



Bulletin

NUMBER

#15-51-01

DATE

January 7, 2015

OF INTEREST TO

County Directors

Social Services Supervisors
and Staff

CCDTF Provider Program
Directors and Staff

Tribal Business Persons
and Staff

ACTION/DUE DATE

January 9, 2015

EXPIRATION DATE

January 7, 2017

Complying with Consolidated Chemical Dependency Treatment Fund Billing for Specifically Qualified Individuals

TOPIC

Clarification of qualified individuals for Consolidated
Chemical Dependency Treatment Fund billing and
residential program intensity requirements

PURPOSE

To provide instruction to chemical dependency treatment
programs to meet requirements for staff providing treatment
services, related to base rate and enhanced rate payment
from the Consolidated Chemical Dependency Treatment
Fund. Clarifies and replaces language published in bulletin
#14-51-01, July 10, 2014, Section II. B. 2

CONTACT

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SIGNED

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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.

I. BACKGROUND:

The 2011 Minnesota Legislature enacted a statewide rate setting methodology for all chemical dependency services covered by Consolidated Chemical Dependency Treatment Fund (CCDTF). The rates establish payments for both nonresidential and residential programs, and are based on the clients' level of acuity and complexity. In addition, providers who offer additional ("enhanced") services to targeted groups, as set forth in the statute, are paid an increased rate.

Following the passage of the new rate structure, the Minnesota Department of Human Services (DHS) Alcohol and Drug Abuse Division (ADAD) staff have provided technical assistance and training to providers in order to develop quality programs and services for people receiving treatment for substance abuse disorders and to ensure compliance with the new provider and service standards adopted as part of rate reform. ADAD staff responded to numerous questions raised by providers seeking to better understand the staffing, billing and service requirements imposed by the new rate structure, for both the base rates and the enhanced rates. In addition, ADAD staff have worked closely with staff from the DHS' Licensing Division, who monitor these services and corresponding staff for compliance with the new standards during licensing reviews.

In order to receive payment from the CCDTF for chemical dependency treatment services, the service must be an allowable treatment service, delivered by a qualified provider, to an eligible recipient, with adequate documentation to support each of these elements. In reviewing the questions and concerns identified by providers and the Licensing Division in the years since the new rate structure was enacted, ADAD staff found significant variations in provider practices and interpretations of the current statutes and rules. In response, ADAD, in consultation with the Licensing Division, is issuing this bulletin to provide clarification and guidance on the treatment services for which licensed chemical dependency treatment providers can seek reimbursement from the CCDTF.

This bulletin continues the clarification of CCDTF requirements that was begun in bulletin 14-51-01, published on July 10, 2014. These two bulletins replace previous ADAD policy interpretations, answers to Frequently Asked Questions, and other formal and informal guidance provided to chemical dependency treatment providers regarding the CCDTF billing and rate enhancement requirements.

II. Which professional services may a non-residential program bill to the CCDTF when provided by a person not qualified under Minnesota Rules, part 9530.6450, subpart 5?

This section will clarify when a unit of service may be billed to the CCDTF when provided by someone other than a person qualified under Minnesota Rules, part 9530.6450, subpart 5.

- A. Persons qualified to provide billable treatment services include those who meet the requirements of Minnesota Rules, part 9530.6450, subpart. 5 and members of the following professions, when working within their scopes of practice:
- 1) Alcohol and drug counseling student interns as allowed by 9530.6450, Subp. 8;
 - 2) Individuals with temporary permit (ADC-Ts) as allowed by Minnesota Rules, part 9530.6450, subpart 9;
 - 3) Mental Health Professionals (MHP), as defined in Minnesota Statutes, section 245.462, subdivision 18, clauses (1) to (6);
 - 4) Students or licensing candidates (MHP); as allowed by Minnesota Statutes, section 254B.05, subdivision 5, paragraph (c)(4)(ii);
 - 5) Registered Nurses (RN);
 - 6) Licensed Practical Nurses (LPN);
 - 7) Clinical Nurse Specialist (CNS);
 - 8) Licensed Nutritionist
 - 9) Licensed Registered Dietician;
 - 10) Nurse Practitioner (NP);
 - 11) Occupational Therapist (OT);
 - 12) Physical Therapist (PT);
 - 13) Physician Assistant;
 - 14) Chiropractor;
 - 15) Licensed Acupuncturist, per Minnesota Statutes, section 147B.02.

