



Thursday Connections with SUD at DHS

April 16th, 2026

Brought to you by Substance Use Disorder (SUD) Unit in the Behavioral Health Administration (BHA).

3:00 | Logistics & Introductions

3:05 | **Revalidation** | FAQ webpage

3:15 | **Sober Home Scan** Final Report Presentation

3:40 | Status Update on **BHF Eligibility Transition**

3:55 | Reminders

- Applications Open for **OERAC Membership**
- Interpreter Services
- Transition of the **Positive Community Norms** (PCN) program after 20 years of service
- **New state webpage** separates fraud facts from fiction
- BHA offers **no-cost peer review** services to all 245G and tribally licensed programs
- **ASAM Trainings** Opportunities
- **DAANES Training** Opportunity

Meeting Logistics



All attendees, except presenters, will remain muted.



To save bandwidth, please keep cameras off.



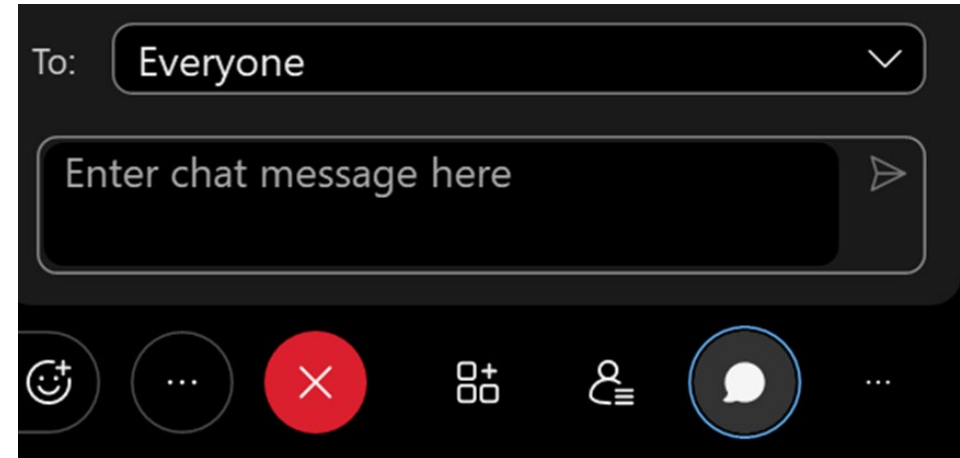
We will work to address all questions during the time allotted.



A summary of questions, comments and responses will be posted on the Thursday Connections with SUD webpage.

Using Chat

1. Submit questions in the chat
2. Questions submitted via chat will be addressed during Q&A portion of meeting
3. Post chat questions to everyone to allow for all attendees to see conversation
4. Refrain from using chat during presentations



Use chat feature to enter questions



Revalidation

Teresa Steinmetz | Assistant Behavioral Health Commissioner

Provider-Specific Revalidation FAQs Now Online

DHS has launched a new **Provider Revalidation FAQ webpage** built directly from questions submitted by providers.

- Visit at [Provider Revalidation FAQ page](#)
- Have a question not yet answered? [Submit it online](#)
 - Separate from the general Minnesota Revalidation information.
 - Focused specifically on the provider experience.
 - Will be updated on a regular basis as new questions come in.



Sober Home Scan | Final Report Presentation

Presented by: The Improve Group

Facilitated by **Angie Dannewitz-Johnson** | Recovery Support Services Policy Lead

- Background and methodology
- Sober homes identified in the scan
- Populations served and services
- Funding sources
- Information to strengthen sober housing policies

Background and Methodology

Legislative Requirement

S.F. No. 2934 6/1/26

The commissioner of human services shall conduct a survey to identify sober home settings across the state and to collect information about the services they provide, their funding sources, whether they specialize in serving specific populations, and other information needed to inform policies to strengthen sober housing in the state.

The commissioner must collaborate with the Minnesota Association of Sober Homes, sober home operators, the recovery community, behavioral health providers that work directly with sober housing, and recovery community organizations to provide input and data for this survey.

