

## Meeting Chat Questions & Answer Responses

### April Thursday Connections with SUD at DHS

April 16th, 2026

**Q:** How far along are we at the certification process?

**A:** DHS launched the [recovery residence website](#) on 4/23/26 that outlines the certification process that providers will need to go through if they are choosing to become a Level 1 or Level 2 Certified Recovery Residence. The Legislature is currently considering a DHS proposal to advance the certification timeline by 6 months. If it is passed, the proposed timeline would advance the effective date for certification up from 1/1/27 to 7/1/26.

**Q:** Will there be housing support money available July 1?

**A:** Yes – the Housing Support Program will remain unchanged by those recovery residence providers who become Level 2 certified and are wanting to enter into agreements with DHS. More information can be found on the [CRR-Housing-Support / Minnesota Department of Human Services](#) webpage.

**Q:** Was this survey provided in any language other than English? Thinking about capturing data on homes that primarily serve non-English speakers, if any exist.

**A:** Yes, it was offered in English, Spanish, Somali and Hmong.

**Q:** Was there any input about how Sober Homes support people also working toward tobacco/nicotine recovery?

**A:** This specific question was not included in the Sober Home Scan survey.

**Q:** Will free standing room and board still be DHS funded until recovery residences are up and running?

**A:** Current legislation allows billing claims for Free Standing Room and Board (FSRB) through 6/30/27. The Legislature is currently considering a DHS proposal to advance the phase out of FSRB by 6 months. If enacted, no FSRB claims would be approved effective January 1, 2027.

**Q:** Do counties need to enroll in the revalidation where we did not have to do this before?

**A:** The presentation did not directly address county revalidation enrollment. However, the revalidation FAQ webpage has been launched specifically to address provider questions like this. Providers are encouraged to visit the [Provider Revalidation FAQ page](#) or submit questions not yet answered online. [Slide 6]

**Q:** Is the 60-day span 60 continuous days or 60 days of funding? If continuous, what are providers to do if the span ends in the middle of a treatment episode? An appeal for reopening or granting another span is not a guarantee of payment.

**A:** The 60-day span is 60 consecutive calendar days — this is the maximum initial eligibility span per calendar year (January 1–December 31). Regarding mid-episode span endings: clients may request additional eligibility from the Commissioner, and denials are appealable under §256.045. Considerations for subsequent requests include documented clinical need beyond 60 days, underutilization of services in a prior span, and documented systemic barriers. Providers should note that subsequent 60-day requests require a new full application. *[Slides 32, 36–37]* It is suggested that subsequent requests be made more than 5 business days from the end of an existing eligibility span to assure that an eligibility determination for a subsequent eligibility span is known before the end of the existing eligibility span.

**Q:** Will there be any communication to providers regarding eligibility? Or just clients and counties?

**A:** Provider notification is currently limited by HIPAA — the eligibility span belongs to the client, and DHS cannot notify providers without explicit client permission. However, the upcoming updated form ([DHS-2780A](#)) will include an ROI/consent field so clients can designate a provider contact to receive communication. DHS encourages providers to provide their preferred contact method (mail, email, fax) for clients to include in their BHF Request application. DHS also notifies the County of Financial Responsibility (CFR) of both eligible and ineligible determinations. *[Slide 41]*

**Q:** Would the 60-day limit also apply to individuals who are repeatedly incarcerated within a year? And individuals who are on Medicare?

**A:** There are no exceptions in statute to BHF eligibility span durations; all spans will be 60-consecutive-calendar days, and anyone with additional need for funding would need to re-apply. *[Slide 37]*

**Q:** What will happen to the incarcerated population that we have been applying for BHF to do comprehensive assessments and refer to treatment if they are incarcerated past the 60-day point?

**A:** All BHF eligibility spans will be 60-consecutive-calendar days, and anyone with additional need for funding would need to re-apply. This would include the population described in this question. Subsequent eligibility spans may be granted within the same calendar year; re-application uses the same process as initial application. However, it noted that documented systemic barriers (including incarceration, MA denial, and waitlists) are considerations when reviewing subsequent 60-day requests. When the BHF Request Form is updated, it will ask specifically about barriers to alternate funding sources for treatment for anyone submitting a subsequent request. *[Slide 37]*

**Q:** I thought I saw that the 60-day span was per calendar year? How will we, as providers, know how many days of that span have already been used up if we can't determine eligibility?

