

# 1115 Substance Use Disorder (SUD) System Reform Demonstration

Utilization Management Clinical Provider Training

Contact for additional clinical questions and to  
obtain your Registration number:

[kepro1115SUD@kepro.com](mailto:kepro1115SUD@kepro.com)



Rebecca Meyer, MS, LPCC-S  
SUD Operations Manager

# Overview

Utilization Management (UM) process (what we are looking for)

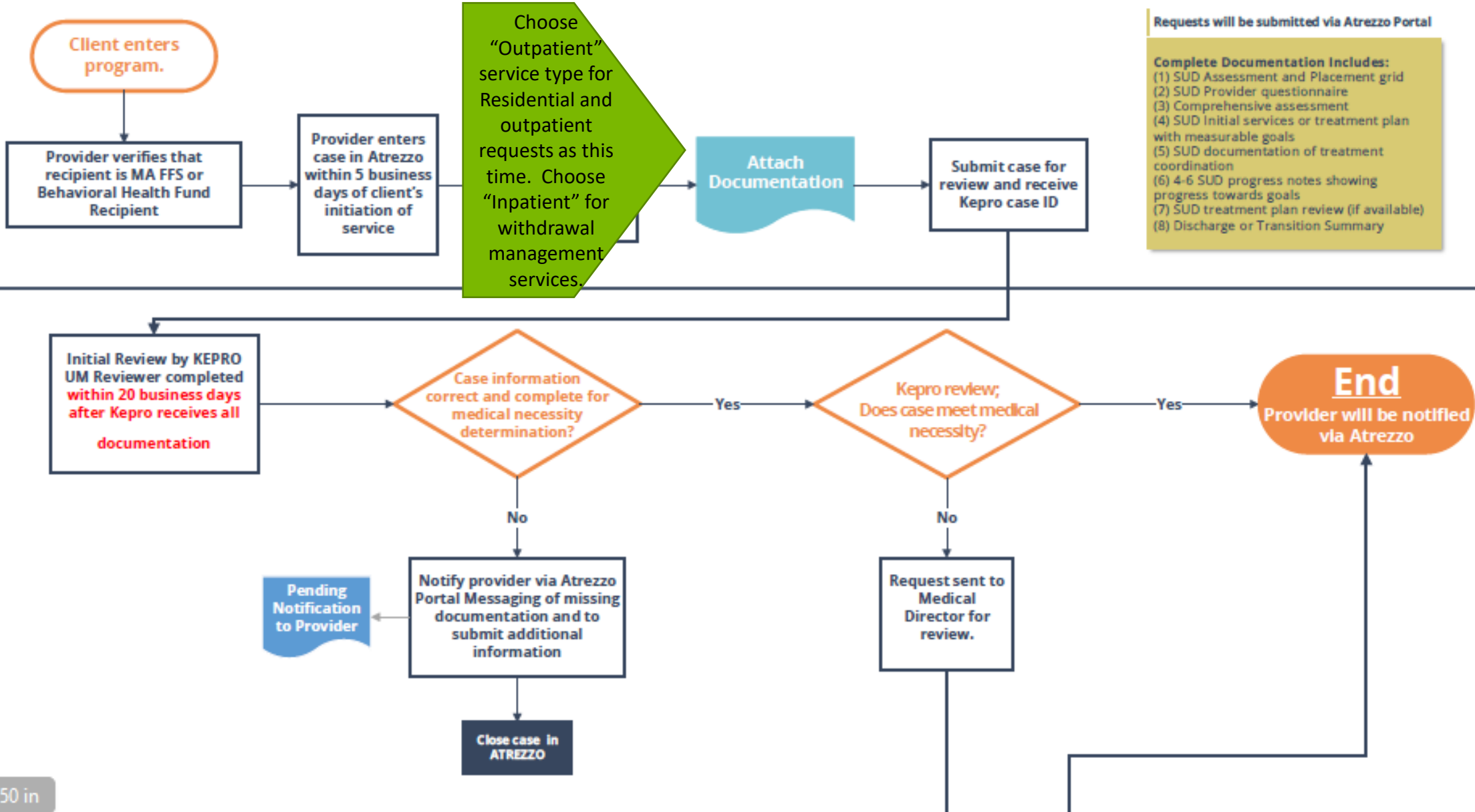
Required Documentation

Time for Questions and Answers

# MN SUD WORKFLOW

PCP / Provider

KEPRO Clinician



## REQUESTS FOR

Member ID:  
Address:

