



Thursday Connections with SUD at DHS February 19, 2026

Brought to you by Substance Use Disorder Unit in the Behavioral Health Administration.

3:00 | Logistics & Introductions

3:05 | 2026 Legislative Proposals Overview

3:15 | Reminders & Training Opportunities

3:25 | Tobacco & Nicotine Updates – Survey Results & Beyond

3:45 | SUD Data Point

3:50 | Questions

Meeting Logistics



All attendees, except presenters, will remain muted.



To save bandwidth, please keep cameras off.



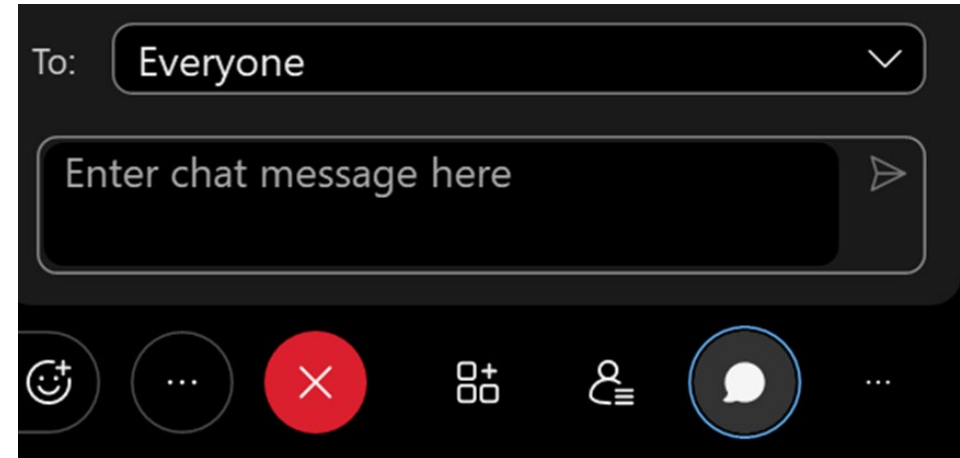
We will work to address all questions during the time allotted.



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



2026 Legislative Preview

Gena Savage | Director of Legislation and External Affairs

Behavioral Health Administration

2026 Session At-a-Glance

- 2026 session began February 17 and will adjourn May 18
- This session is a policy year, and the legislature is not constitutionally required to pass a budget
 - Potential Supplemental Budget Agreement
 - Governor's Capital Budget recommendation
- Legislative partisan make-up has stayed the same
 - 67-67 split in House, so power sharing agreement is still in place
 - Senate maintains Democratic control with 34-33 majority

2026 Session Changes and Uncertainty

- Election Year
 - Gubernatorial and Constitutional officers (Secretary of State, State Auditor, Attorney General)
 - Multiple House members running for Governor and other constitutional offices
 - All seats in the MN Senate and MN House up for election
- Capitol Security Changes
 - New weapons screening policy at the Capitol
 - At least two state troopers assigned to most hearings
- State Office Building still under construction
 - Ongoing committee scheduling and space constraints
 - More ticketed hearings

2026 Session Expected Topics for Human Services



- Program integrity and fraud prevention
- State government operations and oversight
- Grant management and oversight
- Impact of federal legislation on Medicaid

Upcoming Items for the Beginning of Session

- February forecast
- Governor's Supplemental Budget recommendations
- DHS Policy Proposals
- 1st and 2nd deadline: March 27



Context and Considerations

- All the ideas being presented today are proposals being considered for the 2026 legislative session
 - We do not yet know what will be Governor's Policy or Supplemental Budget Bill
 - Our hope is to share ideas with community partners, obtain input, and identify concerns
 - Language and ideas may be added, removed, or changed prior to session



2026 Policy Proposals: SUD

- Tobacco/Nicotine Assessment and Education
 - Commercial tobacco is the leading cause of preventable deaths in MN
 - Proposal would amend Minn. Stat. 245I.10 and 245G.04 to explicitly require:
 1. Licensed SUD treatment facilities and licensed mental health facilities to assess and document tobacco/nicotine use in comprehensive and diagnostic assessments;
 2. Mental health professionals to apply the Tobacco Use Disorder diagnosis when a client meets the DSM-5 criteria; and
 3. Licensed SUD treatment programs to provide tobacco education materials to all clients on the first day of service.

2026 Policy Proposals: SUD

- Aligning Peer Recovery Support (PRS) Services Definitions
 - Changes from 2024 revision of PRS statute were not reflected across all MN statutes
 - Proposal would amend Minn. Stat. 245G.11 and Minn. Stat. 245F.15 to reflect the expanded supervision of recovery peers to include licensed mental health professionals which passed during the 2025 legislative session law in 245I.04, subd 19.
 - Proposal would also amend Minn. Stat. 245F.02 and 245F.08 to correct outdated statutory references

2026 Policy Proposals: SUD

- PRS Services Clarification
 - Statute currently identifies which programs can deliver peer recovery support services
 - Tribally licensed programs can, and do, provide PRS services under SPA, but are omitted from statute
 - Proposal would amend Minn. Stat. 254B.052 to explicitly include tribally licensed programs as eligible PRS providers and requirement to have need for peer recovery services documented on a treatment plan.
- Recovery Community Organizations (RCO) Certification Deadline Change
 - Current law requires RCOs to obtain certification from MARCO by June 30, 2027.
 - CMS designated RCOs as a high-risk program, necessitating stronger program integrity and oversight
 - Proposal would amend Minn. Stat. 254B.0501 to move the certification deadline forward by one year, to June 30, 2026

2026 Policy Proposals: SUD

- Treatment Coordinator Qualification Cleanup
 - During 2025 session, the educational requirements for treatment coordinators were changed from a requiring bachelor's degree to a high school diploma
 - Intent was to remove previous requirement for a bachelor's degree, but language was not removed
 - Proposal would amend Minn. Stat. 245G.11, subd. 7 to remove bachelor's degree requirement

2026 Policy Proposals: SUD

- SUD Waiver Clean-Up
 - SUD Waiver (2019) required implementation of ASAM criteria and ensure availability of critical levels of care
 - ASAM levels of care requirements have now been implemented in Minn. Stat. 254B.19
 - Proposal would amend Minn. Stat. 256B.0759 to strike outdated language and clarify that SUD programs must follow requirements outlined in 254B.19
 - Codification of utilization management requirements
 - Updates to state law are needed to align with current Utilization Management reviews for medical necessity. Proposal would amend Minn. Stat. 245A.03 and 254B.0505 to strike outdated language and designate up to 10% of each SUD claims to be randomly reviewed each month.

Budget Proposals: Access to Services for Incarcerated Individuals

- Access to Services for Incarcerated Individuals
 - Federal law requires states provide screening /diagnostic services and targeted case management (TCM) to incarcerated youth
 - 1115 reentry waiver (2024) requires development of a reentry case management benefit for incarcerated adults
 - Proposal would:
 - Creates a reentry case management benefit for incarcerated adults and youth; and
 - Provide funding for screening and diagnostic services for incarcerated youth;

Technical Proposals: SUD

- SUD Modeled Rate Change Correction:
 - 2025 session increased rates for three SUD services and implemented an annual inflationary adjustment
 - As written, the inflationary adjustment language only applies to the three services that received rate increases
 - The legislative intent and the fiscal note indicated that adjustment should apply to all SUD services
 - Proposal would amend 254B.0509 to correct the citation and ensure the inflationary adjustment applies to the correct SUD services

Technical Proposals: SUD

- Withdrawal Management Start-Up and Capacity Building Grant
 - Expands allowable use of grant funds to align with current best practices
 - Current language limits funding to new WM programs licensed under Ch. 245F
 - Proposal would amend Minn. Stat. 254B.17 to allow grant funds to be used for:
 - *New or existing SUD* and withdrawal management programs that meet *ASAM* criteria
 - Adds three new eligible spending categories for costs related to improving or adding a new space and costs associated with becoming ASAM certified for medically managed levels of care

Questions?



Thank You!

Gena Savage

Gena.savage@state.mn.us



Reminders



MARCO

Recovery Day on the Hill

Brought to you by

MN Alliance Of
Recovery
Community
Organizations

9:30 -
11:30 am

Free

**Rally the recovery community to
show Minnesota that recovery is
possible.**

Event Highlights:

- Stand with other supporters of recovery
- Speak to your legislators
- Help ensure that more people in Minnesota get the recovery support they need and deserve

MN State Capitol

MARCH 18, 2026

[Register Here](#)



Join us! In
conjunction
with the
Recovery Day
on the Hill

Wednesday
March
18th
12-1:30pm

RSVP to
the March
SUD CoP

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

Request for Proposals: Navigating Culturally Specific Substance Use and Recovery Programs

- Proposals are due Thursday, March 12, 2026.
- There is \$4,000,000 allocated to this initiative and up to 15 grants.
- The term of any resulting contract is anticipated to be for 12 months, from July 1, 2026, until June 30, 2027.
 - Ememo Link: [DHS issues request for proposals \(RFP\) seeking grantees to assist in navigating Culturally Specific Substance Use and Recovery Programs](#)

2026 Peer Review Opportunities

What can programs expect from peer review?

- External, unbiased review of policies, procedures, and clinical documentation
- Conducted by SUD professionals in the field, not DHS staff
- Programs receive pragmatic feedback focused on quality, best practices and clinical effectiveness.

Contact sud.peer.review.dhs@state.mn.us

Why should programs consider peer review?

- Flexible, requiring minimal preparation
- Optional, serving a different purpose from mandatory licensing reviews
- No obligation to implement recommendations
- Strengthen the MN's treatment infrastructure, continuously improving services for people with use disorders.
- Participation helps DHS maintain federal block grant funding

Minnesota Department of Human Services freezes provider enrollment for 13 Medicaid services

- One of the 13 services is peer recovery support services.
- This is effective January 27, 2026, and in coordination with CMS, due to service categories being identified as high risk for fraud. This action is part of a broader federal and state effort to prevent and disrupt fraudulent Medicaid billing.
- The department will:
 - No longer accept new provider enrollment applications for these services.
 - Not process any new provider enrollment submissions, including those previously submitted and currently pending in the queue.
 - Keep the freeze in place for at least six months.
- Currently enrolled providers:
 - Should continue to deliver services they are already enrolled to provide.
 - *Existing enrolled providers may enroll new locations for services they are already enrolled to deliver.*
 - Will require an expedited revalidation. More information on this will be sent out in a future communication.
- This action does not affect client enrollment.