Methodology



Survey design



Sober home search
and contact building



Survey outreach



Survey responses



Analysis

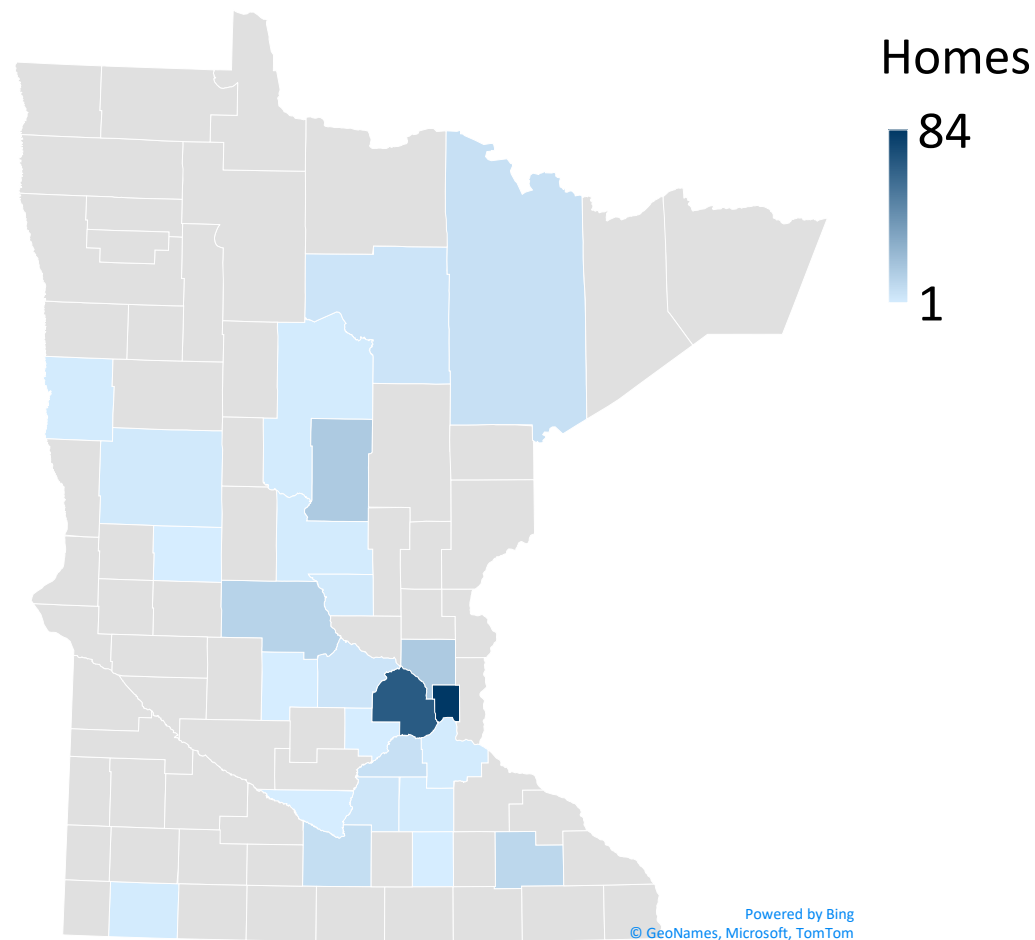
Survey Responses

- The anonymous survey received 97 total responses
 - 31 responses from single-home operators
 - 52 responses from multi-home operators
 - 14 responses from operators who recently closed all of their homes
- Geographic representation of respondents with open homes (n=83)
 - 46 respondents operated homes in only the 7-county metro
 - 33 respondents operated homes in only greater Minnesota
 - 4 respondents operated homes in both regions

Results | Sober homes identified in the scan

More than two-thirds of the 269 sober homes operated by respondents were in the 7-county metro region.

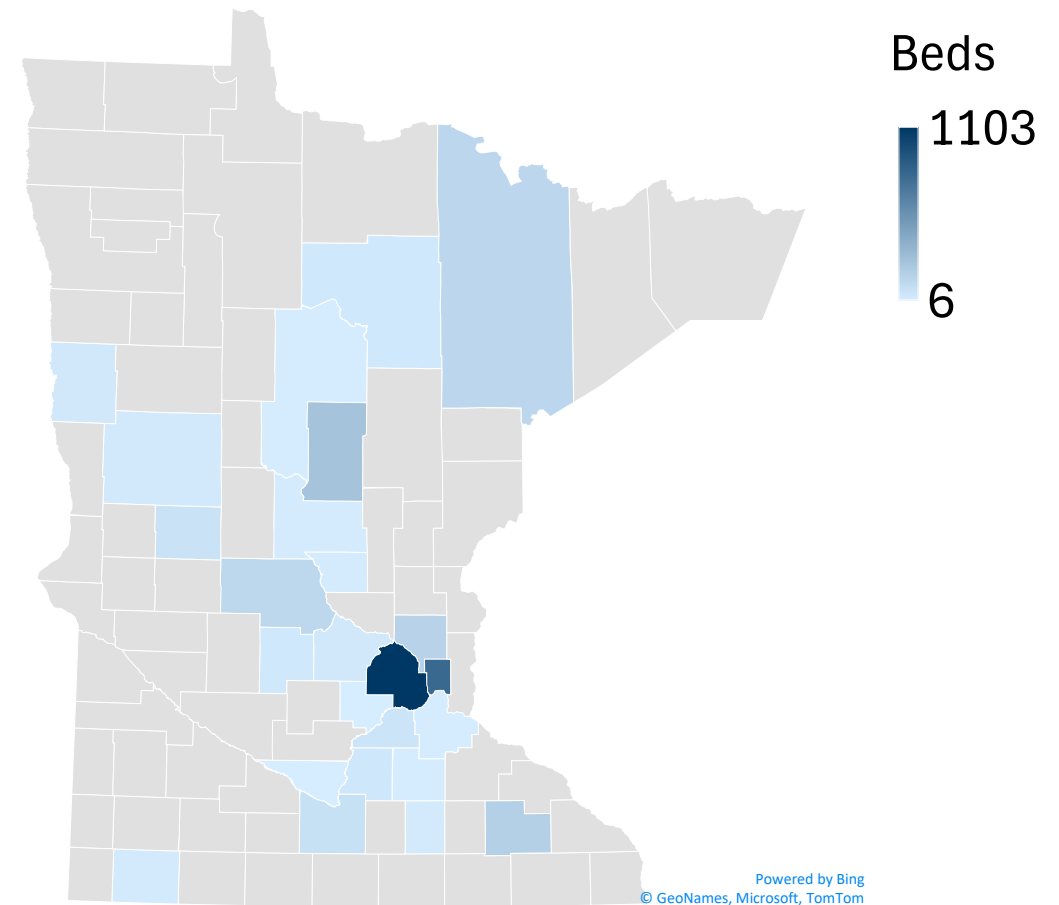
- 269 open sober homes reported
- 67% of homes were in the 7-county metro region
- Reported homes were only found in 25 counties
 - No reported homes in any of the 11 Tribal Nations sharing geography with Minnesota



