

Bulletin

July 13, 2007

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

OF INTEREST TO

- County Commissioners
- Tribal Business Committee Chairpersons
- County Human Service Directors
- CCDTF Coordinators
- CCDTF Providers
- Rule 25 Assessors

ACTION/DUE DATE

Read and use the appropriate criteria for placement and funding of chemical dependency clients.

EXPIRATION DATE

July 13, 2009

When CCDTF may be used to pay for housing portion of CD treatment

TOPIC

The CCDTF can be used to pay for housing services when the client and the housing provider meet specific criteria.

PURPOSE

Distribute information and clarify policy regarding use of the Consolidated Chemical Dependency Treatment Fund (CCDTF) to pay for the housing portion of chemical dependency (CD) treatment. This bulletin replaces bulletins #01-51-03 and #04-51-02.

CONTACT

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BACKGROUND

This bulletin replaces DHS bulletins #01-51-03, dated April 3, 2001, and #04-51-02, dated July 8, 2004.

Chemical dependency residential treatment can be considered as two distinct components: the living situation and the treatment services. An individual's needs for either component can vary. In the living situation, the need can vary from simple room and board to 24 hour supervision and support. The need for treatment services can vary similarly from a few sessions per week to full-day programming. A client's high intensity need for one component does not necessarily dictate a high intensity need for the other.

In order to increase flexibility in the placement of clients needing residential chemical dependency treatment services, the Minnesota Legislature, in 1999, enacted changes to Minnesota Statutes, sections 254B.03 and 254B.05. These changes allow a county or tribal government to place a client in one facility for room and board, and a different facility for chemical dependency treatment services, according to the need of the specific client.

The CCDTF may be used to pay for housing services in an eligible facility and concurrent chemical dependency treatment services at another facility when the client meets specific assessment criteria in Minnesota Rules, parts 9530.6630 through 9530.6650.

ACTION

Due to the above referenced changes, the CCDTF may be used to pay for housing services separate from treatment services when the following circumstances regarding client and facility are both met:

The CLIENT is eligible if s/he is:

- 1) determined to meet the criteria for placement in a residential chemical dependency treatment program according to rules adopted under Minnesota Statutes, section 2543B.03, subdivision 3; and
- 2) concurrently receiving a chemical dependency treatment service in a program licensed by the commissioner and reimbursed by the CCDTF.

A HOUSING FACILITY is eligible if it:

- 1) is certified by the county or tribal governing body as having rules prohibiting residents from bringing chemicals into the facility or using chemicals while residing in the facility, and provides consequences for breaking those rules; or is in a hospital; and
- 2) has a current contract with a county or tribal governing body; and
- 3) is determined to meet applicable health and safety requirements; and
- 4) is not a jail or a prison; and
- 5) is NOT currently receiving funds under Minnesota Statutes, Chapter 256I- Group Residential Housing, for the recipient; and
- 6) is enrolled as a CCDTF housing provider in Minnesota Health Care Programs at DHS.

CHANGES IN FORM COMPLETION**Client Placement Authorization (CPA)**

The CPA was updated to allow for this statutory change. The most current version can be found on the internet at: <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2780-ENG>. Please use the following format for completion of this form.

MMIS ACF1 Screen

CPA Box #	Box Title	Action
20	CD Assessment	Enter a "2" for Dependency. (If a "1" for Abusive is entered, an appropriate number for Box 24 Placement Exception must be entered.)
21	Placement	Enter the number of the RESULT of the Rule 25 Assessment, either "1" for Residential, "3" for Extended Care, "4" for Halfway House, or "5" for Combination Inpatient Portion.

MMIS ASA3 Screen- Line 1 (information about the **treatment** portion of a placement)

CPA Box #	Box Title	Action
28	Procedure Code	Enter "X0690 for Primary Outpatient.
29	Revenue Code	Enter "0949" for Outpatient.
30	Service Start Date	Enter the date you are authorizing Outpatient services to begin. This date may be as of, or after, the Rule 25 Assessment Date in Box 19, but not before.
31	Service End Date	Enter the date you are authorizing Outpatient services to end. This date must be within 183 days of the Service Start Date in Box 30.
32	Service Rate	Enter the current contracted Service Rate.
33	Total # Units	Enter the total number of Outpatient service hours you are authorizing for this client.
34	Total Amount	Enter the total dollar amount for Outpatient services (contracted service rate X total number of authorized hours).
35	Provider Number	Enter the 9-digit MHCP provider number for the Outpatient provider to which the client is referred.
36	Provider Name	Enter the name of the Outpatient provider.

