Bulletin

July 19, 2007

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

OF INTEREST TO

- County Commissioners
- County Directors
- Tribal Business Committee Chairpersons
- County Social Service Supervisors
- Tribal CD Directors
- CCDTF Coordinators
- Tribal 638 Providers

ACTION/DUE DATE

Read and implement immediately.

EXPIRATION DATE

July 19, 2007

CCDTF Implementation of Encounter Rates

TOPIC

Implementation of Laws in 2001 establishing language in Minnesota Statutes, section 254B.09 to allow the commissioner to set rates for chemical dependency services according to the American Indian Health Improvement Act, Public Law Number 94-437, for eligible vendors.

PURPOSE

To provide guidance to county and tribal placing authorities regarding rates for eligible recipients and vendors under this law. This bulletin replaces bulletin #01-51-10.

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INDIAN HEALTH SERVICE (IHS) ENCOUNTER RATES

In 2001, the Minnesota Legislature established language in Minnesota Statutes, section 254B.09 to allow the commissioner to set rates for chemical dependency services according to the American Indian Health Improvement Act, Public Law Number 94-437, for eligible vendors. These rates supercede rates set in county purchase of service agreements when payments are made on behalf of recipients eligible according to Public Law Number 94-437.

This means that effective September 1, 2001, Tribal 638 providers of chemical dependency treatment services can charge the encounter rate for Medical Assistance (MA) covered services provided to American Indian recipients living on or off the reservation, who are enrolled in fee for service MA or a Pre-Paid Health Plan (PPHP). A Tribal 638 provider is a facility funded under Public Law 94-638 (see Attachment A).

The encounter rate changes annually and is published in the Federal Register. The encounter rate history since enactment of this Minnesota law follows:

2001 \$ 185.00 2002 \$ 197.00 2003 \$ 206.00 2004 \$ 216.00 2005 \$ 223.00 2006 \$ 242.00 2007 \$ 256.00

All of the following criteria need to be met for the encounter payment to be authorized and paid:

Encounter

• For both residential and outpatient services, one encounter_payment is paid per encounter (face-to-face treatment episode), per provider, per day, regardless of the number of encounters provided that day.

Example: An eligible primary outpatient provider would be paid an encounter rate of \$256.00 per day for eligible recipients instead of the negotiated hourly rate listed in the host county purchase of service contract. Outpatient providers must translate the number of service hours into the number of days of service delivery so that placing authorities can authorize the service by encounter.

Recipient

• Beginning September 1, 2001, the recipient is enrolled in Medical Assistance (MA), either fee for service or Pre-Paid Medical Assistance (PMAP), or MinnesotaCare Program L, which has MA benefits. [Recipients assessed before September 1, 2001 must be placed using the Consolidated Chemical Dependency Treatment Fund (CCDTF) negotiated rates.]

• Tribal 638 provider accepts the recipient as being eligible according to Public Law Number 94-437.

Provider

• The recipient is referred to one of the eligible Tribal 638 chemical dependency treatment providers (Attachment A).

Services

- The encounter rate only applies to MA covered services. Chemical dependency treatment services are broken down into two components:
 - -the treatment services portion, which is covered by MA, and
 - -the room and board portion, which is NOT covered by MA.
- Although providers located in an acute care hospital can combine treatment and room and board services into one per diem rate, currently there are no such Tribal 638 providers.

Example: An eligible Tribal 638 halfway house provider would be paid the encounter rate of \$256.00 per day for treatment services and the CCDTF daily rate negotiated in the host county contract for room and board services.

IMPACT ON PLACING AUTHORITIES

For most recipients, placing authorities will continue to determine eligibility and authorize services as usual. The only change associated with the implementation of encounter rates applies to MA-covered American Indians referred to an eligible Tribal 638 provider.

IMPACT ON TRIBAL 638 PROVIDERS

The referral, service delivery and billing processes for Tribal 638 providers does not change due to the implementation of encounter rates. Notification letters will reflect the encounter rate for eligible recipients and services. Tribal 638 providers should continue to check their notification letters for accuracy and work with the placing authority to correct any errors.

Encounter rates do not apply to non-Tribal 638 providers.

DECISION TREE TOOL

When the CCDTF was implemented in 1988, determining recipient eligibility for chemical dependency treatment funding was relatively simple. With the implementation of managed care and Tribal 638 encounter rates, determining recipient eligibility has become more complicated. The DHS Chemical Health Division recognizes the need for explanation and clarifications regarding how placing authorities determine recipient eligibility and the appropriate funding source, and authorize placements through the CCDTF.