DHS clarifies requirements for co-occurring disorder rate enhancement for licensed SUD programs

- To receive the co-occurring disorder rate enhancement, programs must meet the requirements in Minnesota Statutes [254B.0507](#), subdivision 6. When those requirements are met, the program may bill the enhanced rate for all clients in the program, even if a specific client does not have a co-occurring diagnosis.
- The purpose of the rate enhancement is to help cover the additional costs of:
 - Completing required diagnostic assessments
 - Employing mental health professional(s) within an SUD treatment program to meet the needs of people with co-occurring disorders
- Programs receiving the co-occurring disorder rate enhancement are responsible for ensuring diagnostic assessments are completed as required by law. Diagnostic assessments completed within the SUD program are included in the rate enhancement and must not be billed separately.

Upcoming free webinar

DHS announces a free webinar hosted by Lung Mind Alliance:

“Tobacco Recovery in Opioid Use Disorder”

March 4 from 12 to 1 p.m.

plus an additional 15-minute Q & A

Presenter: Dr. Jill Williams

addiction psychiatrist and author

Intended audience: SUD or MH staff

[TUD in OUD Registration Link](#)

Upcoming Train for Change ASAM Trainings scheduled through April

- One-day ASAM Criteria, Fourth Edition, Treatment Planning
 - [Feb. 27, 8:30 a.m. – 3 p.m.](#)
 - [March 27, 8:30 a.m. – 3 p.m.](#)
- Two-Day ASAM Criteria, Third Edition, Skill-Building Training
 - [April 7 and 8, 8:30 a.m. – 3 p.m.](#)
- One-day, The Evolution of The ASAM Criteria: What's New in the Fourth Edition
 - [April 28, 10:30 a.m. – 3 p.m.](#)

ASAM Consultation Opportunities

- [ASAM Insights Training with Acentra](#) 2/4/2026 Ememo.
 - 2nd Friday of the month at 11 a.m. CT | [ASAM Insights Meeting Link](#)
 - **Open forum with an ASAM-certified trainer to ask *ASAM 3* related questions.**
 - No registration is required. Join anytime within the hour.
- [On-the-Spot for Minnesota SUD Providers presented by ATTCN](#)
 - 3rd Friday of every month at 11 a.m. CT
 - **Focused on ASAM integration and supplication.**
 - **For Minnesota Providers to get answers to their specific ASAM-related questions.**

Next Thursday Connections with SUD at DHS

March 19th, 2026

3:00 – 4:00 p.m.

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





Tobacco, Nicotine & Cannabis Updates – Survey Results & Beyond

Amy Stroman-Petersen | Nicotine & Cannabis Policy Lead

Amy Stroman-Petersen, MSW, LICSW, LADC

Pronouns: she/her

12 years in clinical MH/SUD practice, including implementing tobacco treatment in SUD services, prior to joining DHS' Behavioral Health Admin in Oct 2023

Role:

Nicotine and Cannabis Policy Lead

SUD Policy and Reform Team

Behavioral Health Administration

MN Department of Human Services

NicotinePolicy.DHS@state.mn.us

CannabisPolicy.DHS@state.mn.us

Approach to Commercial Tobacco/Nicotine & Cannabis Use Disorders:

- Both can be harmful- although tobacco is the most lethal substance used recreationally, by total numbers.
- Both are psychoactive and DSM-defined substance use disorders.
- Both benefit from motivational, educational, or harm-reduction approaches.
- **Ultimate goals:** to increase knowledge, services, and connection to resources to improve outcomes for tobacco and cannabis use disorders.

Commercial vs. Traditional/Sacred Tobacco

- **“Tobacco”** in this presentation refers only to **commercial tobacco products**, such as cigarettes, e-cigarettes, cigars, and chew that are manufactured and sold by the tobacco industry.
- It is not referring to **traditional or sacred tobacco**, which is used by American Indian communities for sacred purposes.
 - *Ceremonial use* of sacred tobacco has *not* been associated with developing a tobacco use disorder or other tobacco related illness
 - *Composition* of sacred tobacco varies. It may contain the tobacco plant or be made entirely of other plants, without any nicotine.

Source: Struthers R, Hodge FS. Sacred Tobacco Use in Ojibwe Communities. *Journal of Holistic Nursing*. 2004;22(3):209-225. doi:[10.1177/0898010104266735](https://doi.org/10.1177/0898010104266735)

Data Sources for Today's Slides

Minnesota Department of Human Services:

- Staff survey on commercial tobacco/nicotine and cannabis use in substance use treatment settings. (2025, November 19). [Survey data and analysis].
- 2023 DAANES data report. Assessed July 2025 by BHA Data Team.
 - [Drug and Alcohol Abuse Normative Evaluation System \(DAANES\)- FAQs](#)

Minnesota Department of Health

- Panas, K. (2025). *BRFSS 2024 Commercial Tobacco Data* [Slide presentation]. Minnesota Department of Health. Shared via email, January 13, 2026.
 - [CDC - Behavioral Risk Factor Surveillance System](#)

Recent Tobacco & Cannabis Projects

- **Spring 2025:** Clarification of MHCP reimbursement pathways for tobacco services
- **Fall 2025 Provider Survey**
 - “SUD Staff survey on commercial tobacco/nicotine and cannabis use in substance use treatment settings”
- **Fall 2025 Presentation** at MARRCH Conference
 - “Ethics: Up in Smoke?” co-presented with Rick Moldenhauer
- **February 11th webinar**
 - “2023-2025 Changes to Diagnostic Assessment Criteria (MN Statute 245I.10): Integrating Assessment for Substance Use & Tobacco Use Disorders”
 - Recording will be available on [Lung Mind Alliance’s webpage](#) in the coming weeks
- **Winter 2026 Provider Survey:** Tobacco/cannabis survey repeated with Mental Health Providers

Upcoming Tobacco & Cannabis-related Projects

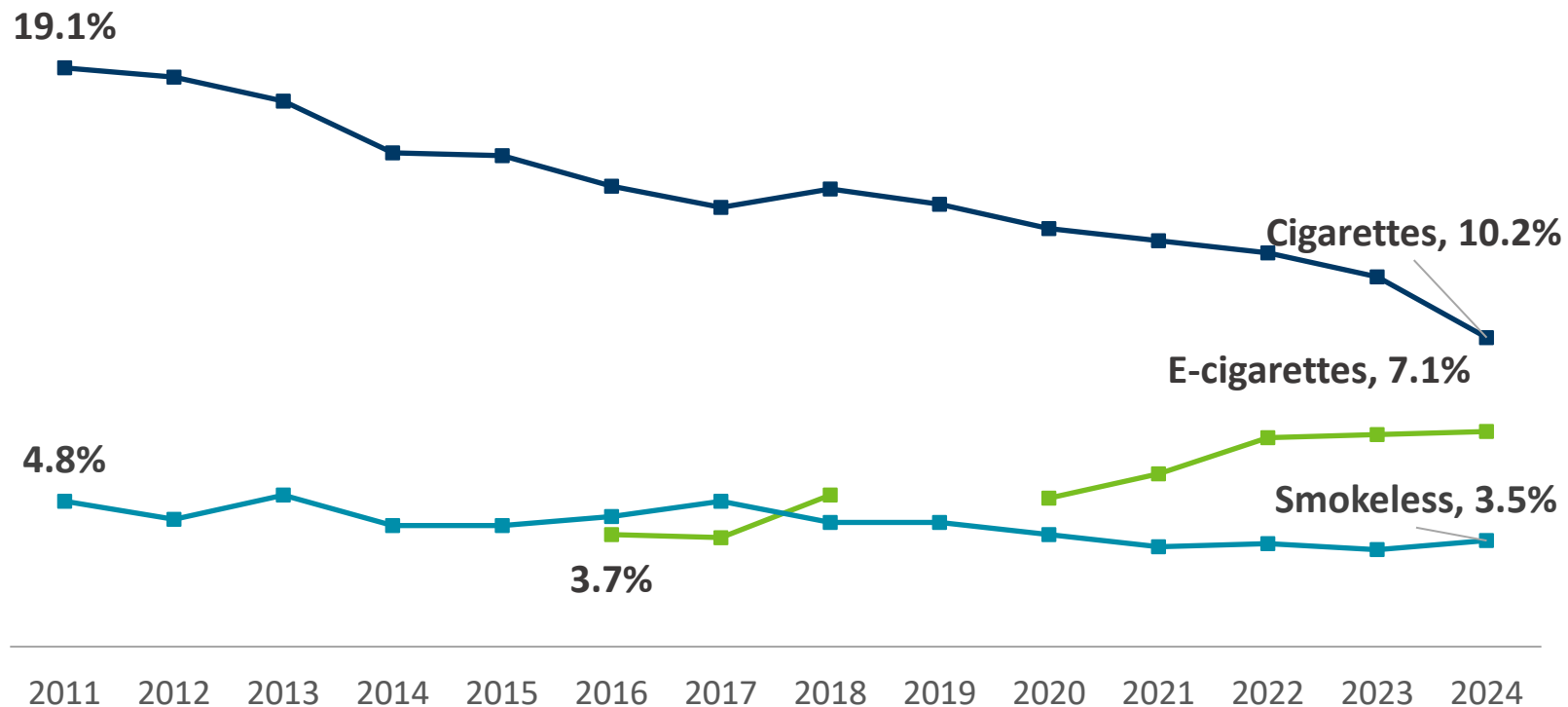
- DHS-sponsored webinar hosted by Lung Mind Alliance: “Tobacco Recovery in Opioid Use Disorder” on March 4 from 12 p.m. to 1:15 p.m. See later slide under “reminders” for registration link
- A [MHCP Provider Manual](#) page on Tobacco/Nicotine Treatment Services for Behavioral Health providers. Goal is for page to be posted in summer 2026
- “Partners and Providers” webpage on Tobacco to offer updates and links
- Tobacco/Nicotine 1-page educational handout for individuals seeking substance use disorder treatment in Minnesota.
- DHS Report on Tobacco/Cannabis survey responses: hope to complete by summer/fall 2026

Why the big deal about tobacco?