MMIS ASA3 Screen- Line 2 (information about the **housing** portion of a placement)

CPA Box #	Box Title	Action
28	Procedure Code	Leave this BLANK. There is no Procedure Code for Housing.
29	Revenue Code	Enter "0169" for Housing.
30	Service Start Date	Enter the date you are authorizing Housing services to begin. This date may be as of, or after, the Rule 25 Assessment Date in Box 19, but not before.
31	Service End	Enter the date you are authorizing Housing services to end. This

	Date	date must be within 183 days of the Service Start Date in Box 30.
32	Service Rate	Enter the current contracted Service Rate.
33	Total # Units	Enter the total number of Housing service days you are authorizing for this client.
34	Total Amount	Enter the total dollar amount for Housing services (contracted service rate X total number of authorized days).
35	Provider Number	Enter the 9-digit MHCP provider number for the Outpatient provider to which the client is referred.
36	Provider Name	Enter the name of the Housing provider.

NEW HOUSING PROVIDERS THROUGH THE CCDTF

Providers interested in providing Housing services for CCDTF clients can request enrollment information by calling 651/431-2700 (Metro) or 800/366-5411 (Toll Free) and choosing Option #5: Provider Enrollment.

FLOW CHART

Please refer to the attached flow chart, *“Treatment + Housing: when can you authorize revenue code 0949 + 0169?”* It may be useful in determining, on a client by client basis, if this placement option is appropriate. You will need the following information:

- Date of assessment (financial eligibility is determined as of this date.)
- Result of Rule 25 Assessment. (What level of care is needed?)
- Client eligibility/enrollment as of the date of the assessment. You will need to determine answers to the following:
 - Is the client eligible for the CCDTF (fee for service)?
 - Is the client enrolled in either MinnesotaCare or Pre-paid Medical Assistance Program (PMAP)?
 - Does the client’s PPHP benefit set cover the assessed level of care?
 - Is the CCDTF responsible for providing the assessed level of care if it is **not** covered by the client’s Pre-paid Health Plan (PPHP)?

DHS will periodically run reports to track the use of the 0169 revenue code and will bill the placing county 100% of payments made for “illegal” placements. DHS will not enter tribal placements that are not “legal.”

FREQUENTLY ASKED QUESTIONS

Q: When is it appropriate to use “housing” services for a CCDTF client?

A: First, a clients’ Rule 25 assessment **MUST** indicate a clinical need for residential treatment. The placing authority then has the option, given the statutory changes mentioned above, to either authorize a single provider to deliver both the treatment as well as the room and board services, or, to “replicate” the residential treatment by authorizing one provider to deliver the room and board services, and a separate provider to deliver the concurrent chemical dependency treatment. Also, the housing provider must be enrolled with DHS as a CCDTF housing provider.

Q: Is it true the CCDTF will pay for “housing?”

A: The CCDTF pays for clinically appropriate **chemical dependency treatment, residential or outpatient, as indicated by a Rule 25 assessment.** The statutory changes mentioned above allow counties and tribes to **“replicate” residential treatment** by providing the client with room and board services at one provider and the concurrent treatment component at a separate provider. **The CCDTF may NOT be used to pay for housing services without a concurrent treatment component.**

Q: How much treatment service must be authorized concurrent to the housing service?

A: Although statute language does not prescribe specific amounts of treatment service, intensity of service must be sufficient to meet the clinical needs of the client.

Q: What are appropriate providers of necessary room and board services?

A: Refer to the attached handout, “Using the CCDTF to Pay for Room/Board Services and Treatment Services at Separate CCDTF Providers – Statutory References.” In addition to the requirements listed, providers of room and board services must also enroll as a CCDTF housing provider in Minnesota Health Care Programs at DHS.

Q: How does a provider enroll as a CCDTF housing provider in Minnesota Health Care Programs at DHS?

A: Providers interested in providing Housing services for CCDTF clients may request enrollment information by calling 651/431-2700 (Metro) or 800/366-5411 (Toll Free) and choosing Option #5: Provider Enrollment.

Q: How are services coordinated between the CCDTF and PMAP/MinnesotaCare?

A: The coordination occurs for both the Rule 25 Assessment, as well as for the delivery of treatment services.

Rule 25 Assessment: Counties, tribes and State contracted pre-paid health plans (PPHP’s) are each responsible for providing Rule 25 assessments for their respective populations.

Treatment Services: Responsibility for funding the **assessed level of care** is determined by the clients’ eligibility/enrollment **as of the date of assessment.** Benefit set coverage by level of care is as follows:

- CCDTF** funds ALL levels of care (primary inpatient, outpatient, halfway house and extended care).
- PMAP (and PGAMC)** funds primary inpatient and outpatient chemical dependency treatment. Clients needing halfway house or extended care receive those levels of care through the CCDTF.
- MinnesotaCare**

- programs LL, KK, FF, JJ, and BB(M1) fund primary inpatient and outpatient chemical dependency treatment.
- program BB(M3) funds only primary inpatient chemical dependency treatment.

