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DATE

August 30, 2017

OF INTEREST TO

County Directors

Social Services Supervisors and
Staff

Tribal Directors

Outpatient substance use
disorder Treatment ProvidersState- Contracted Managed
Care Organizations**ACTION/DUE DATE**Please read information and
prepare for implementation**EXPIRATION DATE**

August 30, 2019

Outpatient Substance Use Disorder Services in Certified Community Behavioral Health Clinics

TOPIC

Outpatient substance use disorder (SUD) services in Certified Community Behavioral Health Clinics. This includes eligibility, service core components, funding, payment, data collection, and reporting.

PURPOSE

To provide information on outpatient substance use disorder services delivered by Certified Community Behavioral Health Clinics.

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TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

INTRODUCTION

Minnesota has been selected by the Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) as a demonstration state for Certified Community Behavioral Health Clinics (CCBHCs). Six CCBHCs in Minnesota will demonstrate this service model from July 1, 2017 through June 30, 2019.

I. BACKGROUND

Certified Community Behavioral Health Clinics (CCBHCs) are required to offer outpatient mental health and Substance Use Disorder services. When a CCBHC is providing outpatient SUD services during the demonstration period to people that are enrolled in Medical Assistance (MA), there is no county share. Outpatient SUD services delivered by a CCBHC must follow CCBHC criteria and each CCBHC's policies and procedures approved by the Commissioner of Human Services or their designee. The policy covered in this bulletin must be read with applicable outpatient SUD services statute(s) and rule(s) and CCBHC criteria. This bulletin will address questions on outpatient SUD services and changes to outpatient SUD service implementation during the demonstration period for CCBHCs and recipients.

II. Eligibility Determination and Service Provision

CCBHC recipients will receive an Initial Evaluation which will provide preliminary diagnosis(es), determine eligibility for services within the CCBHC (specifically: outpatient SUD services, ARMHS, TCM, CTSS, peer services and psychotherapy) and establish medical necessity for those services. The existing Rule 25 assessment and county service authorization process may still be used. However, for services provided on or after July 1, 2017, CCBHC recipients who are on MA can have direct access to outpatient substance use disorder services provided within the CCBHC without county approval or authorization.¹ The Initial Evaluation will document the substance use disorder diagnosis, medical necessity, and referral. Entering this information into the Chemical Health Assessment and Treatment Services (CHATS) system will provide the authorization for outpatient substance use disorder services within the CCBHC.

¹ Retrieved from Bulletin Number 17-53-02 [DHS Provides Policy for Certified Community Behavioral Health Clinics](#)

A. Assessment

The Initial Evaluation establishes clinical eligibility for outpatient SUD services for CCBHC recipients. For CCBHC recipients of outpatient SUD services, a comprehensive SUD assessment (according to [9530.6422](#)) is still required within 3 sessions. The results of the comprehensive SUD assessment are then incorporated into the required Comprehensive Evaluation for each CCBHC recipient that is completed within 60 days of first contact. The Comprehensive Evaluation includes a psychosocial assessment, including an assessment of level of care needs (CASII, ECSII for children and adolescents and/or LOCUS for adults) and synthesizes data gathered by the CCBHC between the first contact and up to completion of the Comprehensive Evaluation. The Comprehensive Evaluation must be completed on an annual basis for individuals receiving services from a CCBHC.

B. Authorization

In lieu of a county service agreement, authorization for outpatient substance use disorder services provided within the CCBHC for federally funded medical assistance fee-for-service recipients is completed utilizing the Chemical Health Assessment and Treatment Services (CHATS). The data that determines clinical eligibility (diagnosis and scores on the ASAM 6 dimensions) is obtained in the Initial Evaluation and entered into the CHATS system which generates the authorization required to bill for comprehensive SUD assessment (H0001), peer recovery specialist services (H0038 Q2), and outpatient SUD services (H2035).

C. Planning

CCBHCs complete a comprehensive person and family-centered diagnostic and treatment planning evaluation within 60 days of first contact at the CCBHC. Previous to this integrated treatment plan, the CCBHC completes an initial treatment plan at SUD service initiation to establish early goals for treatment until the Integrated Treatment Plan is completed. The Integrated Treatment Plan applies to all services received at the CCBHC (including Care Coordination) and is informed by the Initial Evaluation, the comprehensive SUD assessment, the SUD service initial treatment plan, the Comprehensive Evaluation and any other information gathered about the person throughout early service delivery. The Integrated Treatment Plan is completed in lieu of the individual treatment plan (as described in Minnesota Rules, Chapter [9530.6425](#)) for CCBHC recipients.

New CCBHC recipients collaboratively complete a person and/or family-centered Integrated Treatment Plan within 60 days of the first point of contact. Existing CCBHC recipients collaboratively complete the Integrated Treatment Plan update within 90 days of receiving a CCBHC service after July 1, 2017. The Integrated Treatment Plan is required to be updated every 90 days.

III. Funding and Payment

Consolidated Chemical Dependency Treatment Fund

CCBHC services are initially paid at the rates that are normally applicable to each procedure code. In addition, CCBHCs receive a supplemental wrap payment through the prospective payment system (PPS) for the comprehensive package of CCBHC services. There is no county share when MA pays for CCBHC services. For people on medical assistance fee-for-service, the CHATS system will provide authorization to bill medical assistance for outpatient SUD services. For those in medical assistance through a managed care organization, the MCO retains placement authority and provides authorization. For the underinsured and uninsured, CCBHCs must utilize the Rule 25 assessment and county placement authority for accessing CCDTF treatment funds. CCBHCs may continue to accept county service agreements for SUD treatment (H2035) and continue to use current procedures to bill the Chemical Dependency Consolidated Fund (CCDTF) for all CCDTF-eligible recipients.

IV. Data Collection/Reporting

CCBHCs are required to collect and report data during the demonstration period beginning July 1, 2017. There are 22 federally required quality measures for the demonstration period. CCBHCs will collect/report on 9 of these 22 federally required quality measures and provide data for the 8 state-chosen impact measures.

In addition to reporting on the CCBHC quality measures, outpatient SUD service providers will report data in The Drug and Alcohol Abuse Normative Evaluation System (DAANES).

Legal References

Minnesota Rules, parts 9530.6405 through 9530.7030

Minnesota Statutes, section 245.735

For more information see the Minnesota Health Care Programs [CCBHC Provider Manual](#) page.

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-431-2225 (voice) or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.