Over **50%** of individuals with a SUD diagnosis **will die from a tobacco-related cause**

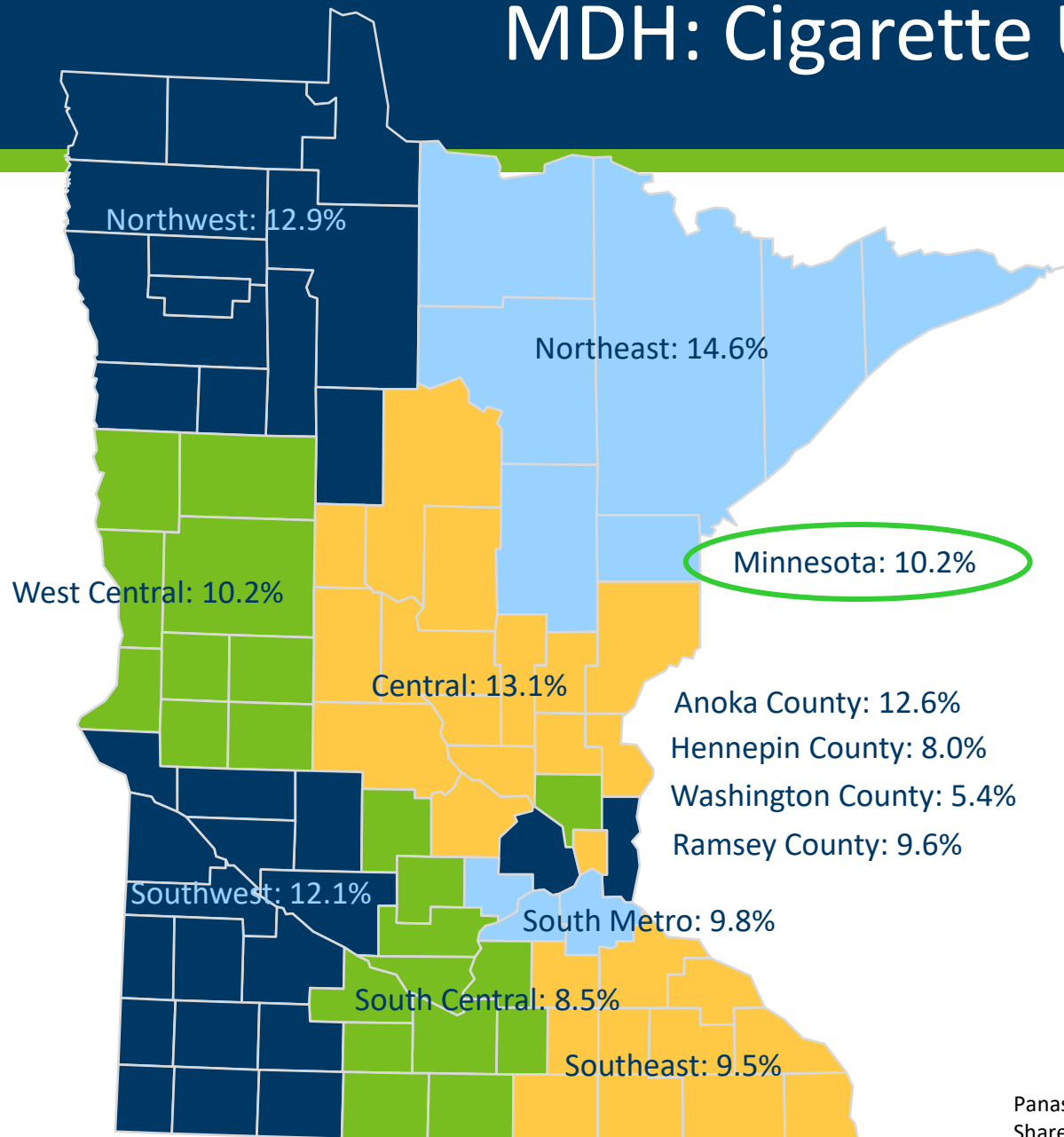
*While not an immediate risk, “tobacco-related diseases account for **more deaths** than alcohol or other drugs combined” (for adults with other SUDs)*

Overall Trends 2011-2024 in MN among Adults 18+



- Cigarettes and smokeless tobacco use rates went down among overall population since 2011.
 - Particularly between 2023 and 2024
- However, E-cigarettes use rates went up.
- E-cigarettes were not included in the 2019 BRFSS

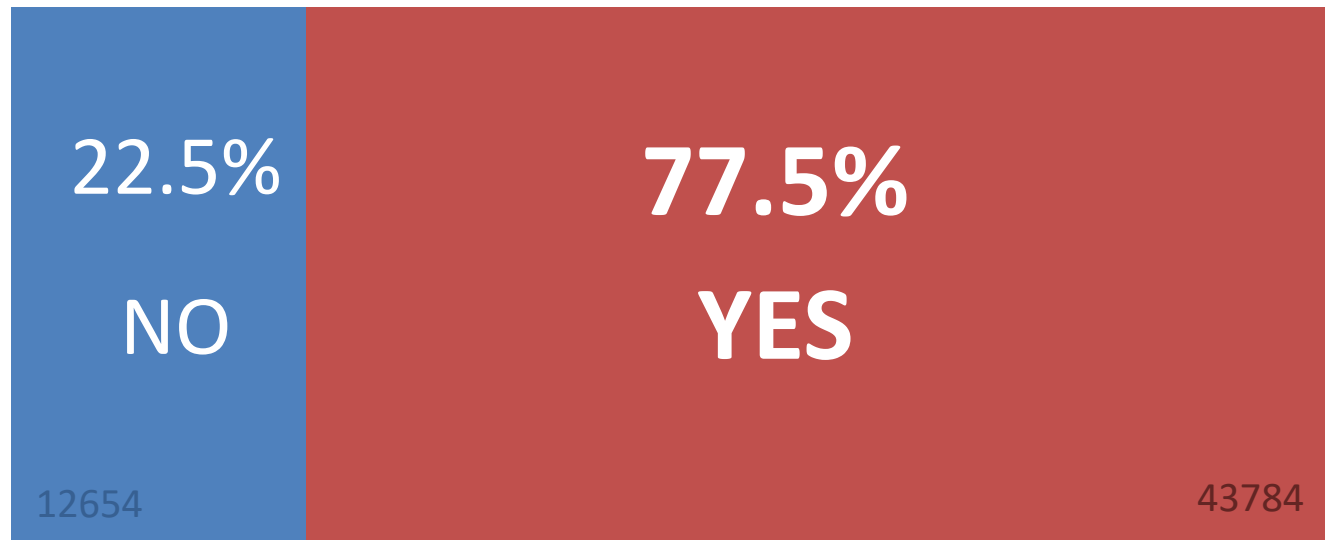
MDH: Cigarette Use by SCHSAC Region, 2024



- Cigarette use rates were lower than the state-wide rate in Hennepin and Washington Counties.
- Cigarette use rates were higher than the state-wide rate in the Central and Northeast regions.

DAANES SUD Treatment Episode Data

2023 SUD Treatment Admission Episodes reporting Tobacco or Vape use:

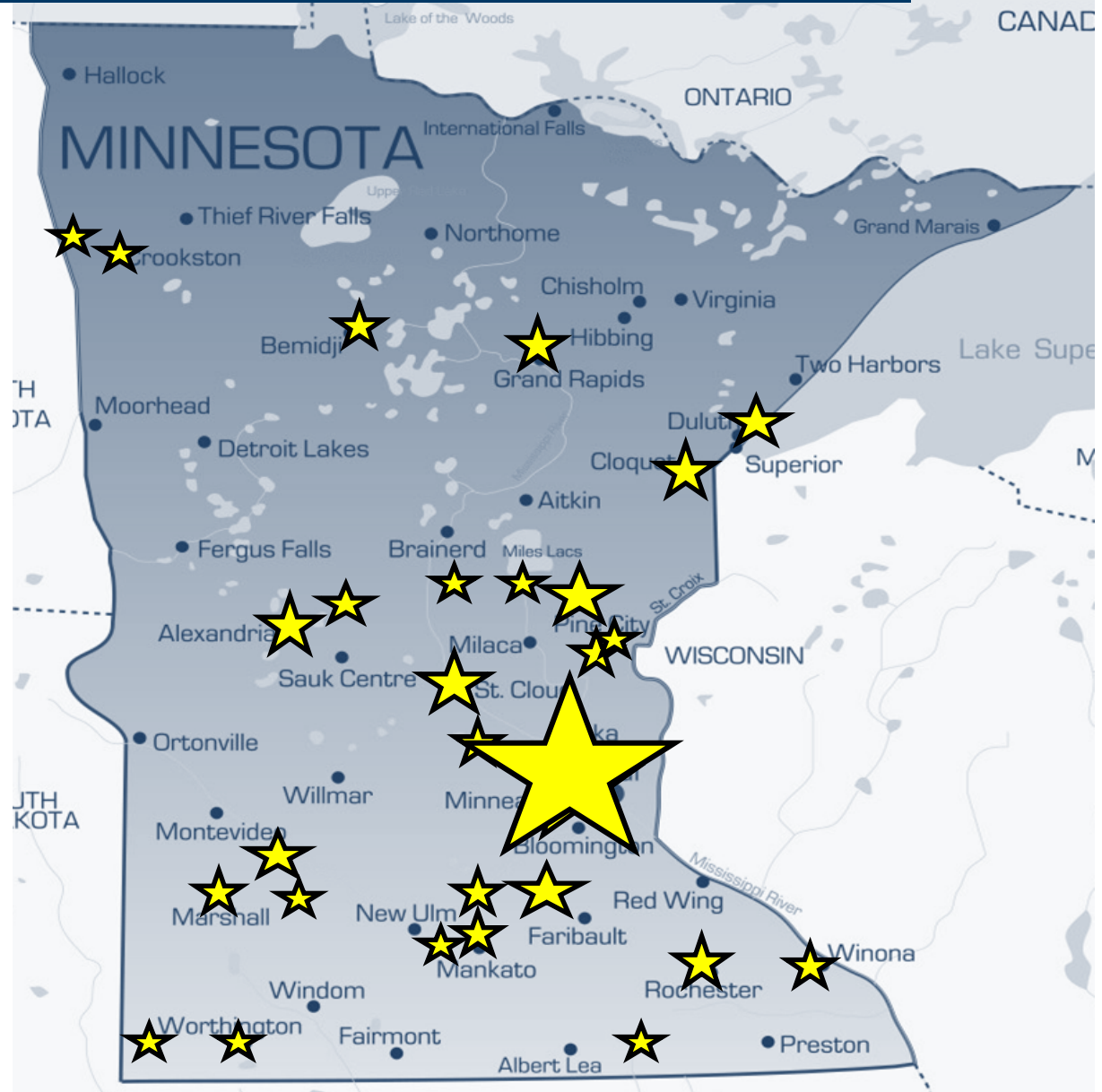


Thank you to those who participated in the survey!