Heat map of respondents' open sober homes by county

Survey respondents reported that their homes could serve up to 3,358 residents across the state.

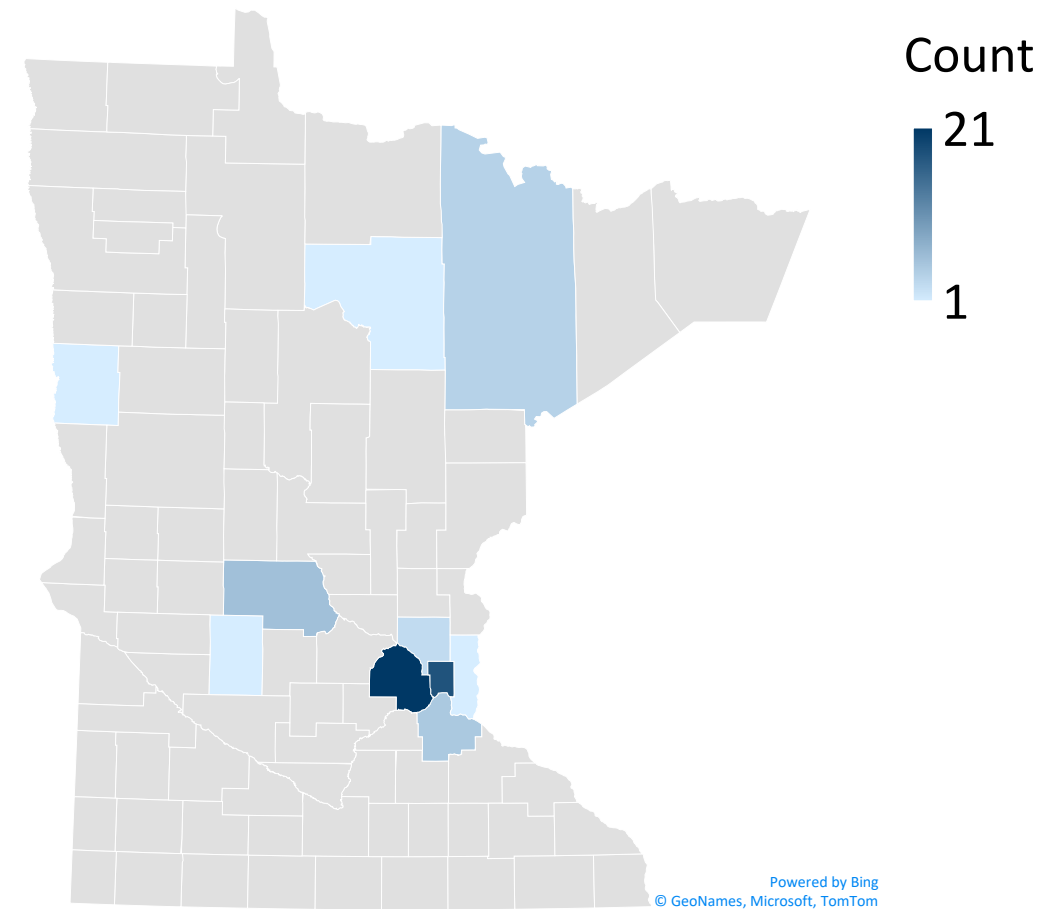
- 3,358 beds reported (i.e., maximum number of residents that can be served)
- 64% of beds reported were in the metro region
- 73% of respondents reported that most or all of their beds are generally full



Heat map of maximum number of residents that can be served by respondents' sober homes by county

Almost a third of respondents had closed a sober home in the last year, and most of these homes were in the 7-county metro region.

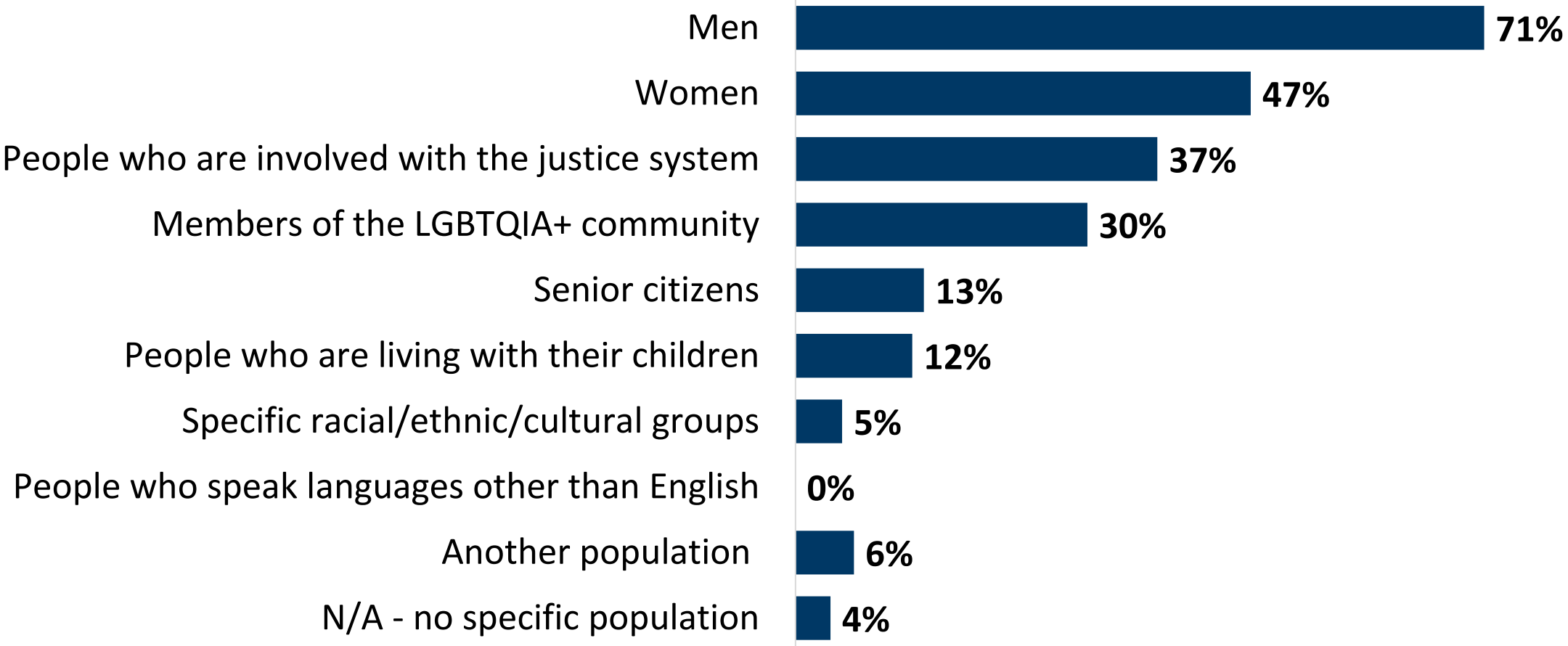
- 61 closed sober homes reported in 12 months before the scan
- 79% of closed homes reported were in the 7-county metro region
- 506 beds reported from homes closed



Heat map of respondents' closed homes by county

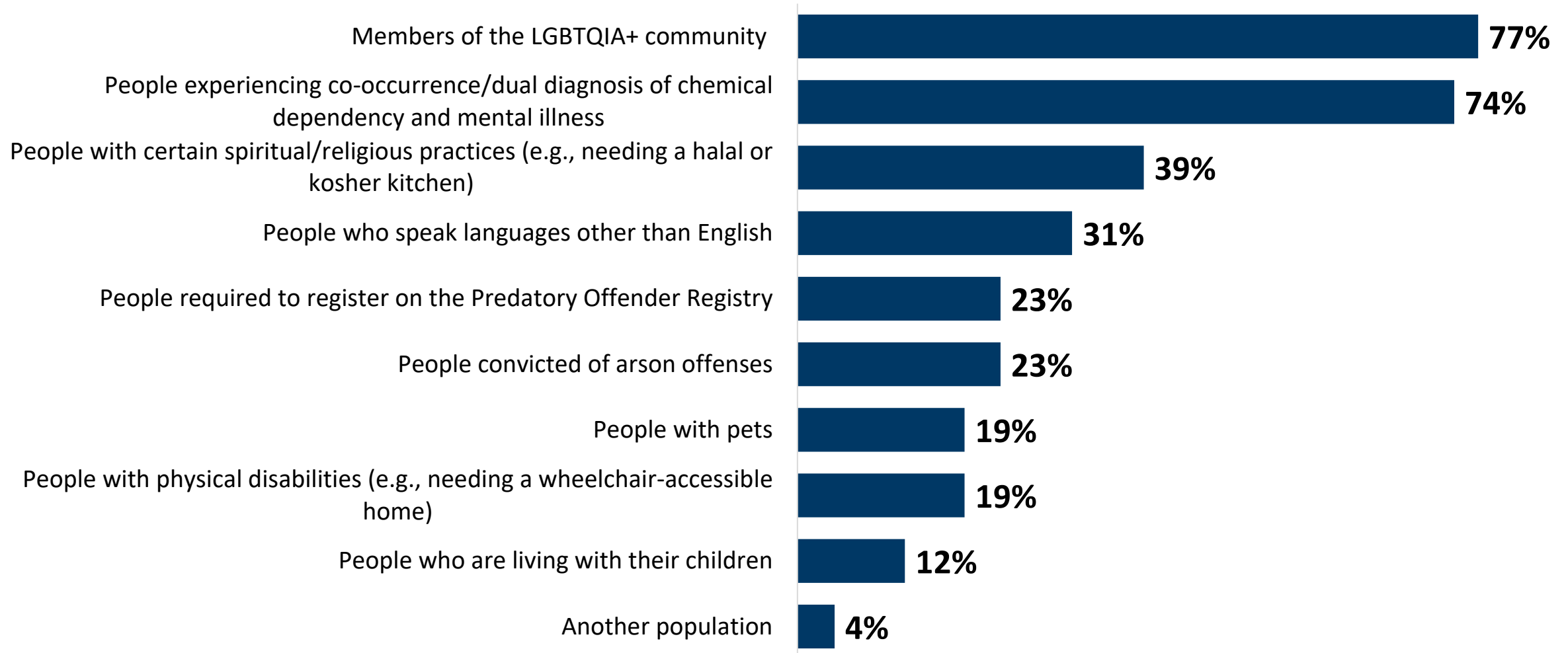
Results | Populations served and services

Most respondents operated homes that specifically served some populations, often based on gender.

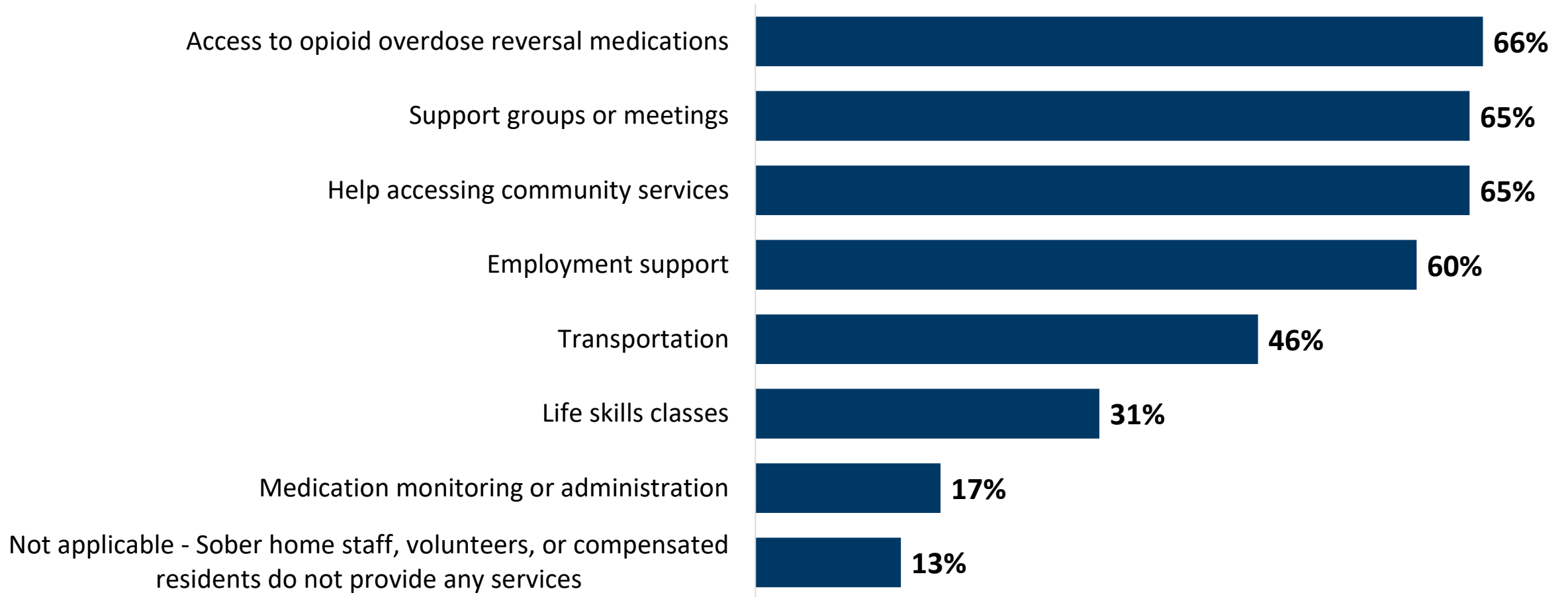


Populations specifically served by sober homes operated by respondents (n=83)

Most respondents can serve LGBTQIA+ community members and people with chemical dependency and mental illness, but fewer can serve people with other specialized needs.



Most respondents offered a variety of services or supports through their sober homes.



Services provided by respondents' staff, volunteers, or compensated residents (n=83)

Results | Funding sources

Monthly costs that residents pay to live in sober homes ranged a great deal but tended to be \$500-\$999 per month and more expensive in the metro.

Cost for residents per month	Single home operators' homes (n=30)	Multi-home operators' homes with the lowest cost (n=51)	Multi-home operators' homes with the highest cost (n=49)
\$0 – \$499	13%	20%	4%
\$500 – \$999	57%	67%	61%
\$1000 – \$1499	27%	12%	18%
\$1500+	3%	2%	16%

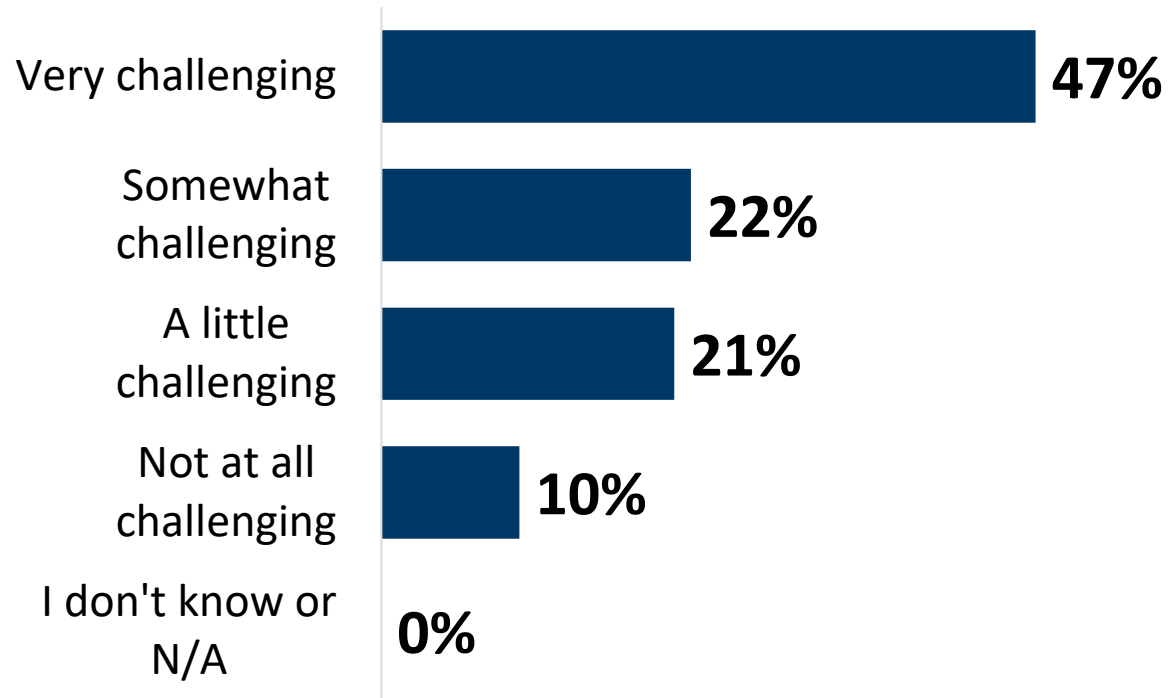
Respondents used a mix of funding sources, though most rely on residents' resources to some extent and only half get funds through government programs.

Funding source	Receive any funding from the source	Receive 25% + funding from the source	Receive 50% + funding from the source	Receive 75% + funding from the source	Receive all of funding from the source
Residents' own financial resources	84%	70%	59%	51%	40%
Government assistance programs	48%	41%	40%	23%	9%
Donations or charity to the sober home	23%	6%	3%	0%	0%
Residents' insurance	5%	3%	3%	3%	1%
Other	9%	6%	1%	1%	1%

Percent of operators receiving varying levels of funding for their sober home(s) by funding source (n=80)

The most common operational barrier was funding, with almost all respondents reporting challenges related to managing funding.

Managing funding and bringing in enough money to pay for expenses (n=81)



Managing funding as the most common operational barrier for respondents

Financial aspects reported as challenging:

- Residents having enough access to funds for payment
- Cost of providing housing (mortgage payments, utilities, taxes, etc.)
- Housing repair or maintenance costs
- Cost of labor
- Maintaining enough residents / occupancy rates

Results | Information to strengthen sober housing policies

Information to strengthen sober housing

- Funding was named as the most needed resource to support sober homes.
- Operators reported challenges working within existing policies and administrative requirements, while also acknowledging that the sober housing field needs a certification and monitoring framework aligned with recovery standards.
- Operators said technical assistance could help them navigate the existing regulatory systems.

Despite operational challenges, many sober home operators expressed dedication to providing this key service.

- Operators emphasized
 - The importance of sober housing – safe and affordable housing is essential for sobriety
 - Their commitment to providing sober housing despite challenges
- Some described sober home operation as a mission, not just a business

- Final reports will be available after April
 - Sign up for newsletters from DHS-Behavioral Health Administration to receive updates when reports are published
 - Sign up at link and select "Behavioral Health" updates
- Q & A

Behavioral Health Fund (BHF) Eligibility Transition

What Providers Need to Know — Effective July 1, 2026

Emilie Volkman, BHF Eligibility Supervisor | **Amelia Fink**, SUD Policy & Reform Supervisor

Agenda

1

What's Changing

Eligibility determination moves from counties to DHS

2

New 60-Day Span: What It Means for Providers

Eligibility windows, payment risk, subsequent requests

3

How to Submit a BHF Request

New tools, forms, and submission process

4

Notices, Communication & Client Outreach

Who gets notified and when

5

Questions & Next Steps

Open discussion

1

What's Changing

Eligibility determination moves from counties to DHS on July 1, 2026

Three Key Legislative Changes (HF 3, Effective July 1, 2026)

- Eligibility determination shifts from counties → DHS (commissioner)
 - Tribes MAY retain authority to determine eligibility for their communities
- Eligibility span shortens from 365 days → 60 consecutive calendar days per calendar year
 - Clients may request additional eligibility from the Commissioner; denials are appealable (§256.045)
- County administrative allocations for BHF eligibility are eliminated
 - Counties retain financial responsibility (CFR) — they still pay a share of treatment costs

 *For providers, the biggest change is who determines eligibility and how long spans last.*

Scope & Role of DHS within the BHF Eligibility Determination Process

MN DHS

- Eligibility Determination
 - Eligibility Audits
 - Communication to Client
- CFR Determination
 - CFR Audits
 - Communication to CFR
- Eligibility / CFR Appeals
- Basic MA Application Initiation Instructions

Counties

- Service Coordination (if desired)
 - Provider Referrals
 - Comprehensive Assessment
 - Treatment / Room & Board Services
 - Treatment Coordination
- MN Health Care Programs Eligibility Determination

Key Dates for Providers



2

New 60-Day Span: What It Means for Providers

Payment risk, subsequent requests, and the calendar year lookback

The Numbers at a Glance

60

Calendar Days

Maximum initial eligibility span per calendar year (Jan 1–Dec 31)

5

Business Days

DHS must enter eligibility span within 5 business days of request receipt

8/31

2026 Transition

All existing active spans will be shortened to end August 31, 2026

Impact on Provider Workflows

What's Changing for You

- You can no longer assume a client has a 1-year span
- Verify eligibility before initiating services — 60-day window may be partially used
- Incomplete applications will be denied
 - Missing content will be flagged in denial notice
- Subsequent 60-day requests require a new full application
 - Incarcerated clients have no statutory exclusion — each release may require a new request

Considerations for Subsequent Requests

- Applied for MA / MN Health Care Programs
- Underutilization of services in a prior span
- Documented clinical need beyond 60 days
- Documented systemic barriers (incarceration, MA denial, waitlists, etc.)
- Requests reviewed on same timeline and tools as initial requests

3

How to Submit a BHF Request

New tools, updated forms and the submission process

Submitting a BHF Request — Starting July 1

- Submit to DHS directly — no longer to county staff
- Submission options:
 - Online tool (preferred): launching by July 1 at mn.gov/dhs — walks through required questions and auto-populates the form
 - Mandatory fields should decrease incomplete submissions
 - Email/secure inbox: DHS BHF Inbox (details forthcoming)
 - Mail or fax: also accepted; DHS will route into the same electronic workflow
- Form being updated: DHS-2780A-ENG (Behavioral Health Fund Request)
 - Will include: submission instructions, ROI/notification permissions, electronic communication consent, and a field to identify subsequent requests
- Incomplete requests will be denied with instructions to resubmit — ensure all fields are complete

 Watch for a DHS provider e-memo and MN-ITS inbox message with the final submission link and form before July 1.

4

Notices, Communication & Client Outreach

Who gets notified, when and what providers can do

Eligibility Notices — Who Gets What

- Client notification: DHS sends eligibility/ineligibility notice within 5 business days of request receipt
 - Notice will include: MA application guidance, treatment provider resources and appeal instructions
- County of Financial Responsibility (CFR) notification: DHS notifies the CFR county of both eligible and ineligible determinations
- Provider notification: currently limited by HIPAA
 - The eligibility span belongs to the client — DHS cannot notify providers without explicit client permission
 - Upcoming form update will include an ROI/consent field so clients can designate a provider contact for communication
- Existing span notices (early June): clients with spans extending past August 31 will receive a letter from MMIS; it supersedes prior notices
 - Many clients are unhoused or mobile — returned mail will trigger alternate outreach if available

