treatment quality, ensure greater

consistency in the guidance given to providers, and improve accountability for improper billing, maltreatment or other serious breaches. This proposal is the first phase of a multi-year project to simplify and align standards for state-funded mental health services.

The proposal also directs DHS to collaborate with stakeholders and return in subsequent legislative sessions to propose a unified licensing structure that incorporates all services, whether they are currently licensed or certified. This planning work will identify ways to further align mental health and substance use disorder service requirements where possible, promoting models of integrated care.

Purpose of Report

This report proposes a plan and timeline to make systems improvements to modify the regulatory paperwork required for substance use disorder programs licensed under Minnesota Statutes, Chapter 245A, and regulated under Minnesota Statutes, Chapter 245G. The legislative language that is included earlier in the report references Minnesota Rules, parts 2960.0580 to 2960.0700, which are the certification standards for residential mental health treatment for children with severe emotional disturbance. We instead suggest including Minnesota Rules, parts 2960.0430 to 2960.0490 (Chemical Dependency Treatment Program Certification Standards) and Minnesota Rules, parts 9530.6510 to 9530.6590 (Detoxification Programs) in the scope of the plan recommended in this report. In addition, the proposed plan should include licensed professionals in private practice under Minnesota Statutes, section 254B.05, subdivision 1, paragraph (b) who are not required to be licensed under Minnesota Statutes, Chapter 245A to meet the standards in 245G.

III. Report recommendations

Given the complexity of the issues involved in licensing and regulating SUD providers, we recommend a process improvement plan. Additionally, we recommend that a contracted consultant work with DHS and stakeholders to conduct the process improvement plan. Finding answers that will satisfy concerns may be difficult to balance with the role DHS has in ensuring the appropriate use of federal, state, and Medicaid funds.

Through the Uniform Service Standards project, DHS has developed successful processes for examining current requirements, and working with stakeholders to reduce administrative burden while supporting strong client outcomes. This work has been focused on mental health services to date, but DHS will share this work with the selected contractor for SUD services improvement. As both Substance Use Disorder and Mental Health services are streamlined and clarified, further service integration will be easier to achieve.

Process Improvement Plan

Goals:

- Bring together stakeholders and DHS staff from relevant divisions in the department to identify concerns related to process and paperwork requirements for SUD providers.
- Conduct an assessment of the current status of paper work requirements across different SUD services, providers and programs and develop a cross walk to identify duplication and confusion.
- Organize the concerns identified into topics and categories. Analyze the concerns and identify what concerns are feasible and actionable.
- Identify and bring together the appropriate entities to prioritize and begin work on addressing concerns.
- Ensure that continued input from all stakeholders is considered and that any planned systems improvements maximize client benefits and utility for providers, regulatory agencies, and payers.
- Develop an implementation plan with timelines to address the concerns identified and enhance productivity and effectiveness while protecting clients'' confidentiality and rights.

Phase 1: Convene a Steering Committee or work group to address issues

A steering committee that includes representation from the stakeholders list below could be convened to review, discuss, and identify concerns and solutions related to process and paperwork requirements for SUD providers. As concerns are identified, reviewed and discussed, they can be sorted and prioritized by the type of action needed to resolve the concern, if known or identified. If appropriate, work groups could be created to focus on paperwork requirements relative to specific functions, such as:

- Intake and registration or admission
- Eligibility verification
- Treatment planning
- Authorization request
- Treatment
- Billing
- Outcome/Evaluation measures

Stakeholders:

- Counties
  - Minnesota Association of County Social Services Administrators
- Tribes
  - American Indian Advisory Council
  - Minnesota Urban Indian Directors
- Substance Use Disorder Treatment Providers- Residential and Outpatient Providers
  - Minnesota Association of Resources for Recovery and Chemical Health
  - Minnesota Alliance of Rural Addiction Treatment Programs
  - Recovery organizations
- Managed Care Organization
- Health-Related Licensing Boards
- DHS
  - Behavioral Health Division
  - Office of Inspector General- Licensing, Background Studies
  - Health Care Administration- Provider Enrollment
  - Federal Relations
- People that have received services from substance use disorder treatment providers

