

# AMHI/CSP Statewide Meeting

April 2, 2026

## Meeting Notes:

- Welcome
- Staff Introductions
  - AMHI/CSP Team Leads – Breanna Bertozzi & Chris Ederer
  - AMHI/CSP Consultants – Jamie Preuss, Stacy Livingston & Sara Erie
- Equity Acknowledgement
- Attendance
  - Requested that attendees write their name and the County/Region/Tribe that they represent into the chat for attendance purposes.
- Agenda
- AMHI/CSP Updates & General Information
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  - 2026 Workplan Revisions
  - AMHI/CSP Reminders & Clarifications
  - Question & Answer
- AMHI/CSP Updates & General Information
  - Communication Request
    - Send all inquiries to the AMHI/CSP shared email box: [MN\\_DHS\\_amhi.dhs@state.mn.us](mailto:MN_DHS_amhi.dhs@state.mn.us)
    - Must include AMHI/CSP name, fiscal agent (if applicable), and brief description in email subject line and document names.
      - Example: Anoka Co. 2026 Revision Request
  - Summary of CY 2025 AMHI, CSP & CART Unspent Funds
    - AMHI \$3,212,984
      - 6% of total AMHI funding
    - CSP \$2,125,488
      - 10% of total CSP funding
      - Attendee responses regarding possible reasons for the increased amount of CSP funds left unspent in CY 2025:
        - Learning more about BRASS codes and planned areas in budget did not pan out for the year.
    - CART \$0
    - Total \$5,338,472
      - 7% of total AMHI + CSP + CART funding

- AMHI/CSP Direct Payment Update
  - DHS is actively working with MACSSA-appointed workgroup members to develop ongoing data reporting.
  - DHS leadership is working to develop internal standard operating procedures (SOPs).
  - AMHI/CSP team is brainstorming possible resources to help better identify allowable use of AMHI/CSP funds.
- New DHS Grant Contracts Webpage
  - The [new webpage](#) displays executed, active grant contracts.
  - It will be updated monthly to add new grant contracts and amendments and remove expired contracts.
- 2026 Workplan Revisions
  - The new 2026 Workplan Revisions document will be available on the [AMHI website](#) under 'Forms'.
  - Instructions for how to complete 2026 workplan revisions are built into the new document.
    - Step 1 - Download the 2026 Workplan Revisions document from the [AMHI website](#).
    - Step 2 - Navigate to the 'Instructions' tab on the 2026 Workplan Revisions document and follow the detailed instructions listed.
    - Step 3 - Email the completed 2026 Workplan Revision document to the AMHI/CSP team at [MN DHS amhi.dhs@state.mn.us](mailto:MN_DHS_amhi.dhs@state.mn.us)
    - Step 4 - Wait for follow up from the AMHI/CSP team.
- AMHI/CSP Reminders & Clarifications
  - AMHI/CSP Funds – Payor of Last Resort
    - Per [statute](#), AMHI/CSP funds can only be used as payor of last resort.
      - Meaning all other eligible funding sources must be applied prior to the allowable use of AMHI/CSP funds.
    - Note - If a provider receives reimbursement from Medicare or Medicaid for services provided, they cannot request additional reimbursement from AMHI/CSP to cover any rate differences.
  - AMHI/CSP Funds – Uncompensated Care
    - AMHI/CSP funds can only be used to pay for uncompensated care provided to individuals who meet AMHI/CSP eligibility:
      - Payor of last resort for adults with SPMI.
    - AMHI/CSP funds cannot be used to pay for services for an individual who no longer meets medical criteria for said services.
      - Example: ACT, IRTS, crisis beds, etc.
    - AMHI/CSP funds cannot be used to hold or pay for empty beds.
  - Benefit Assistance
    - Per [statute](#), AMHI/CSPs are required to help adults with SPMI obtain and maintain any state and/or federal benefits they may qualify for, including but not limited to:

- Supplemental Security Income (SSI)
- Medical Assistance (MA)
- Medicare
- Reminder – If benefits, such as MA, are approved retroactively, any AMHI/CSP funds used to pay for MA-billable services during that time must be recouped.
- AMHI/CSP Funds – Presumed Eligibility
  - Per [statute](#), AMHI/CSP funds can only be used toward service delivery for adults with serious and persistent mental illness (SPMI).
  - SPMI eligibility is usually determined by an interview with the individual and completion of a diagnostic assessment (DA) or review of a current DA.
    - If an individual appears to meet criteria for SPMI and has urgent needs but is not cooperating with obtaining a current DA, services can begin while a trusting relationship is built with a case manager, and the DA determination of eligibility process is finalized.
    - Similarly, for broader services offered to larger groups, such as BRASS code 402x Community Education & Prevention and 403x Adult Client Outreach, AMHI/CSP eligibility can be presumed if all efforts to reach the intended audience (adults with SPMI) have occurred.
    - Counties can determine acceptable timeline for renewing DAs, except in cases where the timeline is specified by the particular service (example: AMH-TCM)
- Sub-contractor Monitoring
  - As stated in all AMHI/CSP contracts, grantees are legally and financially responsible for all aspects of their grant award and must comply with required [grant management policies](#).
  - This includes policy [08-10 Grant Monitoring](#):
    - Grantee must conduct at least one monitoring visit before final payment is made on all contracts/agreements over \$50,000.
    - Grantee must conduct at least annual monitoring visits on contracts/agreements over \$250,000.
    - Grantees must also conduct a financial reconciliation of expenditures at least once on contracts/agreements over \$50,000 before final payment is made.
- DHS-2895 Reporting
  - Per the [DHS-2895 instructions](#):
    - All financial activity must be reported on a cash basis.
    - Round all amounts to the nearest dollar.
    - Agencies have one-year to revise and submit corrected DHS-2895s.
      - Submission of a report within the one-year deadline is not a guarantee that legislative appropriations remain.

- Future AMHI/CSP Statewide Meetings
  - AMHI/CSP Statewide meetings will be scheduled as topics arise.
  - AMHI/CSP Statewide meeting details will be posted to the [AMHI website](#).
- Question & Answer
  - How often can workplan revisions be submitted?
    - There must be at least 90 days (from approval to submission of a new workplan revision) between workplan revisions.
  - Which providers should be listed on workplans?
    - Any county, Tribal nation, or provider that the County/Region/Tribe contracts with or has an agreement with (allocates funds to) should be listed on the workplan.
    - If the County/Tribe provides the service, the County/Tribe should be listed as the provider.
    - If an agency/organization provides the service, the agency/organization should be listed as the provider.
    - Example: AMHI region allocates funds to county > On the workplan, the region should list the county as the provider.
    - Example: County/Tribe purchases bus passes for individuals > On the workplan, the County/Tribe should list themselves as the provider.
    - Example: County/Region/Tribe allocates funds to xyz agency to provide peer support services to individuals > On the workplan, County/Region/Tribe should list xyz agency as the provider.
    - Example: County/Tribal staff provide case management services to individuals > On the workplan, the County/Region/Tribe should list the County/Tribe as the provider.