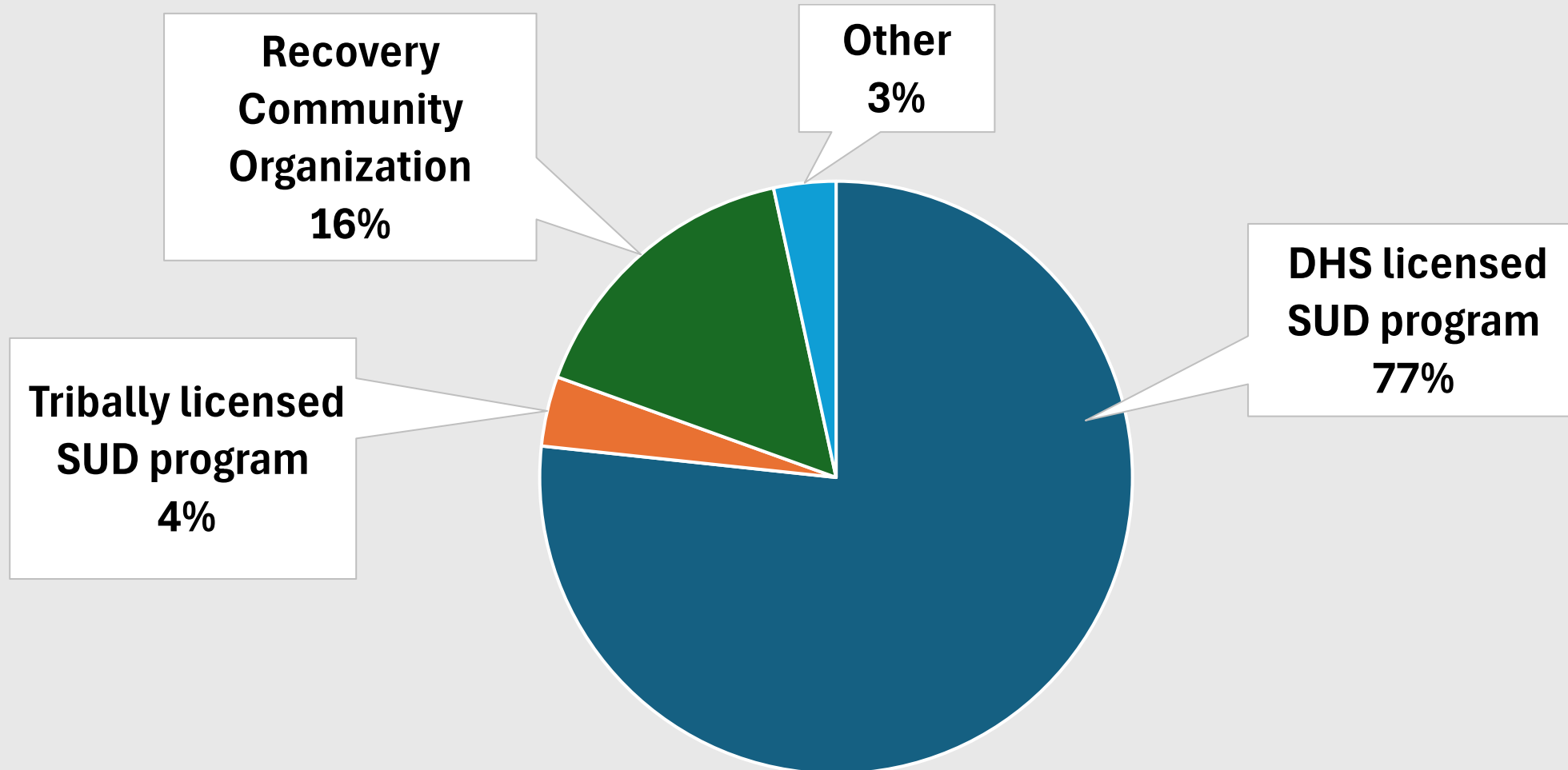
RESULTS from 2025 “Staff Survey on Commercial Tobacco/Nicotine and Cannabis Use in SUD Treatment Settings”

Survey Responses & Geographic Representation

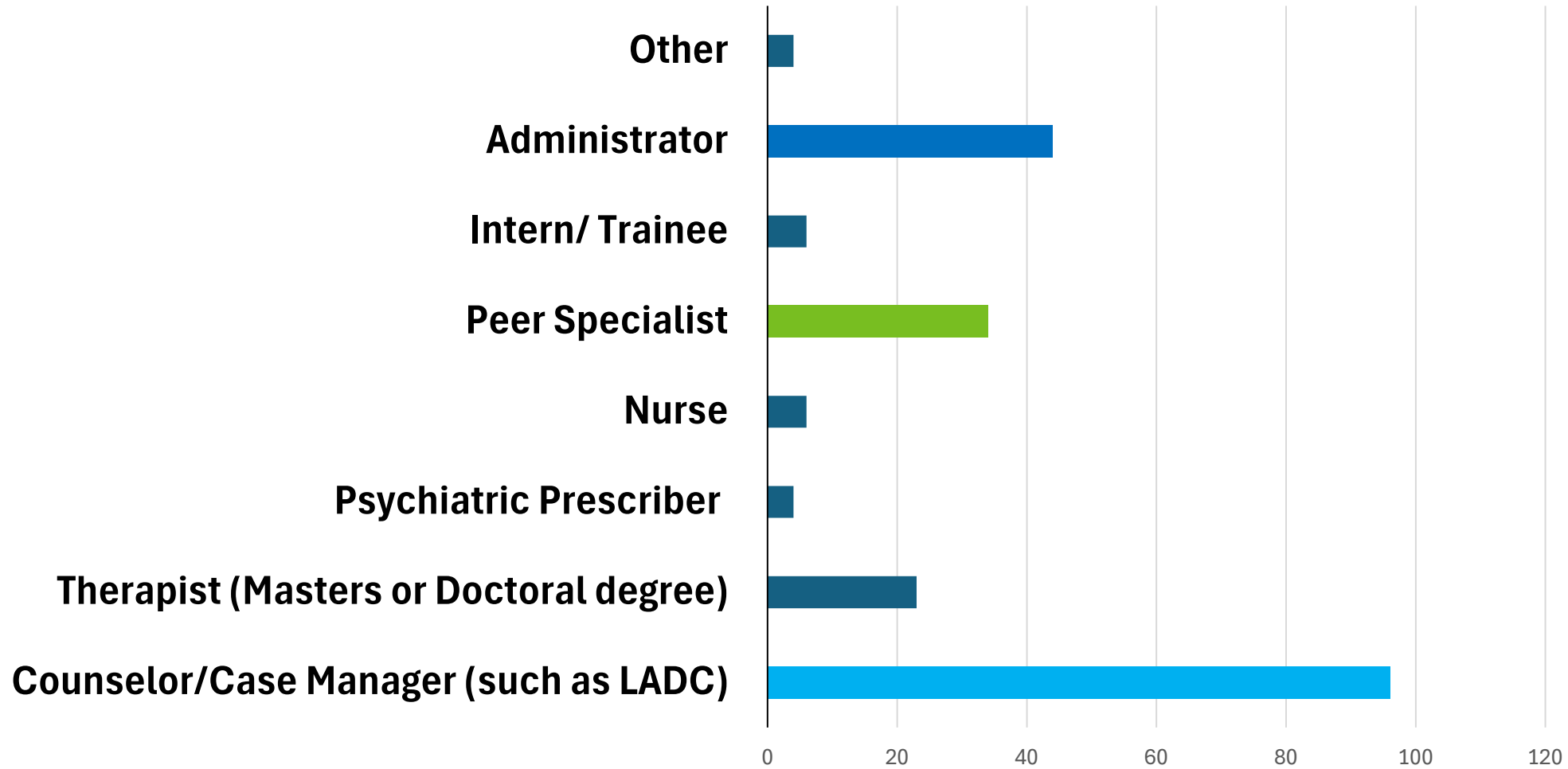
- **215** responses analyzed
- **67%** of respondents shared their organization and city
 - **62%** of location-identified responses (91 of 146) were located **outside** the 7-county metro area



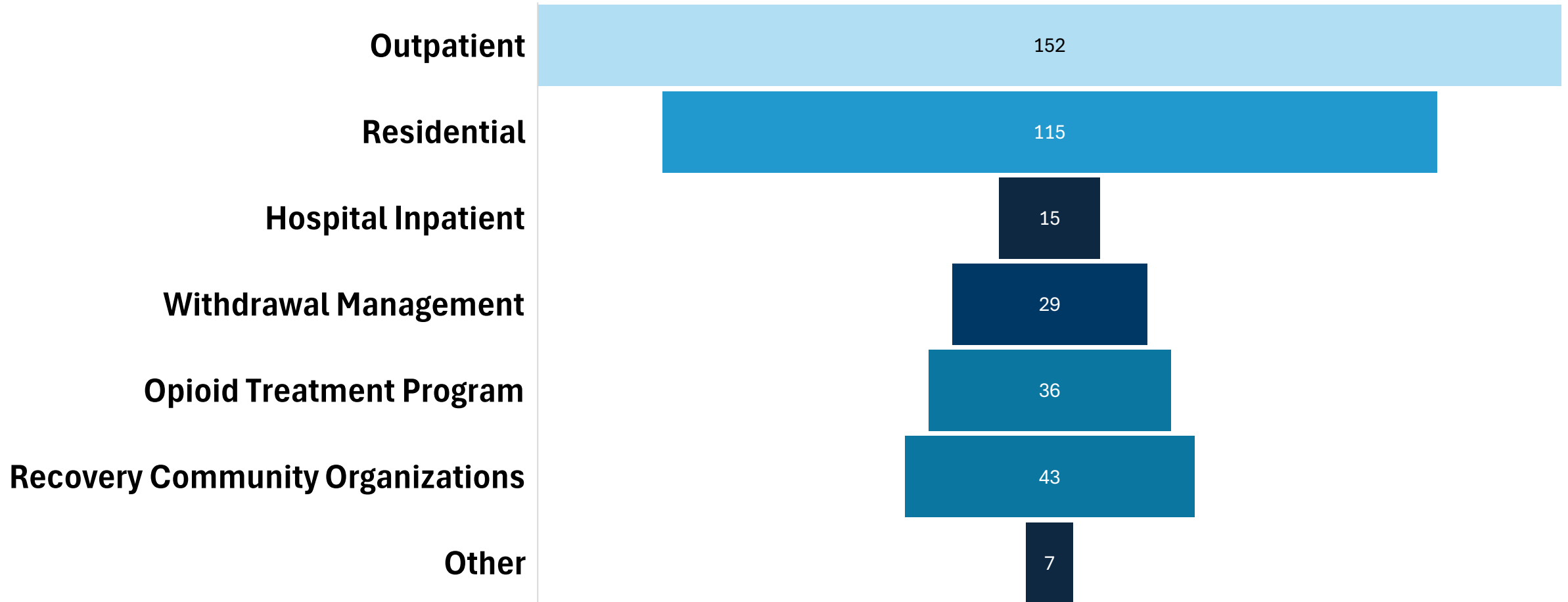
Type of Organization (employing respondent)



