

Bulletin

May 1, 2006

Minnesota Department of Human Services • P.O. Box 64941 • St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- County Social Service Supervisors
- County CCDTF Coordinators
- Tribal CD Directors
- Tribal CCDTF Coordinators
- Rule 25 Assessors
- CCDTF Providers

ACTION/DUE DATE

Implement immediately.

EXPIRATION DATE

The policies in this bulletin expire on May 1, 2008.

DHS Clarifies CCDTF Policy & Process for Mid-Treatment Disenrollment

TOPIC

Processes and policies associated with pre-paid health plan disenrollment during a chemical dependency treatment episode.

PURPOSE

- (1) Clarify policy associated with the above topic.
- (2) Clarify required processes associated with the above topic.
- (3) Suggest useful processes associated with the above topic.

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BACKGROUND

Managed care organizations (MCOs) providing health care services through Minnesota Health Care Programs are required to cover outpatient and inpatient chemical dependency treatment services for their enrollees.

When recipients experience disenrollment from their MCO, and they remain eligible for their benefit set, the benefit set shifts from a pre-paid health status to a fee-for-service (FFS) status. In Minnesota, chemical dependency FFS health care services are provided through the county or tribe of financial responsibility (CFR), and are almost always paid for through the Consolidated Chemical Dependency Treatment Fund (CCDTF).

DHS policy states that the shift to FFS occurs on the first day of the month following the eligibility change. For example, should a recipient lose their managed care coverage on April 15th, the county in which s/he lives becomes responsible for his/her chemical dependency treatment as of May 1st. This is because health plan disenrollment occurs on the last day of the month. The one exception is if the recipient is in a hospital-based inpatient chemical dependency treatment program. In this situation, the MCO remains responsible for the recipients' treatment through discharge from the program.

INTRODUCTION

When a recipient is disenrolled during a treatment episode, the process of shifting responsibility from MCOs to CFRs can be difficult. In some cases, the process becomes administratively burdensome for the treatment provider and the CFR.

This bulletin provides clarification on policy and required processes to support the success of these types of transitions. Additionally, suggested processes are also offered to further assist all involved.

POLICY CLARIFICATION

Existing Policy

At the time of disenrollment the CFR has two options regarding ongoing placement and authorization decisions:

- ♦ honor the Rule 25 assessment completed by the MCO, or,
- ♦ conduct its own Rule 25 assessment.

Policy Change

At the time of disenrollment the CFR must honor the MCO's Rule 25 chemical use assessment and placement authorization.

Rationale

Both Rule 25 assessments are paid for with public monies. This change in process ensures continuity of care.

REQUIRED PROCESSES

PPHP's

- ♦ Provide Rule 25 chemical use assessments to enrollees as required by rule and contract.
- ♦ Provide inpatient and outpatient chemical dependency treatment services as determined by Rule 25 placement criteria.
- ♦ Continue to provide hospital-based inpatient services through discharge, regardless of enrollment status.

Non-Hospital-Based Inpatient Providers

- ♦ Provide treatment services as authorized.
- ♦ Check recipient eligibility (via phone or MN-ITS) on the first of each month to determine client enrollment status.
- ♦ Immediately request CCDTF services from the CFR for MCO recipients who become disenrolled.

Counties/Tribes (CFR)

- ♦ Respond in a timely manner to treatment providers and recipients who request CCDTF services.
- ♦ Honor Rule 25 assessment results from MCO's for ongoing placement and authorization decisions.
- ♦ Determine financial eligibility for MNCare clients in a timely manner.
- ♦ Authorize CCDTF funding retroactive to the first of the month following disenrollment.

RECOMMENDED PROCESSES

In consideration of the above policy statements and required processes, the Department offers these suggestions.

Non-Hospital-Based Inpatient Providers

- ♦ Consider having recipients sign a release of information at admission to allow the provider to request relevant Rule 25 assessment information from the MCO. The release

would only be executed in the event a referral to the CFR becomes necessary.

- ♦ Relevant Rule 25 assessment information includes:
 - Placement Summary (DHS-2794),
 - Summary of Assessment Findings, and
 - Placement Recommendations.
- ♦ Develop internal procedures to expedite the transmission of the Rule 25 assessment information to the CFR.

Counties/Tribes

- ♦ Develop internal procedures for expediting CCDTF service requests from disenrolled recipients, including the creation of CCDTF service agreements in MMIS.

SPECIAL NEEDS

This information is available in other forms to people with disabilities by contacting us at 651/431-2460 (voice) or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1 or 1-877-627-3848 (speech to speech relay service).