Birth Date:  
Contact:

Results Sorted By:

Submitted Requests

Servicing/Attending/PCP Requests

Case Level Member ID  
Case ID  
(Reference ID)

Status

Request In

Service  
Date(s)

Providers

Always use  
"Minnesota SUD"

Select request type:

Select sub contract:

# Required Documentation

1. SUD Assessment and Placement Grid
2. Provider Questionnaire (embedded in Atrezzo)
3. Comprehensive Assessment
4. Initial Stabilization (withdrawal management) or Initial Treatment Plan with measurable goals
5. Documentation of Treatment Coordination (should be in ITP and Progress notes)
6. Treatment Plan Review
7. Discharge/Transition Summary

ASAM Criteria Level of Care – Other Treatment and Recovery Services																																				
ASAM Criteria Level of Care	ASAM Level	Dimension 1 Substance Use, Acute Intoxication and/or Withdrawal Potential					Dimension 2 Biomedical Condition and Complications					Dimension 3 Emotional, Behavioral, or Cognitive Condition and Complications					Dimension 4* Readiness to Change					Dimension 5* Relapse, Continued Use, or Continued Problem Potential					Dimension 6* Recovery/Living Environment									
		0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4					
Severity/Impairment Rating																																				
Outpatient Services	1																																			
Intensive Outpatient Services	2.1																																			
Partial Hospitalization >= 20 hours	2.5	Service currently unavailable																																		
Clinically Managed Low-Intensity Res. Services	3.1																																			
Clinically Managed population specific, High-Int Res. Ser.	3.3																																			
Clinically Managed Med (youth) & High (adult) – Int Res. Ser.	3.5																																			

Recommend inpatient mental health services

Level of Care	Adults	Adolescents
1.0 Outpatient program	8 hours skilled treatment services	6 hours skilled treatment services
2.1 Intensive Outpatient Program	9-19 hours skilled treatment services	6-19 hours skilled treatment services
3.1 Clinically Managed Low-Intensity Residential	At least 5 hours of skilled treatment, peer recovery, and treatment coordination	
3.3 Clinically Managed Population-Specific High-Intensity Residential	At least 30 hours of skilled treatment services, peer recovery and treatment coordination provided to individuals with a TBI or cognitive impairment.	
3.5 Clinically Managed High-Intensity Residential	At least 30 hours of skilled treatment services, peer recovery and treatment coordination provided to individuals. 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full therapeutic community.	

### Assessment and Placement Grid

ASAM Criteria Level of Care – Withdrawal Management <small>See pages 147 – 173 for detailed recommendations</small>	ASAM Level	Dimension 1 Substance Use, Acute Intoxication and/or Withdrawal Potential					Dimension 2 Biomedical Condition and Complications					Dimension 3 Emotional, Behavioral, or Cognitive Condition and Complications					Dimension 4 Readiness to Change					Dimension 5 Relapse, Continued Use, or Continued Problem Potential					Dimension 6 Recovery/Living Environment				
		Severity/Impairment Rating	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3
Ambulatory W/M with Extended On- Site Monitoring	2 - WM																														
Clinically Managed Residential W/M	3.2- WM																														
Medically Monitored Inpatient W/M	3.7 – WM																														

**Withdrawal Management:**

Level 2-WM Withdrawal Management: Recommended ASAM risk ratings 1 – 3

Level 3.2-WM Withdrawal Management: Recommended ASAM risk ratings 1 – 2

Level 3.7-WM Withdrawal Management: Recommended ASAM risk ratings 3 – 4

\*Please note: Dimensions 4, 5, and 6 require providers to address items that require immediate action. These should be addressed in your clinical documentation. Please identify any 4B risk ratings on the provider questionnaire.