16) Medical Doctor, or Doctor of Osteopathic medicine.

- B. While members of other professions may provide useful services to persons receiving treatment in licensed chemical dependency treatment programs, programs may not bill those services to the CCDTF.

III. Which professional services may a residential program count to meet the rate requirements of Minnesota Statutes section 254B.05, subdivision 5(b)(4)?

This document will clarify which professional services may be counted to meet Minnesota Statutes, section 254B.05, subdivision 5(b)(4) requirements for high, medium, or low intensity residential treatment programs.

- A. Persons qualified to provide “countable” treatment services include those who meet the requirements of Minnesota Rules, part 9530.6450, subpart 5 and members of the following professions, when working within their scopes of practice:
- 1) Alcohol and drug counseling student interns as allowed by Minnesota Rules, 9530.6450, subpart 8;
 - 2) Individuals with temporary permit (ADC-Ts) as allowed by Minnesota Rules, part 9530.6450, subpart 9;
 - 3) Mental Health Professionals (MHP), as defined in Minnesota Statutes, section 245.462, subdivision 18, clauses (1) to (6);
 - 4) Students or licensing candidates (MHP); as allowed by Minnesota Statutes, section 254B.05, subdivision 5, paragraph (c)(4)(ii);
 - 5) Registered Nurses (RN);
 - 6) Licensed Practical Nurses (LPN);
 - 7) Clinical Nurse Specialist (CNS);
 - 8) Licensed Nutritionist
 - 9) Licensed Registered Dietician;
 - 10) Nurse Practitioner (NP);
 - 11) Occupational Therapist (OT);

- 12) Physical Therapist (PT);
- 13) Physician Assistant;
- 14) Chiropractor;
- 15) Licensed Acupuncturist, per Minnesota Statutes, section 147B.02.
- 16) Medical Doctor, or Doctor of Osteopathic medicine.

B. While members of other professions may provide useful services to persons receiving treatment in licensed chemical dependency treatment programs, programs may not count those services to fulfill the requirements of their intensity level under Minnesota Statutes, section 254B.05, subdivision 5(b)(4).

IV. Residential treatment services, billed by hour of service delivered and specific to billing code H2036

This bulletin section will clarify count of treatment hours for calculation of compliance with requirements for residential treatment level of intensity. This clarification replaces language published in Bulletin #14-51-01, July 10, 2014, Section II. B. 2.

Bulletin #14-51-01 relevant section's language read as follows:

~~2. In residential programs~~

~~H2036 is used for treatment program services in these settings. H2036 is a per diem code. Accordingly, the 30, 15, and five hours of clinical services required for the respective intensity level must be provided based upon a minimum of 50 continuous minutes for every hour of treatment service.~~

~~Breaks may not be included in these continuous minutes. Examples:~~

~~—49 Minutes of Treatment Services Provided = 0 Hours~~

~~—50 Minutes of Treatment Services Provided = 1 Hour~~

~~—1 Hour and 49 Minutes of Treatment Service Provided = 1 Hour~~

~~—1 Hour and 50 Minutes of Treatment Service Provided = 2 Hours~~

This standard is now void and replaced with the following:

2. In residential programs

H2036 is used for treatment program services in these settings. H2036 is a

per diem code. Accordingly, the 30, 15, and five hours of clinical services required for the respective intensity level must be provided based upon an actual count of continuous minutes of treatment service provided. Breaks may not be included in these continuous minutes. Examples:

- 45 Minutes of Continuous Treatment Services Provided = .75 Hours
- 1 hour and 45 Minutes of Continuous Treatment Services Provided = 1.75 Hours
- 2 Hour Treatment Service with scheduled 15 minute break during Treatment Service = 1.75 Hours

The Alcohol and Drug Abuse Division (ADAD) of the Minnesota Department of Human Services hosted a webinar on Friday, January 9th from 10:00am-12:00pm. Any questions participants wish to submit were sent to: dhs.adad@state.mn.us

The presentation will be archived for approximately 90 days at:
<mms://stream2.video.state.mn.us/oet/dhscddtfbillingratescomp010915.wmv>

Alternatively, questions may be submitted to ADAD staff by email at DHS.ADAD@state.mn.us and including “Clinical Services Team” on the subject line, or by calling the ADAD Clinical Services Team at 651-431-2460

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651-431-2460 voice) or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator