

Chapter 15

Alcohol and Drug Abuse Services

Overview

Publicly-paid chemical dependency (CD) treatment services are delivered two different ways in Minnesota:

1. Managed care
2. Fee-for-service

The Consolidated Chemical Dependency Treatment Fund (CCDTF) is the only fee-for-service payment mechanism for CD treatment services in Minnesota. Medical Assistance (MA) and MinnesotaCare recipients not receiving their services through a Managed Care Organization (MCO) must receive funding for their services through the CCDTF. Individuals not on public health care can also receive services through the CCDTF if they meet CCDTF income and household size guidelines.

Definitions

Assessor: A person qualified to perform a chemical use assessment who has a relationship with a placing authority for conducting chemical use assessments.

Chemical Dependency Services: A planned program of care for the treatment of chemical dependency or chemical abuse to minimize or prevent further chemical abuse. Diagnostic, evaluation, prevention, referral, detoxification, and aftercare services not included in the licensed rehabilitative program are not PrimeWest Health-covered services.

Chemical Abuse: A pattern of inappropriate and harmful chemical use which could be linked to specific situations in a recipient's life, such as loss of a job, death of a loved one, or sudden change in life. Chemical abuse does not involve a pattern of pathological use, but it may progress toward it.

Chemical Dependency: A pattern of pathological use, accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use.

Chemical Use Assessment/Rule 25 Assessment: An assessment interview and written listing of the recipient's specific problems related to chemical use and risk description that will enable the assessor to determine an appropriate treatment planning decision according to the [Minnesota Matrix](#).

Managed Care Organization (MCO)/Prepaid Health Plan: An organization that contracts with Minnesota Health Care Programs (MHCP) to provide medical services, including CD treatment services, to recipients in exchange for a prepaid capitation rate and uses authorized funds.

Placing Authority: An authorized county ([MN Rules 9530.6600 – 9530.6655](#)), prepaid health plan, or tribal governing board.

Referral: If the assessor determines the recipient meets the criteria for chemical abuse, placement should be made in an appropriate program.

Rules and Licensing for Chemical Dependency Treatment and Residential Programs

1. Rule 25: MN Rules [9530.6600 – 9530.6655](#), which establish criteria for the appropriate level of chemical dependency care for PrimeWest Health members
2. Rule 31: MN Rules [9530.6405 – 6505](#), Licensure of Chemical Dependency Treatment Programs
3. License to provide residential services for members under age 19: MN Rules 2960.0010 – 2960.0220.
4. License to provide residential substance use services for members older than 15 years of age and under 21 years of age: [MN Rules 2960.0010 – 2960.0220](#) and [MN Rules 2960.0430 – 960.0490](#), or be licensed under [MN Rules 9530.6405 – 9530.6505](#)
5. Licensed Residential Treatment for adults: [MN Rules 9530.6505](#)

Eligible Providers

To be eligible for referrals and reimbursement through the PrimeWest Health, CD treatment programs must meet all of the following criteria:

1. Possess an acceptable license to provide CD treatment services and/or room and board services
2. Enroll with MHCP as an MHCP provider
3. Contract with a Minnesota county or tribal government
4. Participate in the Drug and Alcohol Abuse Normative Evaluation System (DAANES)

Acceptable Licenses

Several different types of licenses are acceptable for reimbursement. They include the following:

1. Rule 31 CD treatment program
2. Children’s Residential Facility with CD certification
3. Appropriate tribal license, for programs located on tribally owned reservation property
4. Appropriate room and board license*
5. For out-of-state providers, an appropriate CD treatment license for their state

*Room and board providers are eligible for reimbursement if all of the following are met:

1. The program is certified by the county or tribal governing body as having rules prohibiting residents bringing chemicals into the facility or using chemicals while residing in the facility and providing consequences for infractions of those rules
2. The program has a current contract with a county or tribal governing body
3. The program is determined to meet applicable health and safety requirements
4. The program is not housed in a jail or prison
5. The program is not concurrently receiving Group Residential Housing (GRH) funding for the recipient

Providers with more than one service delivery location must obtain a separate license for each service delivery location.

Contact the [Alcohol & Drug Abuse Division](#) if you have questions about the appropriateness of a license.

Initial and Ongoing Provider Enrollment with MHCP

PrimeWest Health recognizes MHCP providers as eligible CD treatment providers. For information on becoming an MHCP provider, refer to the Minnesota Department of Human Services ([DHS](#)) [website](#).

Contract

CD treatment providers must negotiate a purchase of service contract with the county or tribal government where they are located. Under some circumstances a provider may contract with a county or tribal government in which they are not located. Contact the [Alcohol & Drug Abuse Division](#) of DHS for additional information.

Out-of-state providers can choose to contract with the Minnesota county of their choice.

CCDTF Host County/Tribe Contract Database

This database supplies provider and program information about CCDTF contracts held with Minnesota host counties and tribal governments. The information in this database comes directly from the CCDTF Host County Contract Summary Sheets submitted to DHS, which is a requirement for enrollment as a reimbursable CCDTF provider. Obtainable data includes provider contact information, host county/tribe contact information, specific program names, rates, revenue codes used, and effective dates. This data is available through the [MN-ITS system](#).

When any of the information on the CCDTF Host County/Tribal Contract Summary Sheet changes, the provider is responsible for executing a new version of this form and submitting it to MHCP in a timely manner.

CCDTF Host County/Tribal Contract Summary Sheets are updated into the CCDTF rates data base upon review and approval by ADAD.

DAANES

CD treatment programs will not receive reimbursement unless they've complied with the DAANES requirements for each PrimeWest Health-authorized recipient. Contact the DAANES office or the DAANES Coordinator at **1-651-431-2631** at DHS to obtain the necessary training and documents required for participation in DAANES.

Eligible Recipients

Access

Refer recipients to the social service agency in their county or tribe of residence. The county or tribal agency will determine the recipient's need for treatment by conducting a Rule 25 chemical use assessment, and will also determine whether the recipient is eligible to have his/her treatment paid for using public funds.

Eligibility for CD treatment is based on two criteria: clinical and financial eligibility. If a member is determined to have both a clinical need for treatment and is financially eligible for PrimeWest Health, then PrimeWest Health may pay for their CD treatment services.

Clinical Eligibility

Clinical eligibility is based on an interview referred to as a Rule 25 chemical use assessment. This is a face-to-face interview conducted by a qualified county assessor from the member's county of residence. The assessor gathers information using the Rule 25 Assessment Tool and the Minnesota Matrix to determine whether the member has a clinical need for treatment. Members who score a severity rating of 2, 3, or 4 in Dimensions IV, V, or VI meet clinical eligibility for treatment.

Rule 25 assessments must be conducted, using the Rule 25 Assessment Tool and Minnesota Matrix, for all members—whether the individual is assessed by his/her county or tribe of residence. The Rule 25 assessor must screen for co-occurring mental health diagnoses using an appropriate screening tool that meets the following criteria.

1. Reads at a grade level no more than 9th grade
2. Is easily administered and scored by a non-clinician
3. Is tested in a general population at the national level
4. Has demonstrated reliability and validity
5. Has a documented sensitivity of at least 70 percent
6. Has an overall accuracy of at least 70 percent; and
7. Predicts a range of diagnosable major mental illnesses such as: affective disorders, anxiety disorders, personality disorders, and psychosis.

PrimeWest Health provides the [GAIN SS tool](#) for our providers.

Financial Eligibility

Financial eligibility is determined by the county human services agency located in the county of the member's residence. Potential members need to go to their county to be assessed for MHCP, PrimeWest Health, or CCDTF eligibility.

Service Notification

After a member has completed the Rule 25 assessment with the county assessor, the assessor will fax the [Client Placement Authorization \(CPA\)](#) and the [Rule 25 Assessment and Placement Summary](#) to PrimeWest Health at **1-320-335-5308**. Once all the necessary information is received by the CD department staff, a service notification letter will be sent to the assessor and the treatment provider.

When a service notification letter is received, it is advisable that the provider reviews and agrees with the services recommended by the Rule 25 assessor. If errors are found, this would be the best time for the provider to contact the county Rule 25 assessor to adjust the CPA and re-fax the form to PrimeWest Health.

Programs cannot bill PrimeWest Health for services until the program receives a service notification letter. If a program has not received a service notification letter, the program must contact the authorizing county or tribe.

Mid-Treatment Authorization

A recipient may be approved and referred for treatment by one placing authority, then experience a change in their eligibility/enrollment status while in treatment. When this occurs, providers and placing authorities have specific responsibilities.

Month-by-Month Structure

Responsibility for assessments, authorizations, continued authorizations, and payments may change on a month-to-month basis, depending on the recipient's status with regard to public health care eligibility and whether he/she is enrolled in PrimeWest Health.

When the placing authority changes, the new placing authority must honor the existing placement, at least until a Rule 25 assessment update is completed by the new placing authority. Only after a Rule 25 assessment update is completed can the new placing authority choose to transfer the recipient to a different program. The new

placing authority can choose to change providers due to clinical reasons (e.g., recipient's clinical needs changed) or program preferences (e.g., the current provider is not in the placing authority's network).

Since the placing authority can change at any time during the assessment, referral, and treatment process, the CD program must take several steps to ensure proper authorization for the recipient's treatment services, as well as to ensure payment from the correct placing authority.

Follow these guidelines to determine who's responsible for what when the placing authority changes at different steps in the assessment, placement, and treatment process.

When the placing authority changes between the request for an assessment and the assessment interview:

1. The existing placing authority refers the individual to the new placing authority
2. The new placing authority is responsible for the assessment

When the placing authority changes between the assessment interview and the determination:

1. The existing placing authority completes the determination and referral process
2. The new placing authority honors the plan the existing placing authority is initiating
3. The new placing authority is responsible for payment for the referred services
4. The new placing authority cannot transfer the recipient to a different provider without first conducting an assessment update

When the placing authority changes between determination and referral to treatment:

1. The existing placing authority completes the referral process
2. The new placing authority honors the plan that the existing placing authority initiated
3. The new placing authority is responsible for payment for the referred services
4. The new placing authority cannot transfer the recipient to a different provider without first conducting an assessment update

When the placing authority changes between referral to treatment and admission to treatment:

1. The new placing authority honors the plan that the existing placing authority initiated
2. The new placing authority is responsible for payment for the referred services
3. The new placing authority cannot transfer the recipient to a different provider without first conducting an assessment update

When the placing authority changes after admission to treatment:

1. The new placing authority honors the placement
2. The new placing authority is responsible for payment for the referred services
3. The new placing authority cannot transfer the recipient to a different provider without first conducting an assessment update

Enrollment/Disenrollment

Members who apply for and receive public health care may be enrolled in PrimeWest Health. PrimeWest Health becomes responsible for managing the member's health care as of the first of the month the member is enrolled with PrimeWest Health. When a member is referred to CD treatment by a county or tribe, and subsequently becomes enrolled in PrimeWest Health, PrimeWest Health is responsible for the member's CD treatment as of the first of the month the member is enrolled in PrimeWest Health.

A member enrolled in PrimeWest Health may become disenrolled from PrimeWest Health, but keep his/her public health care. The patient's health care is now "fee-for-service" (FFS) and the recipient is entitled to have

his/her CD treatment services paid with public funds. Since the member is disenrolled, PrimeWest Health is no longer responsible for the member’s health care. The county or tribe of residence is responsible for the recipient and the payments, through the CCDTF, as of the first of the month following the recipient’s PrimeWest Health disenrollment.

If a member loses his/her public health care, he/she needs to be immediately referred to the Social Service agency in his/her county or tribe of residence to determine if he/she eligible for funding through the CCDTF.

Eligibility of Members

Providers should check each client’s eligibility for PrimeWest Health or CCDTF at each of the following times:

1. Admission
2. The first of each month

Programs must check to see if:

1. The recipient has any public health care (e.g., MA or MinnesotaCare)
2. Whether the recipient is enrolled in PrimeWest Health

Eligibility Verification

1. Access recipient eligibility information by using the PrimeWest Health Web Portal, Provider Contact Center, or the automated DHS Eligibility Verification System (which includes a telephone service and a web portal within MN-ITS).
2. Verify member eligibility through the following:
 - a. [PrimeWest Health Web Portal](#). Prior registration is required using the *Web Portal Registration Form*.
 - b. PrimeWest Health Provider Contact Center: **1-866-431-0802** (toll free)
 - c. [DHS MN-ITS web portal](#)
 - d. DHS EVS Line: **1-651-431-2700** or **1-800-657-3613** (toll free)
 - e. [Emdeon](#): **1-866-369-8805** (toll free)

Placing Authority Responsibility

When checking eligibility, refer to the following table:

Recipient on MA or MinnesotaCare	Recipient Receiving Services through an MCO	Responsible Placing Authority
No	No	County or tribe of residence
Yes	No	County or tribe of residence
Yes	Yes	PrimeWest Health or county/tribe of residence

Exceptions

\$10,000 MinnesotaCare Benefit Limit

A member on MinnesotaCare Basic Plus One or MinnesotaCare Basic Plus has a calendar year benefit limit of \$10,000 for inpatient services. The treatment portion of residential CD treatment services is considered part of this \$10,000 limit, as are hospital-based services. The room and board portion of residential CD treatment services do not count towards the \$10,000 limit. When a member uses \$10,000 worth of these services in a

calendar year, he/she has maximized his/her benefit. PrimeWest Health is no longer required to fund inpatient services for the remainder of the calendar year.

In these situations, the program must verify with PrimeWest Health and document in its records that the recipient has used \$10,000 worth of his/her inpatient benefit limit. The program then must immediately contact the county or tribe of residence to request a CCDTF eligibility determination for the member.

The county or tribe will determine whether the member meets the clinical and financial eligibility criteria for the CCDTF. If the member is determined to be CCDTF-eligible, the county or tribe can authorize the member's continued care through the CCDTF.

Institutions of Mental Disease (IMD)

CD programs identified as an Institution of Mental Disease (IMD), experience a few exceptions to the above procedures.

PrimeWest Health, as a placing authority, is responsible for IMD placements that are authorized. Assessments may be provided by the county or tribe of residence; however, all IMD placements for members must be coordinated and authorized by PrimeWest Health. PrimeWest Health is then responsible for the member and associated payments through discharge, or until the member disenrolls from PrimeWest Health, whichever comes first. The only exception is the \$10,000 MinnesotaCare Benefit Limit as described above.

Hospital-based Inpatient Placements

When a placing authority (PrimeWest Health, tribe, or CCDTF) initiates a placement at a hospital-based inpatient program, the placing authority remains responsible for the placement through discharge, regardless of whether the recipient's eligibility status changes.

Placing Authority Notification

If, when checking eligibility, the program learns the placing authority currently responsible for the member is different than the previous placing authority, the program must immediately take the following steps:

1. Obtain a signed Release of Information from the recipient to allow the program to share clinical information with the new placing authority
2. Forward the signed Release of Information, the Client Placement Authorization form, and the most recent Assessment & Placement Summary received from the Rule 25 assessor to the new placing authority. Also fax them to PrimeWest Health at **1-320-335-5308**.
3. Forward any additional documents as requested by the new placing authority

Covered Services

CD Treatment

All services provided under a licensed program of care and contracted for through the host county/tribal contract are covered by CCDTF and PrimeWest Health. This includes the following:

1. Non-residential treatment
2. Residential treatment
3. Hospital-based inpatient treatment
4. Room and board (when CD treatment is currently authorized and used)
5. Service coordination, a form of treatment included in the bundled rate

Bundled Services

Providers must structure their rate system and contract with their lead county or tribe using a bundled methodology. This means all non-room and board services provided to a member at a program must be cost-averaged into a single unit rate. The CCDTF and PrimeWest Health do not allow ala carte or detailed rate structures.

Example: If a member in an evening outpatient program receives group sessions, individual sessions, and educational services, the program cost-averages the expenses for providing all of these services and develops a single hourly rate. A provider cannot charge one rate for the group sessions, one rate for the individual sessions, and another rate for the educational services.

Services provided by a residentially licensed program must be contracted, authorized, and billed using daily units.

Services provided by a non-residentially licensed program must be contracted for, authorized, and billed using hourly units.

Medication-assisted therapies must be contracted for, authorized, and billed using daily units.

Service Coordination

Service coordination must be included in the bundled services unit rate. This means Rule 31 licensed providers must offer service coordination to their recipients unless it is “clinically inappropriate and the justifying clinical rationale is documented.”

Service coordination can be contracted for as a stand-alone service. It can only be provided as a stand-alone service when it is delivered to a recipient not concurrently receiving services for the same date span with the program delivering the service coordination.

Two different providers may be authorized to deliver treatment and service coordination to the same recipient, for the same date span. In this situation, the two providers must coordinate their service delivery to ensure provision of their respective services on different days. Failure to do so will result in only one provider receiving payment for days they both provided services.

Detoxification

Detoxification is only covered by PrimeWest Health if the service is deemed medically necessary.

Managed Care Recipients

Members who get MA or MinnesotaCare services through PrimeWest Health must work with their county Rule 25 assessor to obtain prior authorization for services. Programs serving members who get MA or MinnesotaCare services through PrimeWest Health must work with PrimeWest Health and the county Rule 25 assessor on authorization and payment issues.