Respondent's Position/ Role

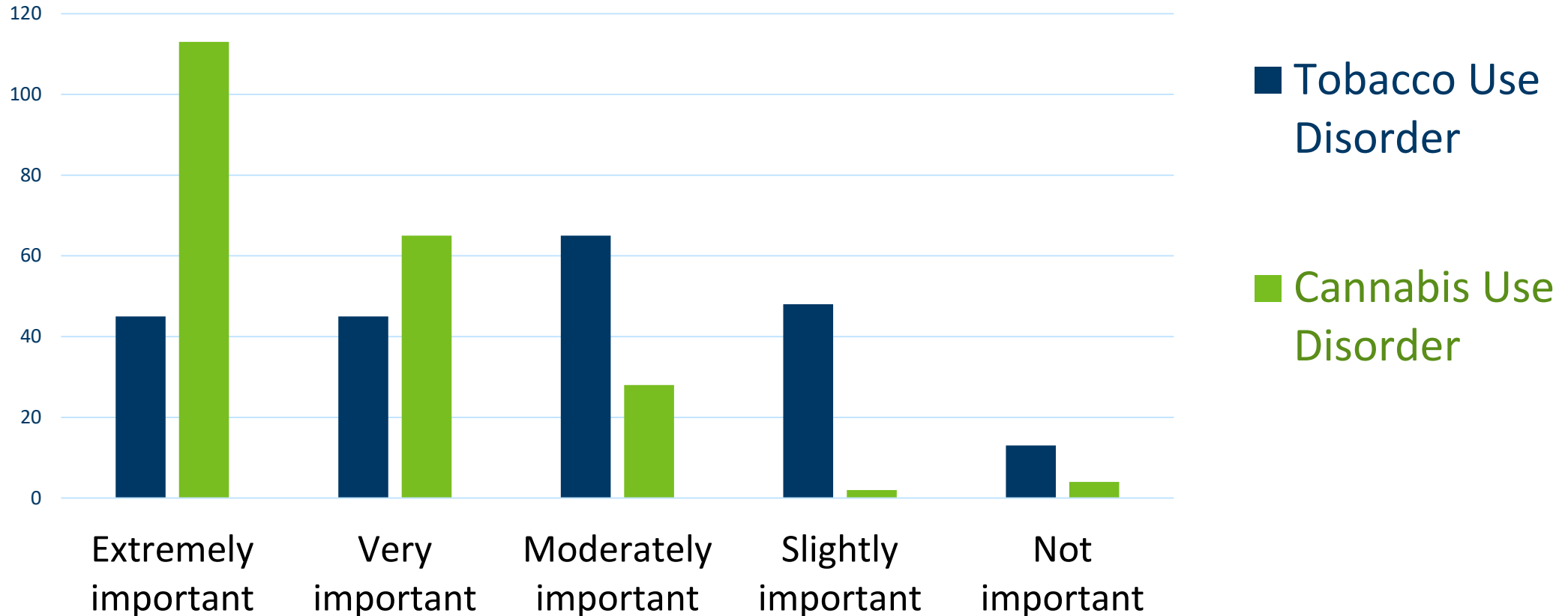


Type of SUD Program (all that apply)



Importance of Addressing Tobacco or Cannabis

How important is it to address Tobacco or Cannabis Use Disorder while providing services for substance use disorders?



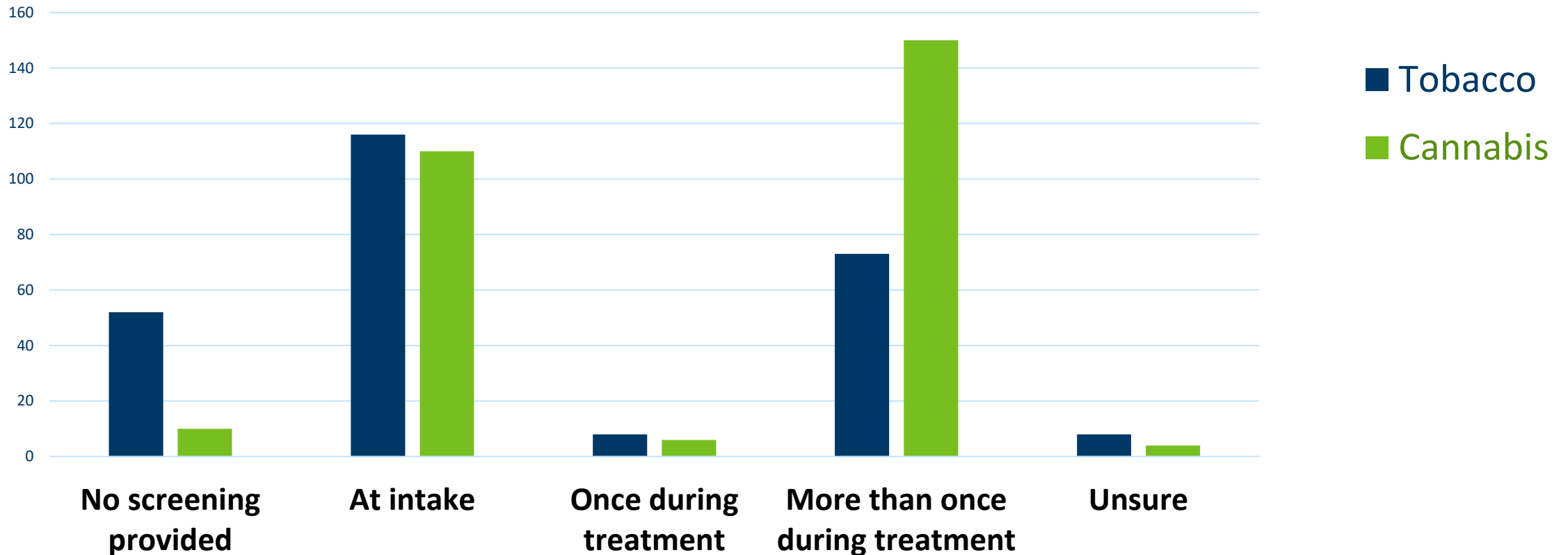
Cannabis rated twice as important to address

41.6% of responses indicated addressing **tobacco use disorder** during SUD services is extremely or very important.

84% of responses indicated addressing **cannabis use disorder** during SUD services is extremely or very important.

Screening Frequency

Frequency that respondent's organization/program screens clients for commercial tobacco/nicotine or cannabis use.



No Screening in SUD Treatment Programs

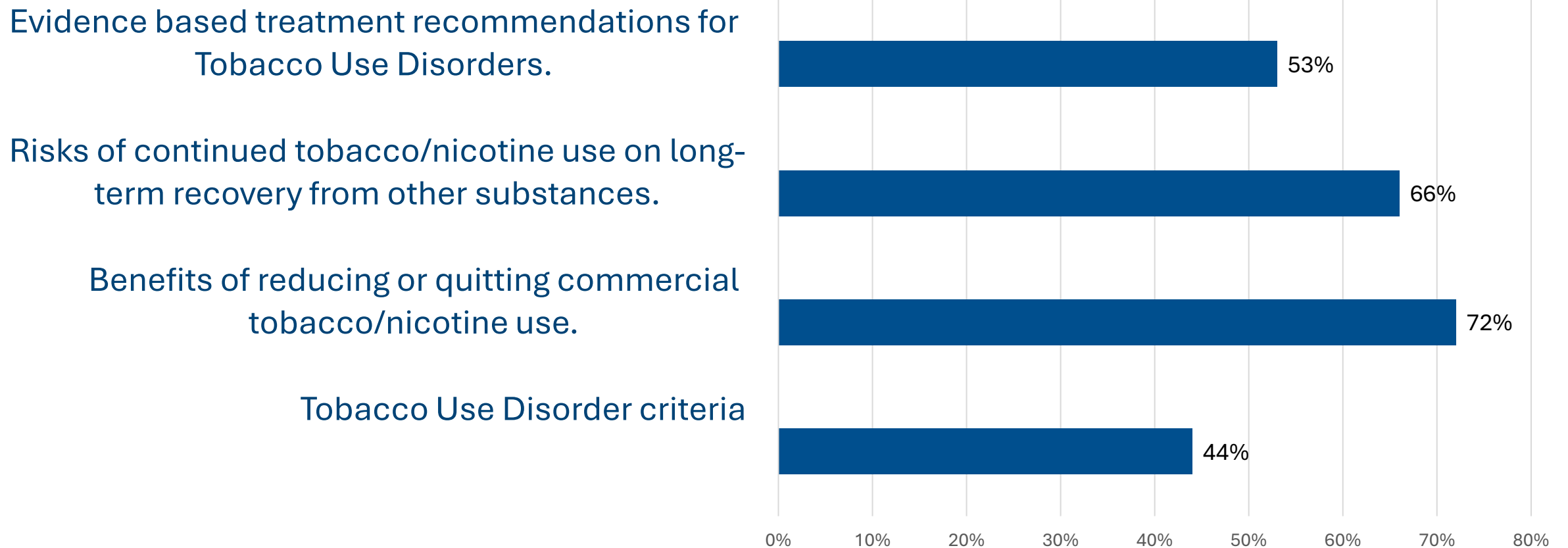
5% of respondents indicated their program does **not** provide screening for **cannabis**

Vs.

