DEPARTMENT OF HUMAN SERVICES

Legislative Report

Substance Use Disorder County Staff Qualifications

Behavioral Health Division

February 2020

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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 $1,000.

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Contents

I. Executive summary

This report was created by the Minnesota Department of Human Services (DHS), working with county representatives, to recommend changes that would enable county workers to provide ongoing support and coordination of individuals who may suffer from substance use disorder. The recommendations reflect the discussions of the work group members.

During 2019, DHS met with representatives of the Minnesota Association of County Social Services Administrators and others to identify the best way for county workers to continue helping people, once county "Rule 25" assessors are no longer able to authorize substance use disorder treatment. Once Minnesota Statutes require a comprehensive substance use assessment to establish need for treatment, only qualified and licensed individuals can make treatment need determinations.

The group worked to find a way that would allow county workers, as well as other qualified providers, to provide treatment coordination based on an initial screening without requiring the prior comprehensive assessment. The group reasoned that a treatment coordinator, especially those operating from a county office, could offer prompt and important guidance to people seeking help from an unknown, possibly distant licensed treatment provider.

II. Legislation

Minnesota Session Laws 2019, First Special Session, Chapter 9, Article 2:

Section 131. DIRECTION TO COMMISSIONER; SUBSTANCE USE DISORDER COUNTY STAFF QUALIFICATIONS. The commissioner of human services shall, in consultation with county agencies, identify specific training, education, and experience requirements that would qualify individuals employed by a county who are not alcohol and drug counselors to perform comprehensive assessments and treatment coordination. The commissioner shall provide a list of resources available to meet the necessary training and education requirements. By December 1, 2019, the commissioner shall provide a progress update to the chairs and ranking minority members of the legislative committees with jurisdiction over substance use disorder services and provide recommendations on any statutory changes needed to implement this section.

III. Introduction

Background

Publically funded substance use disorder (SUD) services in Minnesota are financed through the Consolidated Chemical Dependency Treatment Fund (CCDTF). The CCDTF combines several funding sources – Medical Assistance (MA), state appropriations, county funds and Federal Substance Abuse Block grant funding - into a single fund with a common set of eligibility criteria. The CCDTF pays for treatment services for people on fee-for-service MA and people who do not have insurance coverage but who meet the income guidelines for MA. Services for people on an MA managed care plan or MinnesotaCare, are not paid for through the CCDTF. The CCDTF also pays the room and board costs for residential treatment, including for individuals on an MA managed care plan or MinnesotaCare. Since 1988, counties have had a financial share of the treatment paid for through Minnesota's Consolidated Chemical Dependency Treatment Fund.

The current process of accessing SUD treatment requires a person to get a "Rule 25" assessment from a placing authority who is responsible for assessing eligibility for services and the appropriate level of care. Counties and tribes serve as placing authorities for people on fee-for-service Medical Assistance (MA) or who lack insurance coverage, and managed care organizations serve as the placing authority for people enrolled in an MA managed care plan. After a request for assessment is made, the placing authority has up to 30 days to complete the assessment and authorize services. Following the "Rule 25" assessment process, the placing authority selects the specific treatment program from which a client will receive services. An individual may have additional wait time depending on availability in a treatment program. The current process results in unnecessary delays and invites other barriers to access.

The 2012 legislature directed the Department of Human Services to collaborate with counties, tribes, and other stakeholders to "develop a model of care to improve the effectiveness and efficiency of Minnesota's current service continuum for chemically dependent individuals". The resulting legislative report, Minnesota's *Model of Care for Substance Use Disorder,* recommended a transformation of our state's SUD treatment system from an acute, episodic model of treatment to a longitudinal model of care for a chronic disease.

In 2016, the legislature and Governor reiterated support and expectation for reform of the state's SUD continuum of care by enacting legislation directing DHS to design a SUD treatment system reform package that includes a direct access process, direct reimbursement, the addition of new services such as care coordination and peer support services, and implementation of withdrawal management.