[Rule 25 Assessment and Placement Summary Form](#)

[Client Placement Authorization Form](#)

CCDTF does not pay for services when the member is enrolled in PrimeWest Health. There are only three exceptions to this:

1. The member is placed by a county or tribe into a CD treatment provider classified as an IMD. The county/tribe remains responsible for the member through discharge and CCDTF pays for these services.
2. The member is placed by a county or tribe into an inpatient hospital-based residential program. The county/tribe remains responsible for the member through discharge and CCDTF pays for these services.
3. The member has MinnesotaCare Basic Plus One or MinnesotaCare Basic Plus and has met his/her \$10,000 annual limit for residential services. The provider must immediately refer the member to the Social Service agency in his/her county or tribe of residence. The county or tribe will authorize CCDTF to pay for treatment if the individual is CCDTF-eligible

Non-Covered Services

PrimeWest Health will not reimburse for the following services/situations:

1. Services provided by a program that does not have a host county/tribal purchase of service contract
2. Services provided by a non-licensed program
3. Services not included in the program's host county/tribal purchase of service contract
4. Services provided by a non-MHCP-enrolled program
5. Services provided by individuals (PrimeWest Health only reimburses licensed programs)
6. Room and board services when not clinically/medically necessary
7. Room and board services without a concurrent treatment span
8. Rule 25 chemical use assessments by non-authorized assessors
9. Services delivered to individuals who are not clinically eligible for CCDTF
10. Services delivered prior to the completion of a Rule 25 assessment
11. Services not pre-authorized by a county or tribe with no notification to PrimeWest Health
12. Detoxification except for acute medically necessary treatment
13. Telemedicine
14. More than one treatment service for the same recipient, for the same date span, provided by the same program
15. Services delivered at one location and being billed to another location

Billing

PrimeWest Health Authorized Services

The service notification letter generated when PrimeWest Health receives the CPA and Placement Summary is required to bill for authorized services. Providers must review service notification letters for accuracy and must not bill from an inaccurate service notification letter. If problems exist on the service notification letter (e.g., incorrect dates, rates, number of units), the provider must contact the authorizing county assessor or tribe and request the necessary changes. Once the changes are made, another service notification letter will be generated. Providers must only bill PrimeWest Health when they have received an accurate service notification letter.

Discharge Date: The CPA form and PrimeWest Health notification letter will **not** include the discharge date; however, it must be included on the claim as the service end date to follow standard billing practices. Enter the service end date as the date of discharge.

[Current CD Coding Grid \(effective 7/1/11\)](#)

Previous Grids

[CD Coding grid \(effective 7/1/08 – 7/14/09\)](#)

[CD Coding grid \(effective 7/15/09\)](#)

Please refer to [Billing Policy](#), Chapter 4, for further information.

Copay

Most recipients do not have copay responsibilities for their publicly paid CD treatment services. Only members on the following types of public health care will have copay responsibilities:

MHCP	Copay Applies To
MinnesotaCare Basic Plus One	Any type of residential treatment service – 10% up to \$1,000 annually

Providers are responsible for checking eligibility for recipients to determine the existence of a copay and for collecting it from the member. Refer to the [Benefit Chart for Chemical Dependency Treatment Services](#) for guidance.

Members who have an MA basis of eligibility cannot have services withheld due to an inability to meet their copay responsibility. Providers must follow the PrimeWest Health copay policy found in [Billing Policy](#), Chapter 4, under *Copay Guidelines*.

Medicare

Billing procedures do not change for Medicare recipients who receive CCDTF authorization for CD treatment, unless the provider is a certified Medicare facility. Certified Medicare facilities must follow the PrimeWest Health Medicare policy found in [Billing Policy](#), Chapter 4.

Third Party Liability (TPL)

For dates of service on or after July 1, 2008, PrimeWest Health TPL policy applies to all CD treatment programs. When a member has private commercial insurance, the CD treatment program must first bill the private commercial insurance prior to billing PrimeWest Health.

Check eligibility of the member prior to submitting bills to PrimeWest Health. If eligibility information indicates there is TPL for the date(s) the provider would like to bill for, then the provider must first bill the TPL displayed in the PrimeWest Health Web Portal for those date(s). If a program bills PrimeWest Health for dates of service when TPL exists, PrimeWest Health will deny the claim.

Once a provider bills TPL, the provider must submit appropriate coordination of benefit (COB) documentation on their electronic claim submission to PrimeWest Health. Providers must follow the TPL policy (Billing Policy) found in [Billing Policy](#), Chapter 4.

Legal References

[MS 254A.03](#); [254B](#)

[MS 256B.031](#)

[MS 256L](#)

[MN Rules 9530.6600 – 9530.7031](#); [9505.0540, subp. 2](#); [9530.5000 – 9530.6400](#)

[42 CFR 440.130\(d\)](#)