****MinnesotaCare clients needing level of care service not provided by MinnesotaCare may be eligible for funding through the CCDTF. Please refer to the attached “Benefit Charts for Chemical Dependency Treatment Services” to determine when the CCDTF is responsible for payment.**

When the CCDTF is responsible for funding a residential level of care, the placing authority has the option of providing that service by either:

- placing the client in a single residential facility that meets the assessed level of care, OR
- “replicating” the residential level of care by providing the client with concurrent services at separate housing and treatment providers.

The result of the Rule 25 assessment will indicate an assessed level of care, for which either the pre-paid health plan or the CCDTF will be responsible. There is no instance in which the CCDTF and the PPHP should “share” the responsibility of providing service *within a level of care*.

Q: How does a county/tribe authorize the services under this option?

A: The county or tribe authorizes services with a single service agreement in MMIS. Pay special attention to the action steps outlined above.

Q: Is there a fee determination process while the client is in placement?

A: DHS no longer requires clients, placing authorities and providers to participate in a monthly fee determination process.

Q: What are “illegal” placements and what are the consequences for making “illegal” placements?

A: Using the CCDTF to fund placements that are contrary to statute or rule requirements are considered “illegal.” The following scenarios are examples of illegal placements.

- Providing housing service for a client assessed at only an outpatient level of care.
- Authorizing housing service without concurrent treatment service.
- Using the CCDTF to fund either the treatment service component or the housing service component of a residential treatment component while the MinnesotaCare or PMAP plan pays for the other component.

ATTACHMENTS

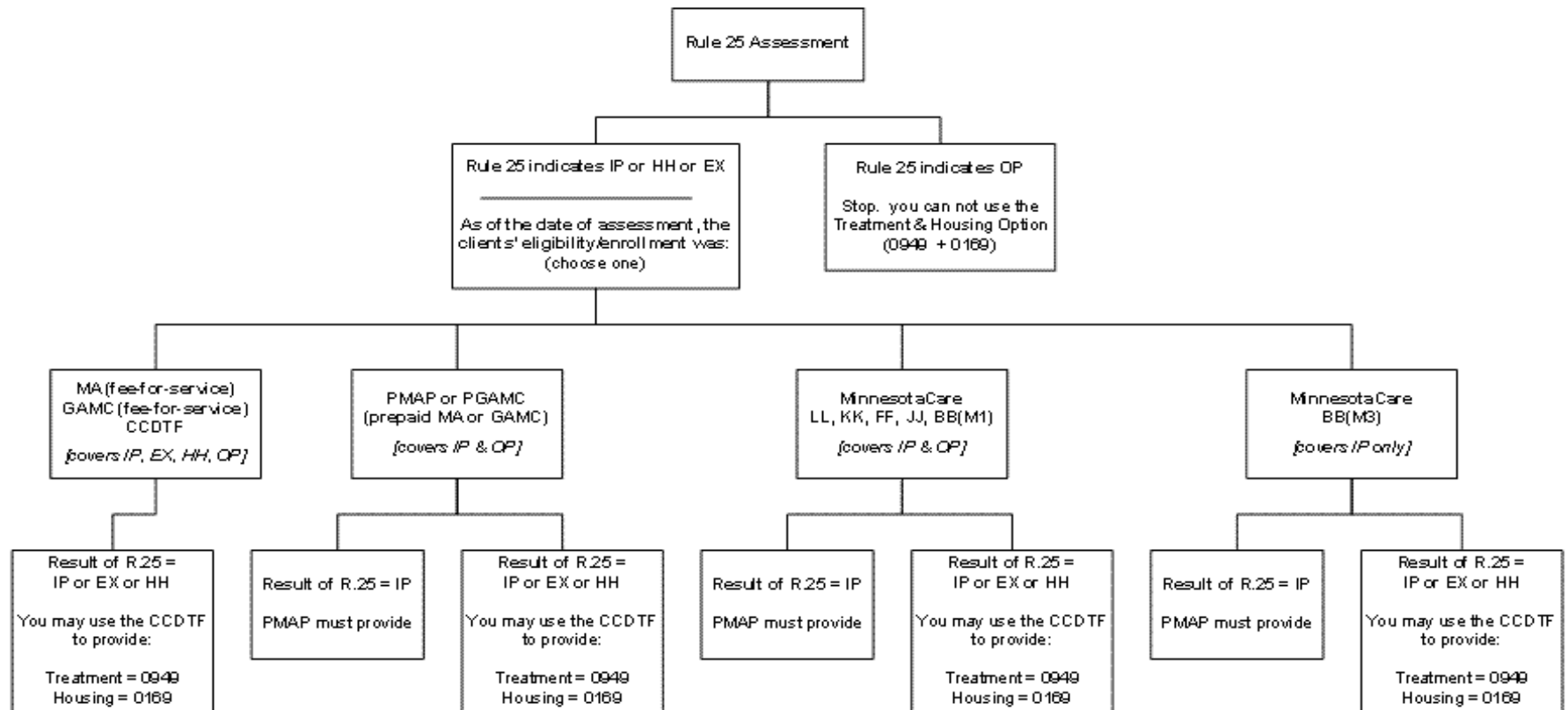
Attachment A – Treatment + Housing: when can you authorize revenue codes 0949 + 0169?
(July 2007)

Attachment B – Benefit Charts for Chemical Dependency Treatment Services (July 2007)

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).