24% of respondents indicated their program does **not** provide screening for **tobacco**

Tobacco education offered by program

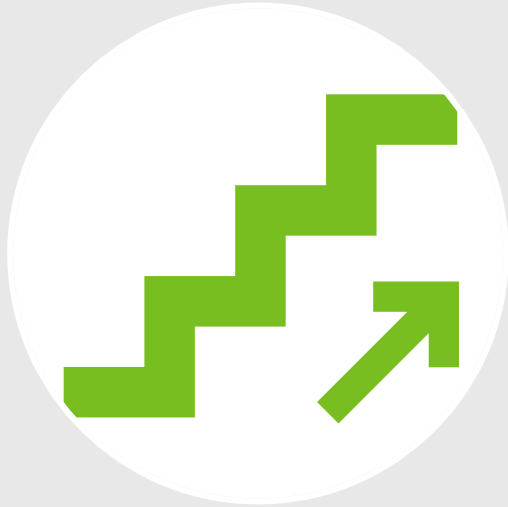
Education components reported as offered to clients by respondent's employer/ organization



Tobacco education offered by program

Categorized Response	Percent of Respondents
At least one educational component listed	79%
Other (not listed)	2%
Unsure	9%
None of the above (excluding “other” responses)	10%

25 Years of Research



Receiving tobacco treatment while attending substance use treatment translates to a **25% increase** in long-term abstinence from alcohol and other substances.¹



Annual surveys conducted by the PATH study found that smokers who quit were **42% more likely** to continue in recovery from their non-tobacco substance use disorder.²



A review of 11 studies found people receiving any kind of tobacco cessation medication were **88%** more likely to quit smoking.³

Source:

1. Prochaska, J., Delucchi, K., & Hall, S. (2004). A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *American Psychological Assn.. Journal of consulting and clinical psychology*, 72(6), 1144-1156. Retrieved from <https://escholarship.org/uc/item/0r8673wv>

2. MJ Parks, et al. Cigarette Smoking During Recovery from Substance Use Disorders. *JAMA Psychiatry*. DOI: 10.1001/jamapsychiatry.2025.1976. [Quitting smoking is associated with recovery from other addictions | National Institutes of Health \(NIH\)](https://pubmed.ncbi.nlm.nih.gov/47111111/)

3. Apollonio D, Philipps R, Bero L. Interventions for tobacco use cessation in people in treatment for or recovery from substance use disorders. *Cochrane Database of Systematic Reviews* 2016, Issue 11. Art. No.: CD010274. DOI: 10.1002/14651858.CD010274.pub2.

Barriers to addressing Tobacco/Nicotine Interventions

Top 3 Barriers to providing additional commercial tobacco/nicotine interventions at facility:

1. Not a program priority/ lack of organizational support.
2. Belief that quitting tobacco or nicotine products is too difficult for clients during SUD treatment.
3. Use of commercial tobacco and nicotine products is allowed on campus.

Data on Quitting Smoking

CDC Report on 2022 Survey of Adults (18 and older) who Smoke:

- **Almost 7 out of 10** said they wanted to quit smoking
- **5 out of 10 attempted to quit** in the prior year

Some Identified Barriers to Quitting:

- Health professionals are not consistently discussing tobacco use with clients
- **Most who attempt to quit do not use Evidence-based Treatments:**
 - Only 36.3% used medication
 - **Only 5% used** both medication and counseling

Comp Assessment Requirements: Assessing for SUD includes Tobacco

Statutory Criteria for Comp Assessments/ DAs

245G.05 Comprehensive Assessment and Assessment Summary

Subd. 3. Comprehensive assessment requirements.

A comprehensive assessment must meet the requirements under section 245I.10, subdivision 6, paragraphs (b) and (c). It must also include:

- (1) a **diagnosis of a substance use disorder** or a finding that the client does not meet the criteria for a substance use disorder;
- (2) a determination of whether the individual screens positive for co-occurring mental health disorders using a screening tool approved by the commissioner pursuant to section 245.4863;
- (3) a risk rating and summary to support the risk ratings within each of the dimensions listed in section 254B.04, subdivision 4; and
- (4) a recommendation for the ASAM level of care identified in section 254B.19, subdivision 1.

Statutory Criteria for Comp Assessments/ DAs

245G.01 DEFINITIONS.

Subd. 23. Substance use disorder.

"Substance use disorder" has the meaning given in the current **Diagnostic and Statistical Manual of Mental Disorders.**



10 categories of substances in DSM-5-TR:

1. Alcohol
2. Caffeine
3. Cannabis
4. Hallucinogens
5. Inhalants
6. Opioids
7. Sedatives, Hypnotics, or Anxiolytics
8. Stimulants
9. Tobacco
10. Other (or Unknown) Substances

Including Tobacco/nicotine in Comprehensive Assessments

Based on 245G & 245I criteria, this includes:

- Amount, type, frequency, duration of tobacco/nicotine Use
- Periods of abstinence and circumstances for returning to tobacco/nicotine use
- Impact to functioning, history of exposure, and past treatment for tobacco/nicotine

Additionally, DSM-5TR criteria requires assessing for:

- Tobacco Cravings
- Hazardous use of tobacco/nicotine (such as in bed, or despite a contraindicatory medical diagnosis)
- Tolerance for tobacco/nicotine
- Nicotine withdrawal (such as how quickly are withdrawal symptoms experienced)

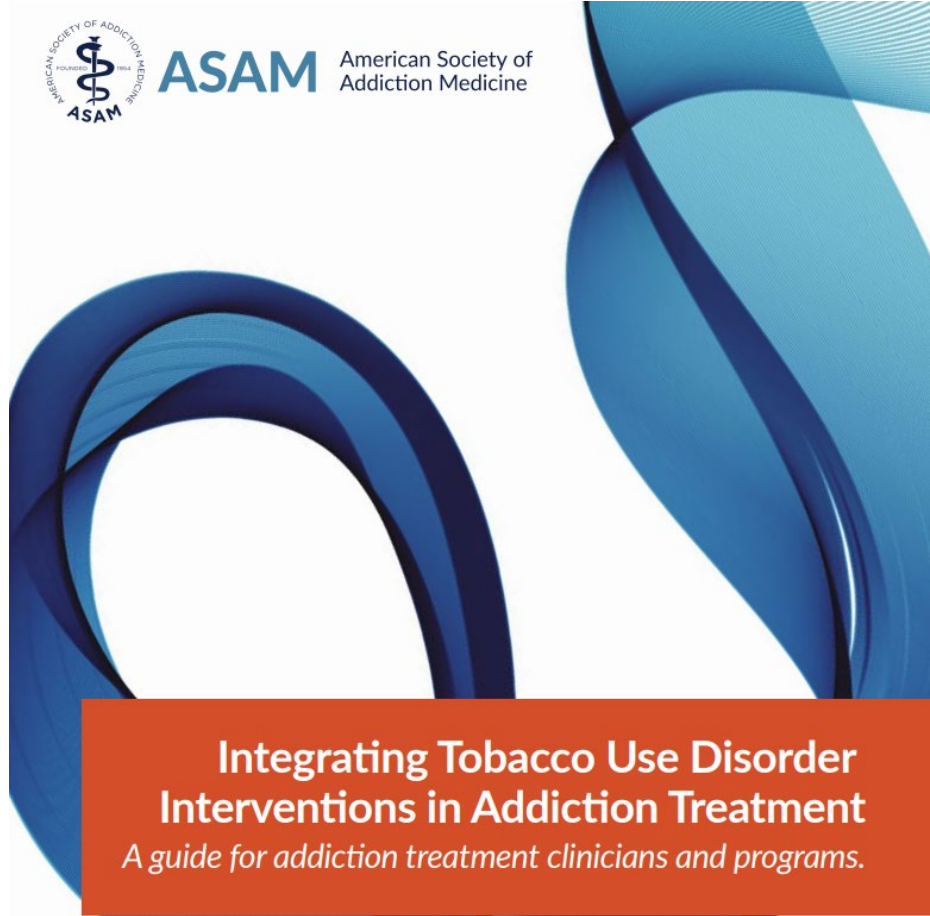
DHS Policy Ideas: Tobacco/Nicotine

Rational for Proposed Ideas

- The State is considering ways to strengthen **assessment** and **education** for tobacco and nicotine use in behavioral health services.
- Goal: **align** services with **ASAM recommendations** and **research**, by ensuring:
 - ✓ All individuals seen for Comp or Diagnostic Assessments are **assessed for tobacco/nicotine use**
 - ✓ Individuals admitting to substance use treatment services **receive evidence-based information** on the risks of continued tobacco/nicotine use, and how quitting benefits their long-term recovery

ASAM Recommendations

- Screen all patients for tobacco use disorder
- Offer evidence-based treatment to all patients with tobacco use disorder
- Use motivational and harm reduction strategies for patients ambivalent about quitting
- Implement organizational policies to support treatment of tobacco use disorder



American Society of Addiction Medicine. (n.d.). *Tobacco use disorder and treatment*. ASAM. <https://www.asam.org/quality-care/clinical-recommendations/tobacco>

Tobacco Proposal #1: Tobacco and nicotine education

Tobacco and nicotine educational handout at SUD treatment admission:

- Individuals admitting to SUD treatment would receive handout on evidence-based risks of continued tobacco and nicotine use to their health and long-term recovery
- DHS will seek input and collaboration from community partners to inform the brief educational handout:
 - Inspired by [MN Statutes Sec. 245G.04, Subdivision 3](#), and [“Opioid Treatment Options” \(DHS-6745\)](#).
 - Programs would be asked to document provision of the handout, like in [M.S. 245G.09, Subdivision 3, paragraph a](#)

Tobacco Proposal #2: Clarifying language for Comp/Diagnostic Assessments

- Assessment for tobacco use and tobacco use disorder **is technically required** under 245I.10, Subd 6.
- DHS proposed adding tobacco and nicotine verbiage into existing assessment requirements for substance use and mental health.
 - Specifically, this would add language in M.S. [Sec. 245G.05, Subd. 3](#) (Comprehensive Assessments) and M.S. [Sec. 245I.10, Subd. 6](#) (Standard Diagnostic Assessments)
- Clarification of requirement= many benefits

Please see reference slides for clinical tools,
trainings, resources!

