

August Chat Questions and Answers

Q: I would like to know how I can get involved with the feedback on Leg "ideas"

A: Nothing formalized, you can email- sud.direct.access.dhs@state.mn.us or any of leadership directly.

Q: Is the anti-kickback "proposed" new law or something passed last session?

A: This proposal was introduced in the 2024 legislative session as an agency policy bill. It was not passed last session. This proposal conforms to current federal law.

Q: With the recent raid and Closure of Evergreen Recovery how are the anti-kickback laws going to affect the IOP with lodging model of care on MN?

Q: We have been using outpatient with housing for 38 years and it is a legitimate need there needs to be a safe harbor rule to protect that or our system of care will collapse. I understand that there have been kickbacks between providers, but we can't throw out the baby with the bathwater.

Answer to both questions above: Providers need to be familiar with and follow applicable federal anti-kickback laws which are currently in effect, including the Eliminating Kickbacks in Recovery Act, and determine how their individual program models are affected. See the response to the next question for more details. There is not currently an IOP with lodging model that is licensed or funded by DHS in Minnesota; however, DHS is looking into ways to support housing needs of individuals in outpatient SUD treatment.

Q: Can you provide some examples for this language to better grasp the reality of how this is utilized?

A: DHS hopes to implement language in Minnesota statutes which would be equivalent to existing federal language in the Anti-Kickback Statute (AKS), [42 U.S.C. § 1320a-7b\(b\)](#), and the Eliminating Kickbacks in Recovery Act (EKRA), [18 U.S.C. § 220](#).

Specific examples of things that would violate these federal laws are case specific and would be challenging to share, so providers will need to discuss specific questions with their legal counsel. More information can be found online in various places, including the [Health and Human Services Office of Inspector General](#) site and examples of "safe harbors" can be found in .

Q: Does DHS have an idea of how many clients in MN would be affected by changes to sober housing?

A: Because sober housing is not licensed or funded by DHS, DHS does not currently have data on how many individuals reside in sober housing in connection with their SUD treatment. DHS has plans to conduct a survey to identify sober home settings across the state and to collect information about the services they provide.

Q: As a part of legislative development, what planning is underway to develop a sustainable and acceptable way to house people in OP treatment? Housing supports is not readily available across the state, board and lodge wouldn't work in a home-like setting.

A: DHS is looking into ways to support housing needs of individuals in outpatient SUD treatment, including collecting information to identify sober home settings across the state and 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.

Q: Hundreds of leaders and owners in this state are legitimately concerned about civil and criminal matters. The question that needs to be asked is what are we going to do to ensure the system isn't turned upside down - for clients, for providers, for the state? What should providers be doing today to get clarity around next steps? This system has been known to everyone for years. It's a disservice to the industry to sidestep clear direction needed here.

A: DHS will engage with stakeholders and the SUD Community of Practice on ways to support housing needs of individuals with substance use disorders in a manner which is in line with federal anti-kickback laws and with ASAM standards. DHS and providers both need to be familiar with the federal requirements and best practices. Additional information on the federal anti-kickback laws is provided above.

Q: Is the proposed leg anti kick-back really aimed at housing?

A: No, the proposal to add anti-kickback statute to Minnesota's laws is to close a gap in program integrity practices. Kickbacks are illegal at the federal level, and in place in 38 other states. We need to make sure Minnesota has all of the tools available in the toolbox to address fraud, waste, and abuse.

Q: With the period of review on the treatment plan review document in residential, does the 14-day period start from the day of intake or the day that the individual treatment plan was developed? Also, is the initial service plan considered a treatment plan (for purposes of determining the 14-day period)? Is it allowable to include more than 14 days on the TPR if some of those days are prior to development of the individual treatment plan?

A: The 14-day period begins on the date the treatment plan, as described in section 245G.06, subdivisions 1 and 1a, is completed. An initial services plan is not considered a treatment plan for purposes of the treatment plan review frequency. For the initial treatment plan review, it is allowable, but not required, to include the days prior to development of the treatment plan in the span of time covered by the review, even if that makes the span longer than the frequency of the reviews.

Q: Are there certain elements DHS is looking for relating to Brief CBT as one of the required treatment modalities?

A: The [ASAM Certification Checklist](#) has been shortened and no longer requires providers choose three of four modalities they must use. Programs are now asked to demonstrate, and have documentation of, evidence-based practices utilized as referenced in "The ASAM Criteria 3rd edition."

Q: When will the naloxone portal reopen?

A: That is expected to reopen sometime this winter.

Q: Will the standing order be renewed for the naloxone portal?

A: Currently on the program web page there is a link to the [Naloxone Standing Order Registration and Renewal Form](#). Also worth noting is that the dates are currently static on the form, meaning they don't change until staff manually change them. We're working to automate the dating so people aren't stuck to July 30/31 end/start dates and it gives a full year every time they complete the form.

Q: Where can we find more information about the Narcan storage boxes?

A: All 17 organizations who signed a micro-grant contract agreement have purchased a naloxone storage box. Those of the grantees who wanted a naloxone shipment should have received their order. If a recipient has not, they can contact odie.spinelli@state.mn.us.

Q: Do you have any information for other orgs that are looking into Harm Reduction Vending Machines?

A: Organizations are encouraged to learn from others implementing machines, as DHS doesn't have any HRVM grantees up and running yet so we don't have any experience to speak from at the time. Organizations interested in vending machines are also encouraged to ask funders if vending machines are an allowable expense. DHS staff are not aware of any harm reduction vending machine specific grant opportunities outside of the tribal nation opportunity at the moment.

Q: Is there any plan for counties and private practice individuals to be able to certify to get the enhanced rate?

A: Not at this time. Licensed (245G & 245F) programs need to certify their ASAM LOC. "1115 rates" will simply become the SUD rates with the new state plan (currently with CMS).

Q: Would it be acceptable to have 45-minute groups with a 15 minute break, then start another 45-minute group beginning at the next hour?

A: As indicated in the [MHCP Provider Manual](#), the H2035 and H2035 HQ codes are based on a service provided "per hour" and not intended to allow providers to schedule units in less than 1 hour. Scheduling in units less than one hour deprives the client of the benefit of the full unit of service.