Direct access

In 2018, a new, legislatively approved treatment access process was to begin. Under planned treatment reform, Minnesotans eligible for public assistance would be able to seek treatment directly, without a stop at the placing

authority for a “Rule 25” interview. The person seeking treatment could go to a licensed treatment program and have a comprehensive assessment for substance use disorder and, if the assessor determined the person needed treatment, that program, or another, could quickly begin service.

The direct access to SUD treatment will speed treatment initiation by permitting someone to go directly to a service provider for an assessment of a person’s substance use disorder. The assessor will still determine need for treatment, but the choice of provider will be made by the client. The single, comprehensive assessment will eliminate the need for a separate “Rule 25” interview, speeding the initiation of treatment.

Some county representatives identified problems with the reform plan. Counties that lacked treatment providers noted that the elimination of county-based, “Rule 25” workers would create a barrier to access to needed treatment. The 2019 Legislature directed DHS to work with county agencies to address the need for a county workforce ready to assist people in need of substance use disorder treatment.

This report was written to address anticipated need for continuing county assistance to Minnesotans needing treatment substance use disorder treatment. The report uses input from representatives of the Minnesota Association of County Social Services Administrators, the Association of Minnesota Counties and staff of the Department of Human Services, Behavioral Health Division.

Purpose of report

This report is submitted to the legislature pursuant to Minnesota Laws 2019, First Special Session, Chapter 9, Article 2, Section 131, which directed the Commissioner of Human Services to work with counties to determine how individuals employed by counties could perform comprehensive assessments and treatment coordination without meeting the qualifications required to perform these services as was established in Minnesota Statutes.

IV. Work group

During 2019, the Minnesota Department of Human Services held meetings with representatives of the Minnesota Association of County Social Services Administrators (MACSSA), at which the parties discussed county concerns about recent and coming changes to substance use disorder treatment. MACSSA and DHS Behavioral Health Division worked collaboratively to identify challenges the State of Minnesota will face once the direct access of clients to treatment services is implemented. County concerns included regional shortages of individuals qualified to provide comprehensive assessments, both in the county workforce and within the community at large.

MACSSA and DHS worked collaboratively to identify the challenges that the State of Minnesota will face once direct access system is implemented. The following issues were identified:

- Regional shortages of individuals qualified to provide comprehensive assessments and treatment coordination
- County workers, no longer performing the soon-obsolete "Rule 25 assessments," being unqualified to provide comprehensive assessments or treatment coordination services to county residents that will need them
- Need for a safety net for people suffering from substance use disorders
- Low level of public awareness of changes to substance use disorder treatment access points
- Stigma, poverty and other barriers inhibit access to treatment
- Counties' need of compensation for county work performed on behalf of assistance-eligible clients

A. Work group agreement

During a series of work group meetings, the work group agreed that it is imperative to find ways to utilize the work force of current "Rule 25 assessors" in locations that need them to assist residents to access sometimes distant treatment for substance use disorder. The group also agreed comprehensive assessments, a newly-added standalone Medicaid service, must be performed by qualified individuals.

DHS and MACSSA explored and acknowledged the crucial need to identify support mechanisms for clients in need of interventions due to SUD issues. Treatment Coordination is a service that is reimbursable under Medicaid, in increments of 15 minutes. Education and experience requirements are identified in statute, and treatment coordinators are not required to meet the training requirements of individuals who provide comprehensive assessments.

The staff credentials for providing treatment coordination are very aligned with current requirements for Rule 25 assessments. With 30 hours of training, treatment coordinators can support the clients to connect with resources and meet needs in other, associated life areas (e.g. medical, mental health, family, employment, criminal justice, housing, finances), concurrently thereby, improving treatment outcomes. Treatment

coordination, provided by counties, will involve a deliberate, collaborative planning of SUD services with the client and other professionals involved in the client's care.

V. Report recommendations

The Minnesota Department of Human Services recommends the following sets of changes, the first of which would require legislative action, the second could then be accomplished by the department without legislative action.