Amy Stroman-Petersen

Amy.Stroman-Petersen@state.mn.us



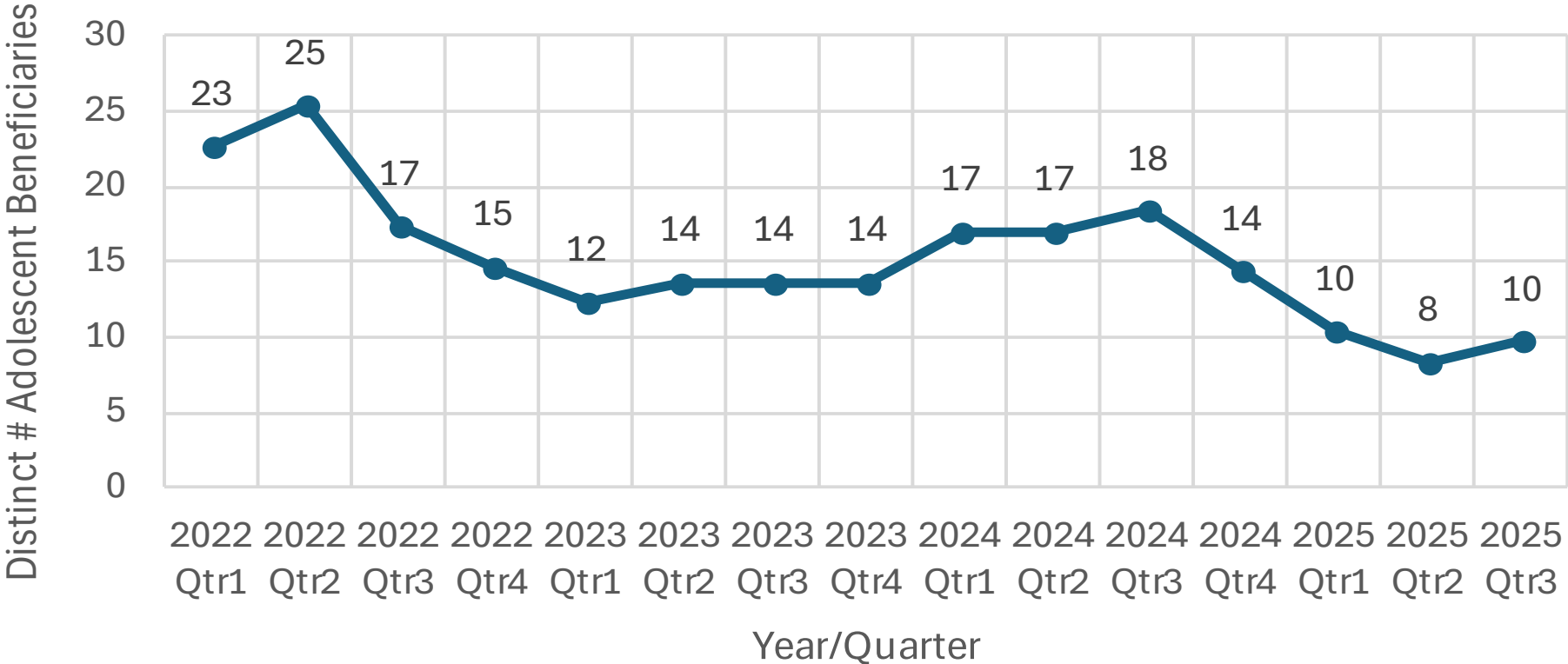
SUD Data Point: Adolescent SUD Utilization

Mark Berven, MA LADC LPCC

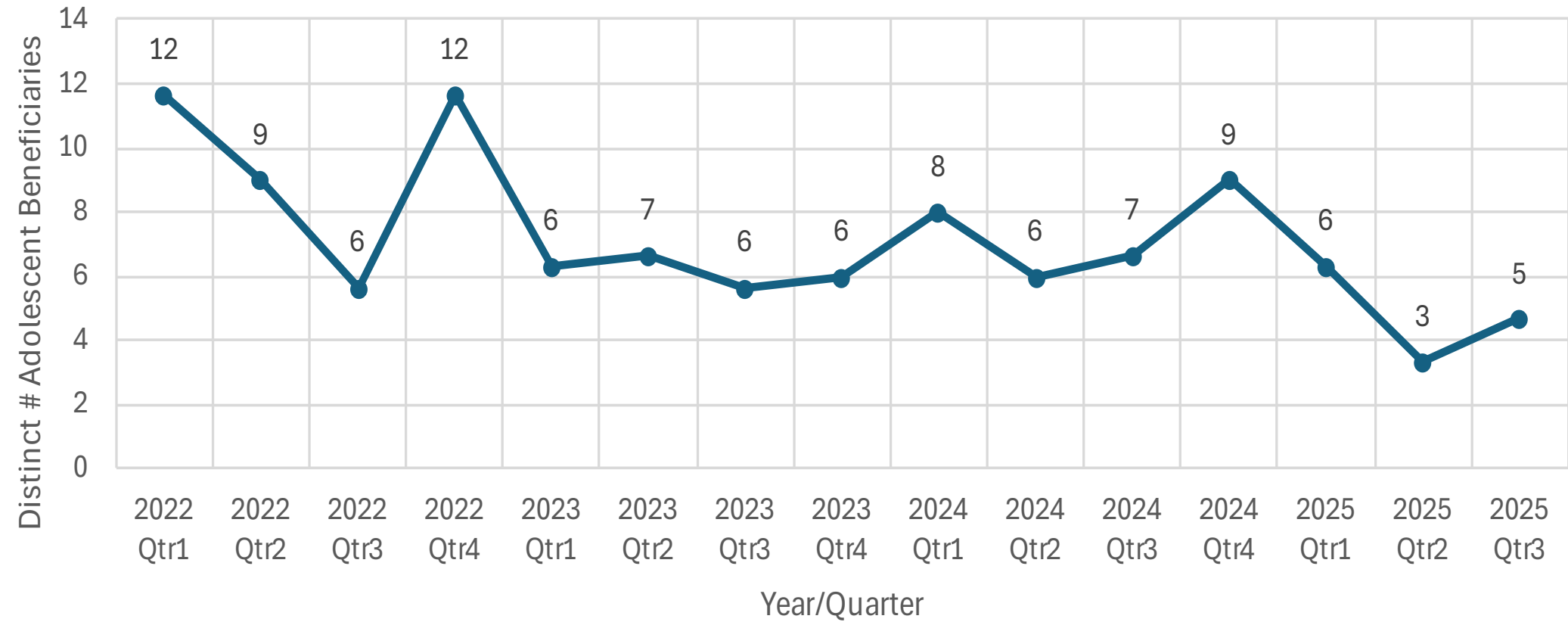
Operations Lead

SUD Policy and Reform Team

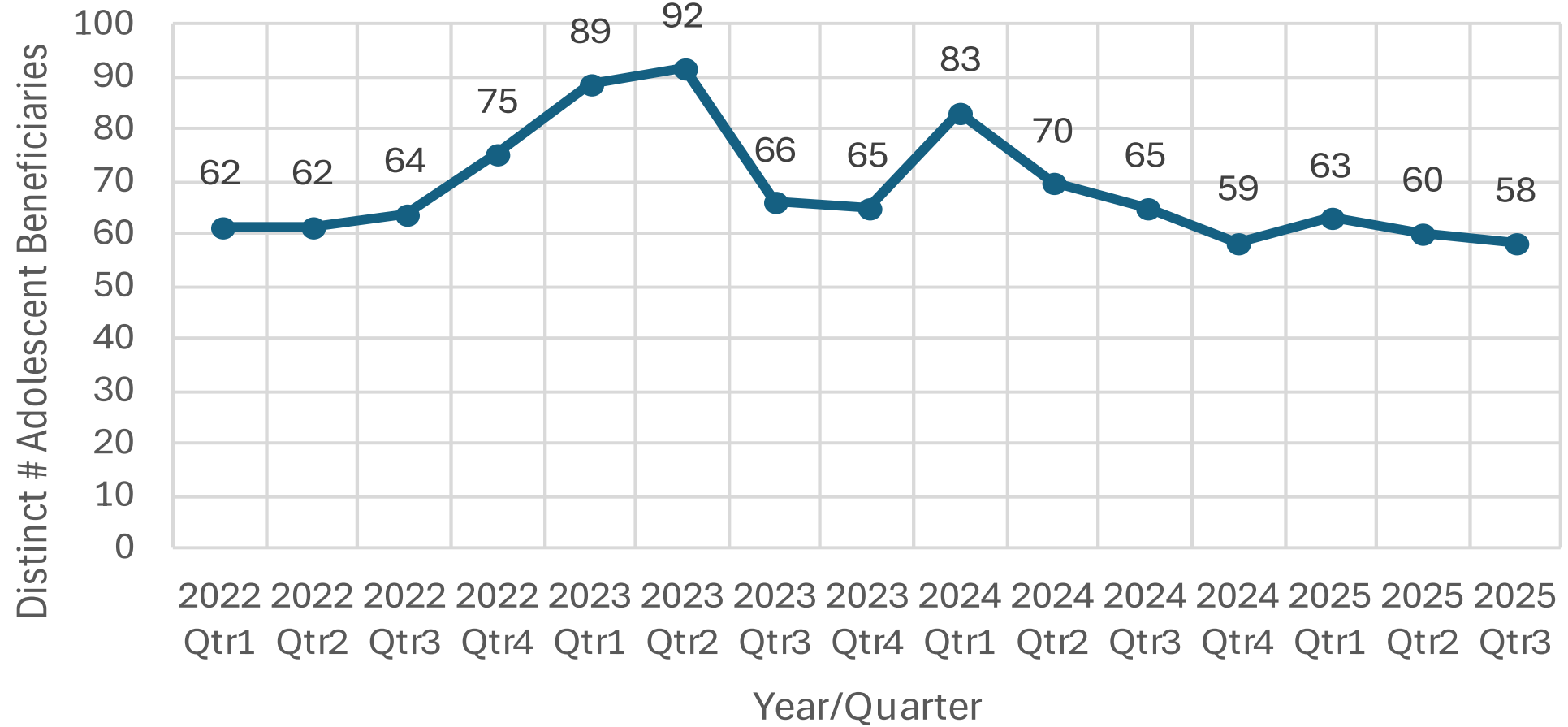
Residential program – treatment component only (MA) (Adolescent)