To that end, the Chemical Health Division developed the "CCDTF Placement & Rate Decision Tree" (Attachment B). The Decision Tree breaks down CCDTF eligibility and funding

Bulletin #07-51-04 July 19, 2007 Page 4

determinations into a series of distinct linear decisions. Notes along the side of the Decision Tree provide valuable policy information relevant to the application of various rates.

UTILIZING THE DECISION TREE TOOL

The CCDTF Placement & Rate Decision Tree is a useful tool for all placing authorities (both county and tribal agencies) and is applicable for recipients and services covered by CCDTF rates as well as for recipients and services covered by encounter rates.

NOTE: It continues to be important to determine a recipient's health care coverage early in the assessment process since coverage status impacts all other decisions in the Decision Tree.

Please use the following procedures and the attached CCDTF Placement & Rate Decision Tree (Attachment B) to determine the appropriate funding source and rate for any recipient seeking chemical dependency treatment services.

1. Rule 25 Assessment

Placing authorities conduct the Rule 25 assessment as usual.

2. Recipient Enrollment Status

Placing authorities determine recipient coverage by a Minnesota Health Care Program (MHCP).

County Agencies must use MMIS to determine a recipient's enrollment status.

<u>Tribal Agencies</u> must use MN-ITS (Minnesota Information Transfer Service) to determine a recipient's enrollment status.

3. Decision Tree

- **3.1** The following information is needed:
 - Recipient MHCP enrollment status
 - Whether the recipient is an American Indian or non-American Indian
 - Whether the recipient is placed at a Tribal 638 or non-Tribal 638 facility
 - Rule 25 assessed level of care
- **3.2** Trace down through the Decision Tree to the color-coded triangles to determine the appropriate funding source.
- 3.3 Cross-reference the color-coded funding source to the rates listed under the "NOTES" section on the far right of the Decision Tree. Take special note of numbers (1) through (4) and the asterisks in the lower right hand corner of the Decision Tree page.
- **4.** Complete the CPA (and Service in MMIS)

Bulletin #07-51-04 July 19, 2007 Page 5

Placing authorities complete the Client Placement Authorization form (CPA) using the appropriate rates as indicated on the Decision Tree.

ATTACHMENTS

Attachment A - Tribal 638 Chemical Dependency Treatment Providers (11/2006)

Attachment B - CCDTF Placement & Rate Decision Tree (July 2007)

SPECIAL NEEDS

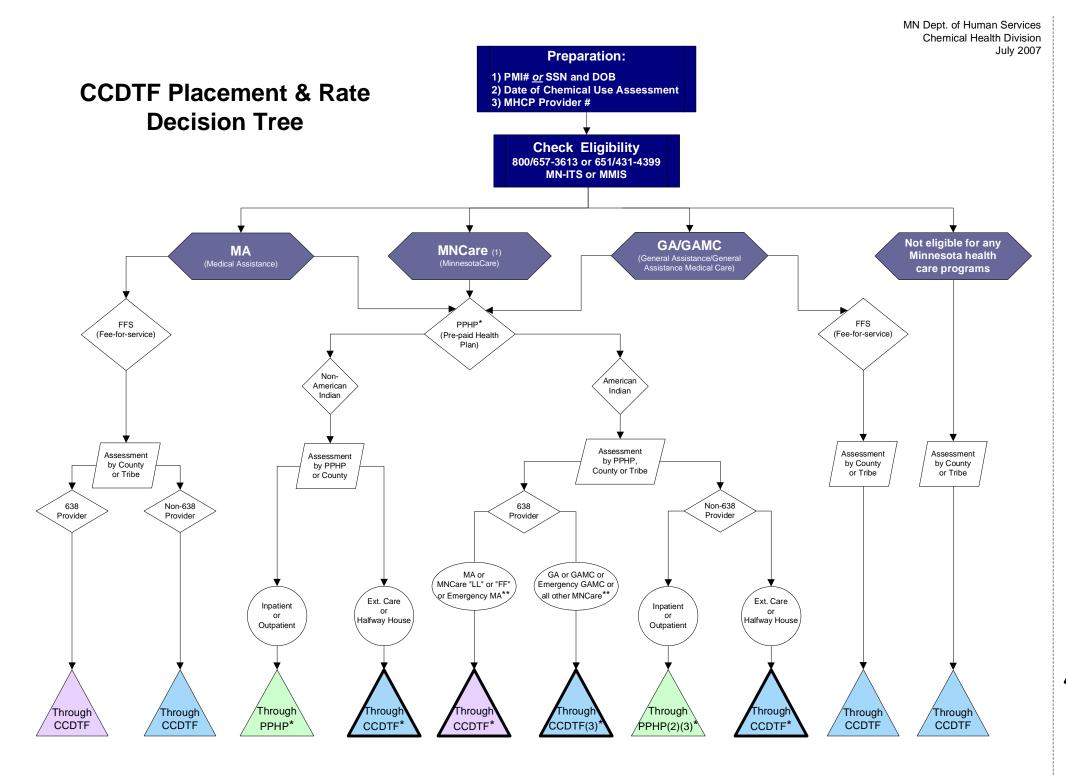
This information is available in other forms to people with disabilities by contacting us at 651/431-2460 (voice) or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1 or 1-877-627-3848 (speech to speech relay service).

