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.