 *Help clients complete the ROI section on the new form so providers can receive updates directly.*

Service Coordination Reimbursement

- **How Can Counties Continue Service Coordination?**

- Minnesota Statutes, [section 254B.0501](#), subd 5

A county is an eligible vendor for a **comprehensive assessment** 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 [254A.19, subdivision 3](#). (\$162.24 per session)

A county is an eligible vendor of **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 [245G.07, subdivision 1b](#). (\$37.13 per 15 minutes)

A county is an eligible vendor of **peer recovery services** when the services are provided by an individual who meets the requirements of section [245G.11, subdivision 8](#), and according to section [254B.052](#). (\$15.02 per 15 minutes)

- To enroll with MHCP to provide and bill for services, see [Substance Use Disorder \(SUD\) Services Enrollment Criteria and Forms](#) page under Counties and Tribes section.

Questions & Next Steps

Watch for: Updated BHF request form (DHS-2780A) with submission directions

Submit requests to: DHS BHF Inbox (launching by July 1, 2026)

Online tool: mn.gov/dhs — BHF eligibility page (live by July 1)

Inform clients: 60-day eligibility spans begin July 1; encourage simultaneous MA application

Flag clients: with active spans expiring August 31 — reapplication will be needed



Thank You!

Emilie Volkman, BHF Eligibility Supervisor

Emilie.Volkman@state.mn.us



Reminders

Next Thursday Connections with SUD at DHS

May 21st, 2026

3 – 4 p.m.

Held the third Thursday of each month. No registration required, [join Webex](#) via the webpage.



Join us!

Upcoming
May 21, 2026
12-1:30pm

RSVP
Link

For more information, visit the [SUD CoP webpage.](#)

Applications Open for OERAC Membership

- DHS is accepting applications for open seats on the **Opioid Epidemic Response Advisory Council (OERAC)**.
- If you know someone who would be a good fit — including people in recovery, tribal reps, nonprofit workers or mental health advocates — encourage them to apply.
- Submit by **June 1, 2026** for first-round review via the [MN Secretary of State website](#).

Transition of the Positive Community Norms (PCN) program after 20 years of service

- DHS is retiring the Positive Community Norms program.
- While PCN was innovative and community-driven, current prevention science shows that more comprehensive, multi-component models — those addressing individual, family, peer, school and community factors simultaneously — produce stronger and more durable outcomes.
- The fentanyl crisis has also made clear that prevention strategies need to directly address today's drug landscape.
- **What's Coming Next:** DHS is moving toward evidence-based programs aligned with SAMHSA standards, with a focus on fidelity, data-driven decision making and targeted approaches for higher-risk youth populations.
- Community partners, local public health agencies, schools and Tribal Nations will be engaged in shaping the next phase of Minnesota's prevention work.

New state webpage separates fraud facts from fiction

- DHS has created a [new fact-check webpage](#) designed to debunk fiction and misinformation regarding Medicaid fraud.
 - This includes addressing exaggerated fraud figures and clarifying the federal government's role in withholding certain funding.

BHA offers no-cost peer review services to all 245G and tribally licensed programs

- These are **free, non-punitive peer reviews** for any 245G and tribally licensed SUD programs.
- Unlike mandatory licensing inspections, these reviews are conducted by outside clinical experts—not DHS employees—and focus strictly on **clinical effectiveness, quality improvement and best practices** rather than regulatory compliance.
- The review process is designed to be low-burden for providers, requiring roughly three hours and minimal preparation.
 - **Operational Flow:** Reviewers examine nine client files and a policy manual, then provide immediate verbal and written feedback.
 - **Provider Control:** Programs have **total discretion** over the feedback; there is no obligation to implement recommendations, and participation helps the state maintain federal block grant funding.

ASAM Trainings Opportunities

- DHS is partnering with **Train for Change** to offer a series of **free ASAM trainings** for licensed Minnesota SUD treatment providers. These are available at no cost to providers.
 - CEUs are available for participants who complete the full training.
 - Currently scheduled out through June 2026.
 - The focus of these trainings is on applying the ASAM Criteria to assessments, individualized treatment planning and documentation — supporting person-centered, ASAM-aligned care.
 - **Highlight: In-Person Training in Alexandria, MN**
 - Two-day ASAM Criteria, 4th Edition, Skill Building Training
 - [May 28 and 29, 8:30 a.m. – 3 p.m.](#)

DAANES Training Opportunity

- DAANES (Drug and Alcohol Abuse Normative Evaluation System) training is available for all SUD treatment providers.
- Held **quarterly** — the second Tuesday of the first month of the quarter, 12–1 p.m.
- All treatment providers must continue to submit complete and accurate information in DAANES — this is essential for securing future funding and meeting state and federal compliance requirements.
- Register via the [2026 Training Registration Link](#).



Questions & Answers



Thank You!

For updates about future meetings and responses to questions not answered during this meeting, please visit the [Thursday Connections with SUD at DHS webpage](#).