Tribal 638 Chemical Dependency Treatment Providers

MHCP Provider #	Tribe	Provider Name	Service(s) Provided
666815100	Fond du Lac	Fond du Lac AODA Outpatient Treatment Program Cloquet, Mn 55720	ОР
539755300	Leech Lake	Anisji-Be-Mah-Diz Center Cass Lake, MN	НН
811810800	Leech Lake	Leech Lake Men's Outpatient Treatment Program Cass Lake, MN	OP
161643900	Leech Lake	Leech Lake Women's Services Program Cass Lake, MN	ОР
403178400	Leech Lake	Leech Lake Opiate Treatment Center Cass Lake, MN	ОР
859755300	Red Lake	Red Lake Group Home Red Lake, MN	EX
649755100	Red Lake	Oosh-kii-mii-kah-nah Halfway House Red Lake, MN	IP, HH
627635100	Red Lake	Red Lake CD Outpatient Program Red Lake, MN	ОР
969755100	White Earth	White Earth Chemical Dependency Outpatient Treatment White Earth, MN	ОР
420675400	White Earth	Women's Wellbriety Center Mahnomen, MN	IP, EX

Non-638 Tribal Chemical Dependency Treatment Providers

MHCP Provider #	Tribe	Provider Name	Service(s) Provided
004218800	Bois Forte	Anishinabe-Miikana-Gida Nett Lake, MN	ОР
036862800	Bois Forte	Anishinabe-Miikana-Gida Tower, MN	ОР
901477200	Lower Sioux	Woniya Kini Behavioral Services Morton, MN	IP, EX, OP



~ Notes ~

Use the CCDTF rates for both treatment and room & board: Svc Rev/Proc Rate 0100 CCDTF rate IP- Hospital-based IP- Free Standing Tx 0240 CCDTF rate R&B 0120 CCDTF rate Halfway House Tx 0241 CCDTF rate CCDTF rate R&B 0110 CCDTF rate Extended Care Tx 0243 R&B 0150 CCDTF rate CCDTF rate Housing R&B 0169 OP- Methadone 0944 CCDTF rate Tx H0020 OP- Drug/Alcohol Tx 0949 CCDTF rate

Use the IHS/638 encounter rate for treatment and use

H2035

he	CCDTF rate for room 8	& boar	d:	
	<u>Placement</u>	<u>Svc</u>	Rev/Prod	Rate
	IP- Hospital-based		0100	IHS rate
	IP- Free Standing	Tx	0240	IHS rate
		R&B	0120	CCDTF rat
	Halfway House	Tx	0241	IHS rate
		R&B	0110	CCDTF rat
	Extended Care	Tx	0243	IHS rate
		R&B	0150	CCDTF rat
	Housing	R&B	0169	CCDTF rat
	OP- Methadone	Tx	0944	IHS rate
			H0020	
	OP- Drug/Alcohol	Tx	0949	IHS rate
			H2035	

IHS/638 Encounter Rate:		
CY 2005	\$223.00	
CY 2006	\$242.00	
CY 2007	\$256.00	



Rates are handled through the PPHP.

- (1) When a client has MinnesotaCare FFS coverage, choose from the FFS options under MA.
- (2) Exception: Outpatient is <u>not</u> covered by MinnesotaCare for clients on the Limited Benefit set [BB(M3) eligibility]. Determine if the client is CCDTF eligible for OP services.
- (3) Placing authorities can refer clients directly to the provider.



The county/tribe is responsible regardless of the clients CCDTF eligibility, even for MinnesotaCare clients.

- * When a client has PPHP coverage, the placing authority needs to coordinate the placement with their health plan.
- ** Client is enrolled in MA, Emergency MA or MNCare "LL" or "FF" (with MA benefits) versus other MinnesotaCare programs or GA or GAMC or EGAMC.