# Risk Rating Descriptions

<b>Risk Rating</b>	<b>4</b>	This rating would indicate issues of utmost severity. The patient would present with critical impairments in coping and functioning, with signs and symptoms, indicating an “imminent danger” concern.	<b>High</b>
	<b>3</b>	This rating would indicate a serious issue or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near “imminent danger.”	↑
	<b>2</b>	This rating would indicate moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support systems may be present.	<b>Moderate</b>
	<b>1</b>	This rating would indicate a mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.	↑
	<b>0</b>	This rating would indicate a non-issue or very low-risk issue. The patient would present no current risk and any chronic issues would be mostly or entirely stabilized.	<b>Low</b>



# Provider Questionnaire

## Embedded into Atrezzo

- Addresses additional information that is required for CMS reporting:
  - What is the highest Level of Care (LOC) recommended for this client?
  - Would partial hospitalization (LOC 2.5) be appropriate if available?
  - Has a medical consultation addressed if this client would benefit from Medically Assisted Therapy (MAT)?
    - If yes, Is the client receiving Medically Assisted Therapy (MAT)?
  - Does the client have a desire, or would the client benefit from specialized programming?
    - age specific
    - culturally specific
    - other specialized population



# Provider Questionnaire, cont.

- Is the ASAM recommended Level of Care the same as the received Level of Care?
  - If no please indicate the reason(s) why:

1 Service not available	5 Geographic accessibility
2 Provider recommendation	6 Family responsibility
3 Patient preference	7 Language
4 Patient is on waiting list for appropriate level of care	8 Not listed (specify): Not applicable

- Clinical documentation should address any items that require immediate action. The narrative should include the client's:
  - History
  - Here and Now of the client's situation
  - How concerned the clinician is for the client's safety

# Provider Questionnaire, cont.

- Understanding that treatment is a continuum, what is the current plan and timeline for the client to move to the next lower level of care?
- What is the expected duration of this level of care (in days)?

# Comprehensive Assessment

## Biopsychosocial Assessment Elements

- History of the present episode (be detailed)
- Family History
- Developmental history
- Alcohol, tobacco, other drug use, addictive behavior history
- Legal history
- Psychiatric history
- Medical history
- Spiritual History
- Review of systems
- Cultural and socioeconomic factors
- Mental history and status examination
- Physical examination
- Formulation and diagnoses
- Survey of assets, vulnerability, and supports
- Treatment recommendations and assessment summaries (must include whether or not client's placement is aligned with the LOC)
- Discharge planning

### Adolescent – Specific Considerations

Adolescent assessments cannot rely on adult assessment methodologies, but must be augmented by developmentally appropriate, adolescent-specific elements.

# Comprehensive Assessment detail examples

Not Good	Better	Great
<p>“The client reports what brings him here today is ‘I am going to long term’.”</p>	<p>“Client completed assessment due to relapsing after completing treatment at **** and reports three hospitalizations in the last two months as well as two detox admissions.”</p>	<p>“The client is a ** year old, multiracial single male from ***, Minnesota. Brought to ** today by law enforcement from ** County jail. Denies probation, parole, does have pending legal issues. Patient reports coming to treatment as a result of a court order. DOC THC, Meth, last use 2/9/2021. Does have one mental health diagnosis, does not take medications. Patient has successfully completed his inpatient programming and now desires to be enrolled in ** Halfway House.”</p>
<p>“The client reports what brings her here today is ‘I returned to use.’”</p>		

# Initial Stabilization or Initial Treatment Plan

- Identifies immediate problems or needs, strengths, skills, and priority formulation
- Short-term measurable goals and preferences along with activities designed to achieve those goals.
- Plan is developed in collaboration with the patient and reflects the patient's personal goals.

# Initial Stabilization or Initial Treatment Plan

- Review is conducted at a specified time which is noted in the plan, or more frequently as needed (weekly or monthly) depending on level of care being provided.
- Per MN Statute 245G.05
- Be sure to have the client and counselor signature!
  - If verbal consent was obtained by client, document date.
  - For example: “John Doe was unable to sign treatment plan due to telehealth services. Verbal consent was obtained on 8/24/2021.”
- Discharge planning paragraph can also be included here.



# Measurable Goals and Objectives

- Goals: Something achieved that you cannot see.  
Goals are based on the problem statements and reasonably achievable in the active treatment phase
- Objectives: Something that you can see  
Objectives are behaviorally measurable.

## Gold Standard: SMART goals and objectives

- Specific
- Measurable
- Attainable
- Realistic
- Time-bound



# Examples of Goals

Non-measurable Goal	Measurable Goal
“I want to develop an awareness of my relapse triggers and cues; and practice a healthy relapse prevention plan when I need to.”	I want to develop an awareness of at least <u>one</u> trigger or cue; and practice at least <u>one</u> strategy from my relapse prevention plan.
“I will identify patterns and behaviors that surround substance use.”	I will identify <u>one</u> behavior in the <u>next week</u> that contributes to my substance use.
“Establish a daily mental health regimen and maintain stable mental health.”	Get a mental health evaluation completed within <u>three months</u> and establish mental health counseling if recommended.

# Progress Notes

- Clearly reflect implementation of the treatment plan
- Patient's response to therapeutic interventions for all disorders
- Amendment recommendations to the treatment plan

# Treatment Plan Review

- Continued Service Criteria (does the client meet the current LOC requirements?)
- Conducted at a specified time as noted in the original treatment plan
- Includes monitoring of biomarkers and/or toxicology testing

# Continued Service Criteria

Progress, but goals haven't been reached.

Not yet making progress and has the capacity to resolve his or her problems. Actively working toward the goals in the treatment plan.

New problems have been identified that are appropriately treated at the present level of care. The frequency and intensity of the new problem(s) can only safely be delivered by continued stay in the current level of care.

The current level of care is the least intensive level at which the new problems can be addressed effectively. (pg. 300 - 306)

# Discharge/Transition Summary

In the process of patient assessment, certain problems and priorities are identified, the treatment of which indicates admission to a particular level of care.

The resolution of those problems and priorities determines when a patient can be transferred and treated at a different level of care, referred to a different type of treatment, or discharged from treatment. (pg. 299)

# Withdrawal Management Criteria

## Initial Documentation Requirements

- a) Standardized tool for assessing health-related information; including follow-up screening
- b) Comprehensive assessment and assessment summary
- c) Stabilization plan
  - a) Must include: medical needs and goals to be achieved
  - b) Specific stabilization services to address medical needs and goals
  - c) Participation of others
  - d) Patient's participation
- d) Progress notes
  - a) Medical progress notes (monitoring and observations)
  - b) Documentation of patient's involvement



# Overview of Documentation Requirements

<https://atrezzo.kepro.com/Account/Login.aspx>

1. SUD Assessment and Placement Grid (is replacing the MN Matrix)
2. Provider Questionnaire (embedded in the Atrezzo Provider Portal)
3. Detailed Comprehensive Assessment
4. Initial Stabilization (withdrawal management) or Initial Treatment Plan with measurable goals
5. Documentation of Treatment Coordination via progress notes
6. Progress Notes (sampling), including medical notes if in withdrawal management
7. Treatment Plan Review
8. Discharge/Transition Summary (when available)

# CPT Code Cheat-sheet

CPT Code	Name of it	Inpatient or Outpatient Submission in Provider Portal
H0001	Comprehensive Assessment	Outpatient ** Use this instead of H2035
H2035	Outpatient Substance Use Services	Outpatient
H2036	Residential Substance Use Services	<u>Outpatient</u>
Revenue Code: 900	Withdrawal Management Services	<u>Inpatient</u>

Please use “units” selection in Procedure Codes. Otherwise, you are relying on us to do the math correctly when you input something such as 2 visits, weekly; for 23 weeks.

You can also put the total quantity requested in the “Clinical Information” box.



Questions?

# Additional Training Opportunities

- 1115 Substance Use Disorder (SUD) System Reform Demonstration Clinical
  - [DHS - 1115 SUD Trainings](#)
- Kepro Provider Portal Registrations and Training  
(this presentation will be uploaded there)
  - <https://mhcp.kepro.com/content/training.aspx>
- American Society of Addiction Medicine
  - [www.asam.org](http://www.asam.org)

# Thank you

Please feel free to contact us with additional clinical questions and to obtain your Registration number at:

[kepro1115SUD@kepro.com](mailto:kepro1115SUD@kepro.com)

Questions about the 1115 SUD System Reform Demonstration:

[1115demonstration.dhs@state.mn.us](mailto:1115demonstration.dhs@state.mn.us)