**A:** Yes — the 60-day span is per calendar year (January 1–December 31). The presentation noted that providers can no longer assume a client has a full remaining span; the lowest risk practice would be to verify eligibility before initiating services (eligibility spans can be viewed in MnIts, or providers may request clients supply their notice of eligibility determination from DHS that will note their BHF eligibility span). The new online submission tool (launching by July 1 at [mn.gov/dhs](http://mn.gov/dhs)) is designed to walk through required questions and may help surface existing span usage. *[Slides 36–37, 39]*

**Q:** Are eligibility requirements going to change? Income for one. In the past someone could qualify for BHF but not MA.

**A:** Eligibility criteria will continue to follow statute. Eligibility is determined by looking at 1-year prospective household income and household size. Clients are not eligible if enrolled in medical assistance (other than room & board coverage for those enrolled in a SUD treatment that is provided in combination with room & board) or if the client has available [third-party payment source that will pay the total cost of the client's treatment.](#) [Sec. 254B.04 MN Statutes](#)

**Q:** How soon can a client reapply for OO span when their expiration is expiring? For example, the 8/31/2026 mass expiration. How will clients' approval/denials be communicated to providers or how will they be able to obtain this information?

**A:** Clients may apply for subsequent eligibility spans at any time. It is recommended that subsequent requests be made more than 5 business days prior to the end date of an existing eligibility span if ongoing (no gap in eligibility spans) is desired. *[Slides 34, 41, 43]*

**Q:** Does that 5-business day timeline also include changing the client's living arrangements from 80 (Community) to 68 (Incarceration) if they are incarcerated when we provide services/apply for funding?

**A:** Statute does not mandate that living arrangements be updated or changed by commissioner (DHS). At this time, the intent is that DHS will make these changes in MMIS within the 5-business-day timeline, however additional feedback regarding the need for these changes to also occur in MAXIS and METS has necessitated further review of this plan. Counties can anticipate either that:

- 1.) DHS will make the living arrangement changes in MMIS, MAXIS, and METS within the 5-business-day timeframe or
- 2.) DHS will notify CFR of living arrangement change along with the notice of client eligibility/ineligibility for BHF within the 5-business-day timeframe.

**Q:** Are there going to be guidelines or parameters put in place regarding who is/isn't eligible for a second span? This model is essentially ending Direct Access and this new process leaves a lot of gaps in the system for providers and high risk for non-payment.

**A:** The presentation outlined considerations that DHS will review for subsequent requests: whether the client has applied for MA/MN Health Care Programs, underutilization of services in a prior span, documented clinical need beyond 60 days, and documented systemic barriers (incarceration, MA denial, waitlists, etc.). Subsequent requests are reviewed on the same timeline and tools as initial requests. Denials are appealable under §256.045. More specific eligibility criteria beyond these considerations were not detailed. *[Slides 32, 37]*

**Q:** What do we do if we can't verify eligibility in MN-ITs? In the past, we reached out to the county to help us figure out if the client already had coverage. The county has stopped this assistance, and we only have MN-ITs to rely on.

**A:** The presentation did not specifically address MN-ITs lookup failures or the gap left by counties no longer assisting with eligibility verification. Starting July 1, BHF eligibility determination moves entirely to DHS.

Providers are advised to watch for a DHS provider e-memo and MN-ITS inbox message with final submission links and forms before July 1, which may include additional guidance on this process. DHS will have email/phone available for inquiries, however, information about client eligibility can only be provided in compliance with HIPAA. As stated in previous response, providers may request clients supply their notice of eligibility determination from DHS that will note their BHF eligibility span.

**Q:** If the client is already enrolled in inpatient treatment and is denied, is the facility out payment for those 5 days it can take to review the requests?

**A:** The presentation did not directly address provider payment liability during the 5-business-day review window. It did note that incomplete applications will be denied (with missing content flagged in the denial notice). BHF funds are only available for eligible clients, if a client is determined to be ineligible, funding is not available from BHF. Providers can attempt to recoup/bill for services via alternate funding (ie: client payment or other 3<sup>rd</sup> party insurance) if client is denied BHF. If client is denied for BHF eligibility due to incomplete application, the client may re-apply with the missing information. *[Slide 39]*

**Q:** Will counties still be able to verify for providers if the client has BHF?

**A:** This would be a question for your county re: their willingness/ability to provide this information to providers. Regardless, any release of information / verification of BHF eligibility would need to be HIPAA-compliant. Counties can view eligibility information in MMIS once the eligibility span is entered in the system. As of July 1, 2026, eligibility determination moves from counties to DHS. Counties will retain service coordination roles (if desired). *[Slides 32–33]*

**Q:** Can DHS have this topic be presented on and updated each month, assuming the July 1, 2026 date holds? We can't underscore how important this transition is to work right.