The following, recommended steps may be taken by the commissioner only if authorized by legislative action:

- Rule 25 assessors employed on July 1, 2020 would be deemed eligible treatment coordinators, while those hired after that date will be required to meet the 30-hour training requirement in Minn. Stat. 245G.11, subd. 7. Once trained, treatment coordinators will not be required to renew their training. This would apply to staff employed by counties or, should tribal governments choose to participate, tribes.
- Treatment coordinators would be required to collaborate with all the providers and caseworkers involved in the lives of clients they serve.
- Treatment coordinators will use a commissioner-selected screening tool from which a positive result would authorize no more than 36 units of treatment coordination services. Treatment coordination may be provided prior to a comprehensive assessment, and may be used to help screened clients connect with a qualified provider of comprehensive assessment of substance use disorder.
- Based on comprehensive assessment findings, the treatment coordinators may continue to work with the client to facilitate their admission, continuation and completion of treatment.

If the above legislative action is taken, the following, recommended steps may be taken by the commissioner by July 1, 2020, without specific, legislative direction:

- Identification of a valid screening tool for conduct screenings
- Identification of resources for training workers to meet training requirements for new treatment coordinators
- Coordination of technical assistance to maintain records of trained treatment coordinators

VI. Implementation language

Minnesota Statutes 2018, section 254B.05, subdivision 1 is amended to read:
Subdivision 1. Licensure required.
(a) Programs licensed by the commissioner are eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors, notwithstanding the provisions of section 245A.03. American Indian programs that provide substance use disorder treatment, extended care, transitional residence, or outpatient treatment services, and are licensed by tribal government are eligible vendors.
(b) A licensed professional in private practice who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible vendor of a comprehensive assessment and assessment summary provided according to section 245G.05, and treatment services provided according to sections 245G.06 and 245G.07, subdivision 1, paragraphs (a), clauses (1) to (4), and (b); and subdivision 2.
(c) A county is an eligible vendor for a comprehensive assessment and assessment summary when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 5, and completed according to the requirements of section 245G.05. A county is an eligible vendor of treatment~~care~~ coordination services when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and provided according to the requirements of section 245G.07, subdivision 1, paragraph (a), clause (5). Counties, tribes, withdrawal management programs licensed under 245F, and non-residential programs licensed under 245G are eligible vendors of pre-treatment coordination services when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and provided according to the requirements of section 254B.05, subdivision 5, paragraph (b), clause (4). Individuals employed by counties or tribes on or before July 1, 2020 and qualified to perform chemical use assessments under Minnesota Rules, part 9530.6615, subpart 2 are considered to have met the 30 hours of classroom instruction on treatment coordination for an individual with substance use disorder required under section 245G.11, subdivision 7, paragraph (a), clause (3).
(d) A recovery community organization that meets certification requirements identified by the commissioner is an eligible vendor of peer support services.
(e) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or nonresidential substance use disorder treatment or withdrawal management program by the commissioner or by tribal government or do not meet the requirements of subdivisions 1a and 1b are not eligible vendors.

Minnesota Statutes 2018, section 254B.05, subdivision 5 is amended to read:
Subd. 5. Rate requirements.
(a) The commissioner shall establish rates for substance use disorder services and service enhancements funded under this chapter.
(b) Eligible substance use disorder treatment services include:
(1) outpatient treatment services that are licensed according to sections 245G.01 to 245G.17, or applicable tribal license;
(2) comprehensive assessments provided according to sections 245.4863, paragraph (a), and 245G.05;
(3) treatment~~care~~ coordination services provided according to section 245G.07, subdivision 1, paragraph (a), clause (5);
(4) pre-treatment coordination services may be provided prior to a comprehensive assessment authorizing treatment under section 245F.06 or 245G.05 to facilitate an individual's access to a comprehensive assessment, including identifying barriers that might inhibit an individual's ability to participate in a comprehensive assessment and connecting an individual with resources to mitigate immediate risks to safety. To be eligible for

these services an individual must screen positive for alcohol or substance misuse on a screening approved by the commissioner. The screening must be documented in the client's records using a template approved by the commissioner. Pre-treatment coordination services are limited to 36 units, must be documented in the individual's file, and include:

(i) dates and number of units of services provided;

(ii) identification of an individual's safety concerns and development of a plan to address them;

(iii) assistance in obtaining an appointment for a comprehensive assessment and confirmation that the appointment was kept; and

(iv) assistance in obtaining resources to support an individual in getting a comprehensive assessment for authorization for substance use disorder treatment services.