Treatment + Housing: when can you authorize revenue codes 0949 + 0169?



NOTES

- Rule 25 assessment must indicate the need for a residential level of care (IP, EX or HH)
- Counties/Tribes must determine, as of the date of assessment, the clients' eligibility/enrollment via MMIS, MN-ITS or EVS

KEY

IP = Primary Inpatient
EX = Extended Care
HH = Halfway House
OP = Outpatient

Authority: Minnesota Statutes 254B.03 and 254B.05

Chemical Health Division
MN Dept. of Human Services
July 2007

Minnesota Health Care Programs Benefit Sets														
Chemical Dependency Treatment Services		MA Medical Assistance NM & IM			GAMC Gen. Asst. Med. Care IM			GHO GAMC Hospital Only (always FFS)			EMA Emergency MA			
		Copay	Cap	Payor	Copay	Cap	Payor	Copay	Cap	Payor	Copay	Cap	Payor	
Residential	IP	0100 0240 0120	None	None	CCDTF or Health Plan ⁺	None	None	CCDTF or Health Plan ⁺	\$1,000 per admission	None	Hospital-based Only	None	None	CCDTF [^]
	EX	0243 0150	None	None	CCDTF ⁺	None	None	CCDTF ⁺	N/A	N/A	CCDTF ^{**}	None	None	CCDTF [^]
	HH	0241 0110	None	None	CCDTF ⁺	None	None	CCDTF ⁺	N/A	N/A	CCDTF ^{**}	None	None	CCDTF [^]
	OP	0944 0949	None	None	CCDTF or Health Plan ⁺	None	None	CCDTF or Health Plan ⁺	N/A	N/A	CCDTF ^{**}	None	None	CCDTF [^]

Benefit Charts for Chemical Dependency Treatment Services

Health plans are responsible for the Rule 25 assessments for their enrollees, regardless of benefit set.

MinnesotaCare Benefit Sets																	
Chemical Dependency Treatment Services		Expanded <i>up to 275% FPG</i> LL/KK [Pregnant women & children]			Basic Plus Two <i>up to 175% FPG</i> FF/JJ [Parents]			Basic Plus One & Transitional <i>up to 75% of FPG</i> BB (M1) & GS [Adults without children]			Basic Plus <i>175%-275% FPG</i> FF/JJ [Parents]			Limited <i>75%-175% FPG</i> BB (M3) [Adults without children]			
		Copay	Cap	Payor	Copay	Cap	Payor	Copay	Cap	Payor	Copay	Cap	Payor	Copay	Cap	Payor	
Residential	IP	0100 0240 0120	None	None	Health Plan	None	None	Health Plan	10% up to \$1,000	\$10,000 Annual	Health Plan	None	\$10,000 Annual	Health Plan	10% up to \$1,000	\$10,000 Annual	Health Plan
	EX	0243 0150	None	None	CCDTF*	None	None	CCDTF*	10% up to \$1,000	\$10,000 Annual	CCDTF*	None	\$10,000 Annual	CCDTF*	10% up to \$1,000	\$10,000 Annual	CCDTF*
	HH	0241 0110	None	None	CCDTF*	None	None	CCDTF*	10% up to \$1,000	\$10,000 Annual	CCDTF*	None	\$10,000 Annual	CCDTF*	10% up to \$1,000	\$10,000 Annual	CCDTF*
OP	0944 0949	None	None	Health Plan	None	None	Health Plan	None	None	Health Plan	None	None	Health Plan	N/A	N/A	CCDTF*	

⁺ If IP or OP is appropriate, the health plan will pay for and coordinate these services. If the enrollee needs EX or HH, or if the enrollee has not been assigned a health plan and has fee-for-service coverage, then the social service agency in the enrollee's county/tribe of residence is responsible for the Rule 25 assessment and authorization of service.

[^] EMA enrollees are excluded from managed care enrollment.

^{*} These services are covered by MinnesotaCare, but must be administered/authorized through the CCDTF by the social service agency in the recipients county/tribe of residence.

^{**} These services are *not* covered by this benefit set. Individuals should contact the social service agency in their county/tribe of residence to see if they're eligible to have this service paid for by the CCDTF.