**A:** The next Thursday Connections meeting is May 21, 2026 (3–4 p.m., third Thursday of each month, no registration required). The BHF transition was a major agenda item at this April meeting, and DHS is committed to ongoing communication — providers are encouraged to watch for a DHS provider e-memo and MN-ITS inbox message with further details before July 1. *[Slides 39, 43, 46]*

**Q:** After 7/1 will MN-ITs eligibility continue to share Medicaid-00, sharing the 'refreshed' date span?

**A:** BHF eligibility spans will continue to be 'oo' spans. Effective 7/1/2026, spans will be 60-consecutive-calendar days in duration.

**Q:** Wait, so the OO span will only be backdated if there is a completed assessment? We have about 10 days to complete this right now, so if it takes 10 days to complete then we could be out funding because of this?

**A:** These are 2 separate issues; BHF funding and comp assessment timeframe requirements. BHF funds are only available for eligible clients, if a client is determined to be ineligible, funding is not available from BHF. Please review: [Sec. 245G.05 MN Statutes](#) which speaks to the timeframes for comprehensive assessment in either residential or non-residential SUD treatment: *“A comprehensive assessment of the client's substance use disorder must be administered face-to-face within five calendar days from the day of service initiation for a residential program or by the end of the fifth day on which a treatment service is provided in a nonresidential*

*program. The number of days to complete the comprehensive assessment excludes the day of service initiation.”*

**Q:** If someone is incarcerated and the process for obtaining BHF services for a Comp Assessment is all online, will the inmate have access to a web network or will the county still be involved? My county doesn't have an LADC any longer so I would be the only one in town who can complete Comp Assessments.

**A:** Preferred BHF Request submission will be via the use of an online tool, however, mail or fax submission will also be available. DHS BHF Eligibility Team will not be involved in service coordination services beyond the provision of tools/resources of how to seek services that will be included in eligibility determination communication. Where/with whom clients seek services is per client choice as provided as part of Direct Access. The slide deck indicates that counties remain eligible vendors for comprehensive assessments (reimbursed at \$162.24 per session) when provided by someone meeting 245G.11 staffing credentials. However, counties are not required to provide this service. The presentation did not address the logistics of completing assessments for incarcerated individuals or internet access issues in jail settings. Providers with concerns about specific county capacity gaps may want to raise this directly with their county. *[Slide 42]*

**Q:** Will the 45-day window for MNsure to process claims be shortened then? I see a lot of clients getting gaps in coverage resulting in non-payment or facility closures.

**A:** BHF statute does not impact other program eligibility rules or processing timelines. It is suggested that subsequent requests be made more than 5 business days from the end of an existing eligibility span to assure that an eligibility determination for a subsequent eligibility span is known before the end of the existing eligibility span.

**Q:** You may have answered this.... If a client does not have a phone and is in our treatment center, will you call us and if you do mail responses, where will you mail that? Mail and contacting the clients directly may be challenging.

**A:** Eligibility notices will be provided to the client at their provided mailing address, phone number, and/or email address. If permission is granted to provide determination notices to additional parties (individuals or providers), these notices will be provided at the same time as client notice. *[Slide 41]*

**Q:** The population we serve does not know how to get active with MA on their own and they are often transient. Does DHS plan to add and/or fund a program that helps people to access services? With no direct access and counties no longer having placement authority that leaves a huge gap.

**A:** Counties continue to hold MA application/eligibility determination responsibility. Counties may provide assistance to clients in the MA application process. BHF statute does not authorize funding for other programs or services (navigation/outreach services for MA). Providers are welcome to support clients with information about MA application processes or provide county contact information, etc... to support MA application completion. Direct access provides client choice of SUD provider; BHF statute does not impact client choice of SUD provider. No new dedicated navigation or outreach program was announced in the presentation. *[Slides 37, 41]*

**Q:** How will they get out of jail if they don't have funding when they are eligible for release? Who applies for the extension?

**A:** All approved BHF requests would provide a 60-consecutive-calendar day eligibility span. If client needs additional eligibility beyond or in addition to previous eligibility spans, the client or other responsible party may submit another request. Preferred BHF Request submission will be via the use of an online tool, however, mail or fax submission will also be available. If the desire is for no gaps to exist between eligibility spans, it is suggested that subsequent requests be made more than 5 business days from the end of an existing eligibility span. If there is not a concern about gaps between eligibility spans, then the client would need to be sure to submit an application at least 5 business days prior to SUD treatment service provision. *[Slides 37, 39]*