Pre-treatment coordination services must be provided by an individual who meets the staff qualifications in section 245G.11, subdivision 7. Minnesota Rules parts 9530.6600 to 9530.6655 and a comprehensive assessment under section 245F.06 and 245G.05 are not applicable to this service.

EFFECTIVE DATE. Contingent upon federal approval, this section is effective January 1, 2021. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained or denied.

(54) peer recovery support services provided according to section 245G.07, subdivision 2, clause (8);

(65) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management services provided according to chapter 245F;

(76) medication-assisted therapy services that are licensed according to sections 245G.01 to 245G.17 and 245G.22, or applicable tribal license;

(87) medication-assisted therapy plus enhanced treatment services that meet the requirements of clause (6) and provide nine hours of clinical services each week;

(98) high, medium, and low intensity residential treatment services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which provide, respectively, 30, 15, and five hours of clinical services each week;

(109) hospital-based treatment services that are licensed according to sections 245G.01 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to 144.56;

(1110) adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18 or as residential treatment programs according to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or applicable tribal license;

(1211) high-intensity residential treatment services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of clinical services each week provided by a state-operated vendor or to clients who have been civilly committed to the commissioner, present the most complex and difficult care needs, and are a potential threat to the community; and…

Minnesota Statutes 2018, section 245G.02, subdivision 2, is amended to read:

Subd. 2. Exemption from license requirement.

This chapter does not apply to a county or recovery community organization that is providing a service for which the county or recovery community organization is an eligible vendor under section 254B.05. This chapter does not apply to an organization whose primary functions are information, referral, diagnosis, case management, and assessment for the purposes of client placement, education, support group services, or self-help programs. This chapter does not apply to the activities of a licensed professional in private practice. This chapter does not apply when a license holder is providing pre-treatment coordination services under section 254B.05, subdivision 5, paragraph (b), clause (4).

Minnesota Statutes 2018, section 245F.03 is amended to read:

(a) This chapter establishes minimum standards for withdrawal management programs licensed by the commissioner that serve one or more unrelated persons.

(b) This chapter does not apply to a withdrawal management program licensed as a hospital under sections 144.50 to 144.581. A withdrawal management program located in a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this chapter is deemed to be in compliance with section 245F.13. This chapter does not apply when a license holder is providing pre-treatment coordination services under section 254B.05, subdivision 5, paragraph (b), clause (4).

VII. Appendix

Participants included the following persons:

Representatives of the Minnesota Association of County Social Service Administrators

- Grant County Human Services Director
- Hennepin County Health and Human Services Administrative Manager
- Morrison County Public Health/Social Services Director
- Olmsted County Community Services
- St. Louis County Behavior Health Director
- Stearns County Human Service Department, Community Supports, Division Director
- Stearns County Adult MH/SUD
- Watonwan County Human Services Director

Other participants

- Senator Amy Klobuchar's Outreach Director
- Minnesota Association of County Social Service Administrators Executive Director
- Association of Minnesota Counties Health and Human Services Policy Analyst
- Central Minnesota Mental Health Center Executive Director

DHS participants

- Director Behavioral Health Division
- Deputy Director Behavioral Health Division
- Human Services Manager, External Relations
- Human Services Manager, Housing and Support Services
- Human Services Manager, Legislative Relations
- Human Services Supervisors, Community Capacity Building and Behavioral Health Finance (2)
- Legislative Liaison, Community Services Administration
- Human Services Program Consultants, Behavioral Health Legislative and Clinical Policy (5)
- Human Services Program Representative, Withdrawal Management and Peer Support