Phase 2: Analyze Results and Issue a Report with Recommendations

Summarize and organize the responses from stakeholder engagement and identify primary concerns of providers. Previous DHS analysis has identified the following paperwork requirement categories:

- Licensing and compliance requirements
- Client assessments, treatment plans, care-related documentation
- Health records and exchange of patient information
- Billing and payment for services provided
- Data and outcomes

To the extent possible, the recommendations shall identify which entity or entities are responsible for each recommendation and area of concern. While some issues may fall solely under the purview of the Behavioral Health Division, some issues may also fall or be under the purview of another division, agency, organization, or a different level of government. Additionally, while some items may require statutory or rule changes, other items may be under DHS' administrative purview, and other items may simply benefit from provider education or technical assistance.

Duties

Completing the process improvement plan is estimated to require the hiring of one full-time staff and a contracted consultant. These positions would include the following duties to operationalize the plan:

A. **Project Management Staff at DHS- $118,000 annually (2 year contract)**

- Solicit and manage a contract with a consultant through an RFP process.
- Work with relevant divisions in DHS to coordinate participation in the process improvement plan.
- Work with the consultant to reach out to stakeholders and help coordinate stakeholder engagement.
- Assist in providing policy expertise throughout the process and in analyzing and addressing concerns, or connect consultant with subject matter experts at DHS who can provide expertise.
- Track the process improvement plan's progress and provide updates on that progress.
- Coordinate the formation and facilitation of a steering committee or work groups to address issues.

B. Contracted Consultant- $200,000 (1.5 year contract)

- Design a plan for stakeholder engagement and facilitate stakeholder outreach and participation in that plan. Sample survey questions are included in the appendix to this report.
- Document, analyze, and organize the feedback received through stakeholder engagement.
- Provide a report of the stakeholder engagement conducted, an analysis of the concerns identified, and a report that recommends what issues to move forward on.
- Assist in developing an implementation or work plan for prioritized concerns.
- Facilitate meetings with DHS staff and interagency teams to address issues.
- The amount estimated above to contract with a consultant includes $50,000 to allow for the ability to travel and collect stakeholder input.

Timeline

The timeline for this plan will depend on the legislature approving funding for the plan.

Year 1:

- Hiring of DHS staff and issue RFP for consultants.
- Execute consultant contract.
- Conduct stakeholder outreach and engagement.

Year 2:

- Analyze results of stakeholder engagement and issue a report with recommendations.
- Begin work on addressing issues of priority.

IV. Implementation language

Section 1. DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER TREATMENT PROCESS IMPROVEMENT PLAN.

(a) The commissioner of human services, in consultation with substance use disorder treatment providers, counties, tribes, managed care organizations, and other relevant stakeholders, shall conduct a process improvement plan for programs licensed under Minnesota Statutes, chapter 245A to meet the standards for substance use disorder treatment in Minnesota Statutes, chapter 245G, children's residential chemical dependency treatment in Minnesota Rules, parts 2960.0430 to 2960.0490, detoxification programs under Minnesota Rules, parts 9530.6510 to 9530.6590, withdrawal management programs under Minnesota Statutes, chapter 245F and licensed professionals in private practice under Minnesota Statutes, section 254B.05, subdivision 1, paragraph b. The process improvement plan shall include an assessment of the current status of paperwork requirements.

(b) The commissioner of human services shall contract with a vendor to ensure input from all stakeholders is considered and that the commissioner's recommendations maximize client benefits and utility for providers, regulatory agencies, and payers.

(c) By December 1, 2022, the commissioner shall submit to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services a report of the findings of the assessment and stakeholder engagement, and recommendations for systems improvement to reduce paperwork.

Sec. 2. APPROPRIATION.

$318,000 in fiscal year 2021 is appropriated from the general fund to the commissioner of human services for the purposes of section 1. $200,000 of this appropriation is to contract with the vendor described in section 1, paragraph (b). This is a onetime appropriation and is available until July 1, 2022.