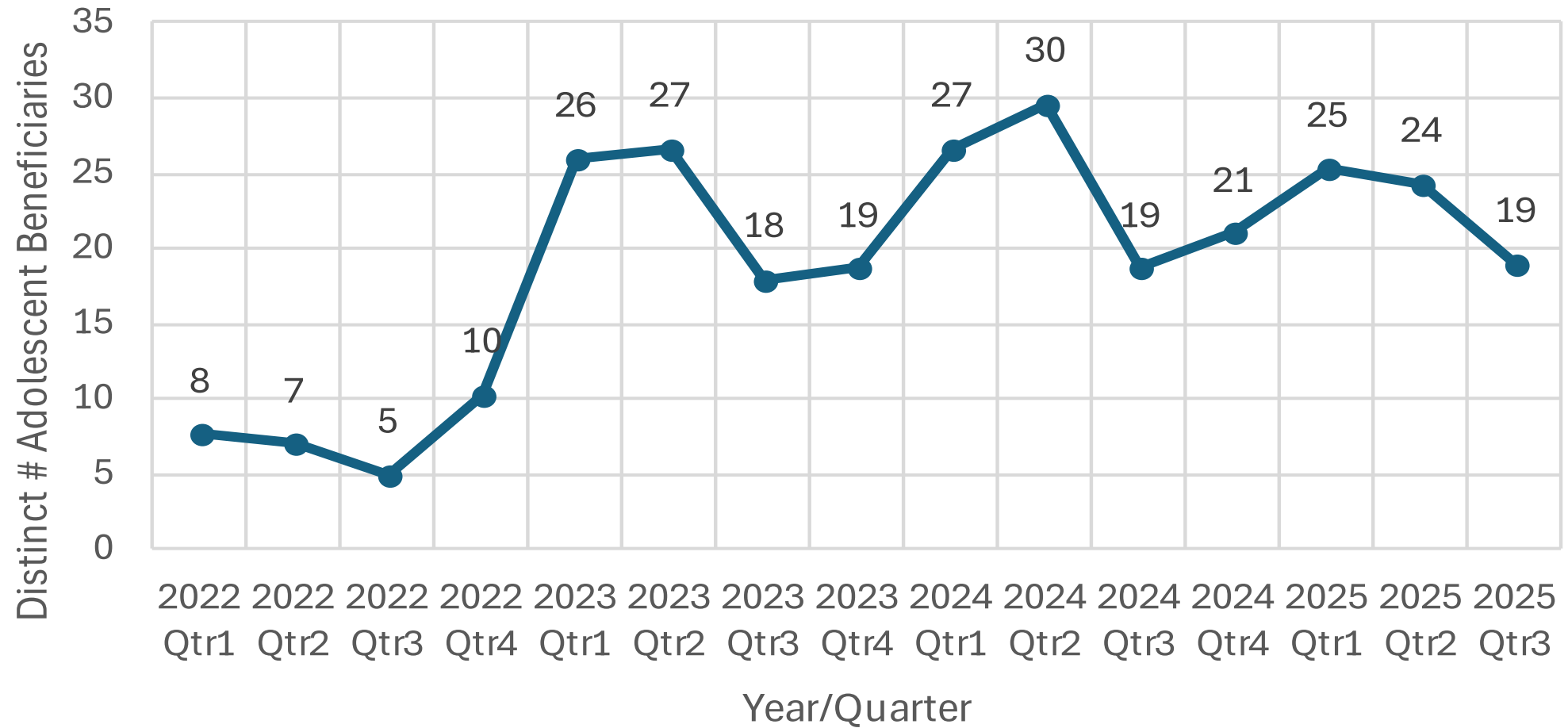
Residential program – treatment component only (OO) (Adolescent)



Outpatient (group or individual) (MA) (Adolescent)



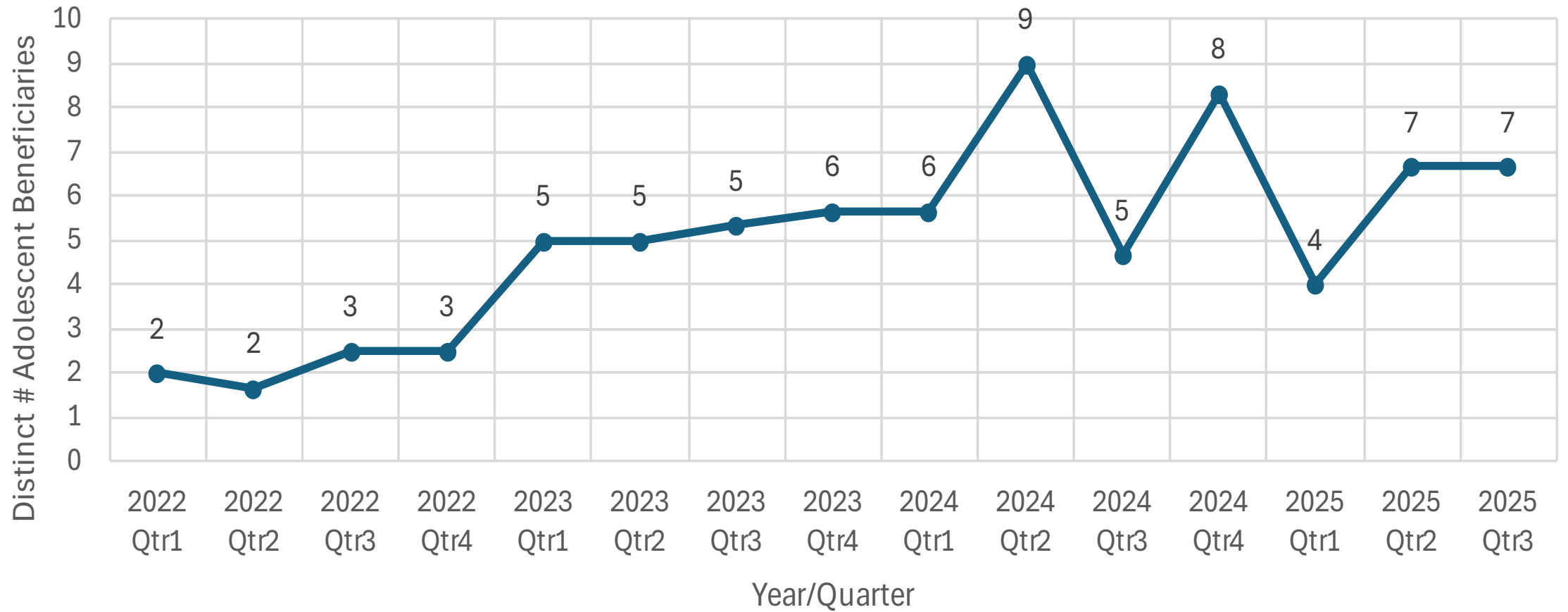
Outpatient (group or individual) (OO) (Adolescent)



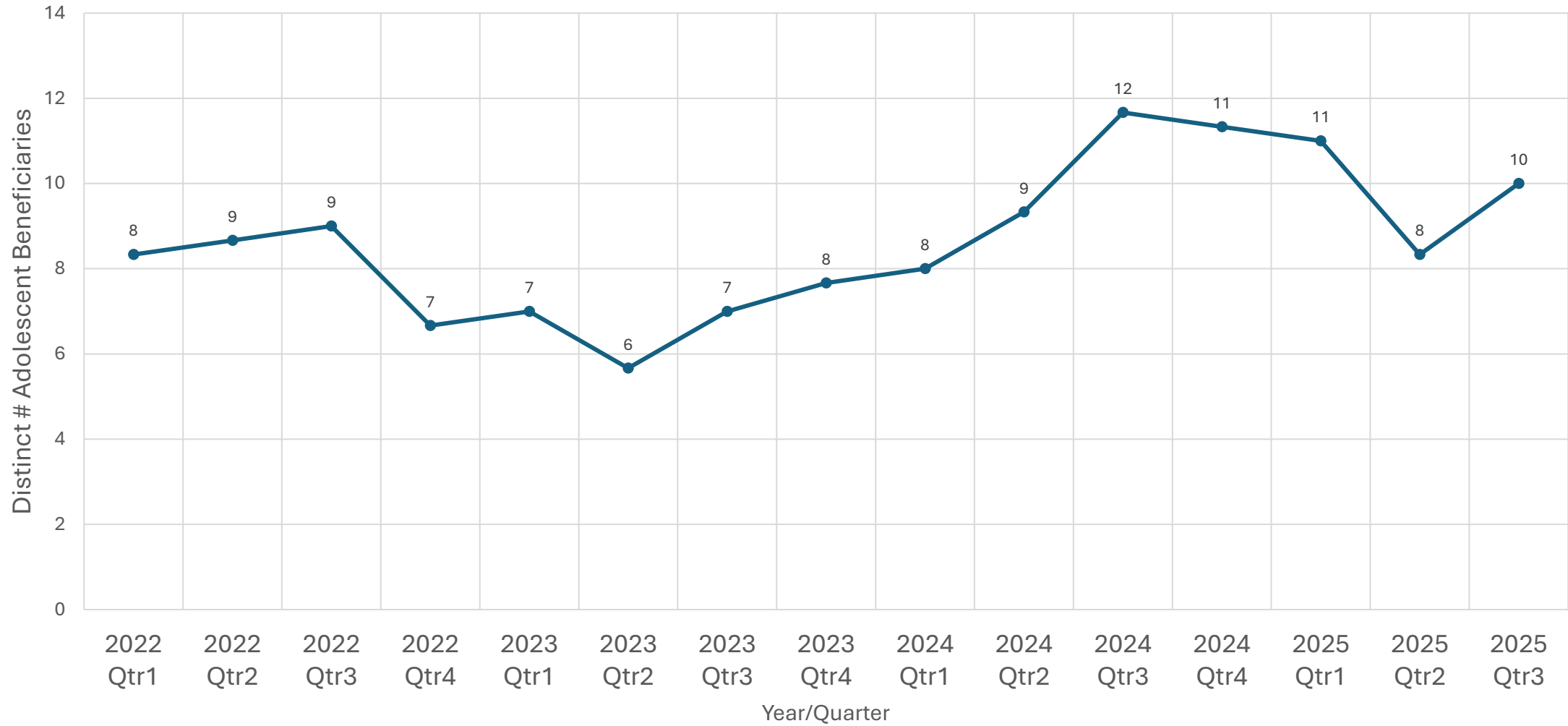
Comprehensive Assessment (MA) (Adolescent)



Comprehensive Assessment (OO) (Adolescent)



Treatment Coordination (MA) (Adolescent)



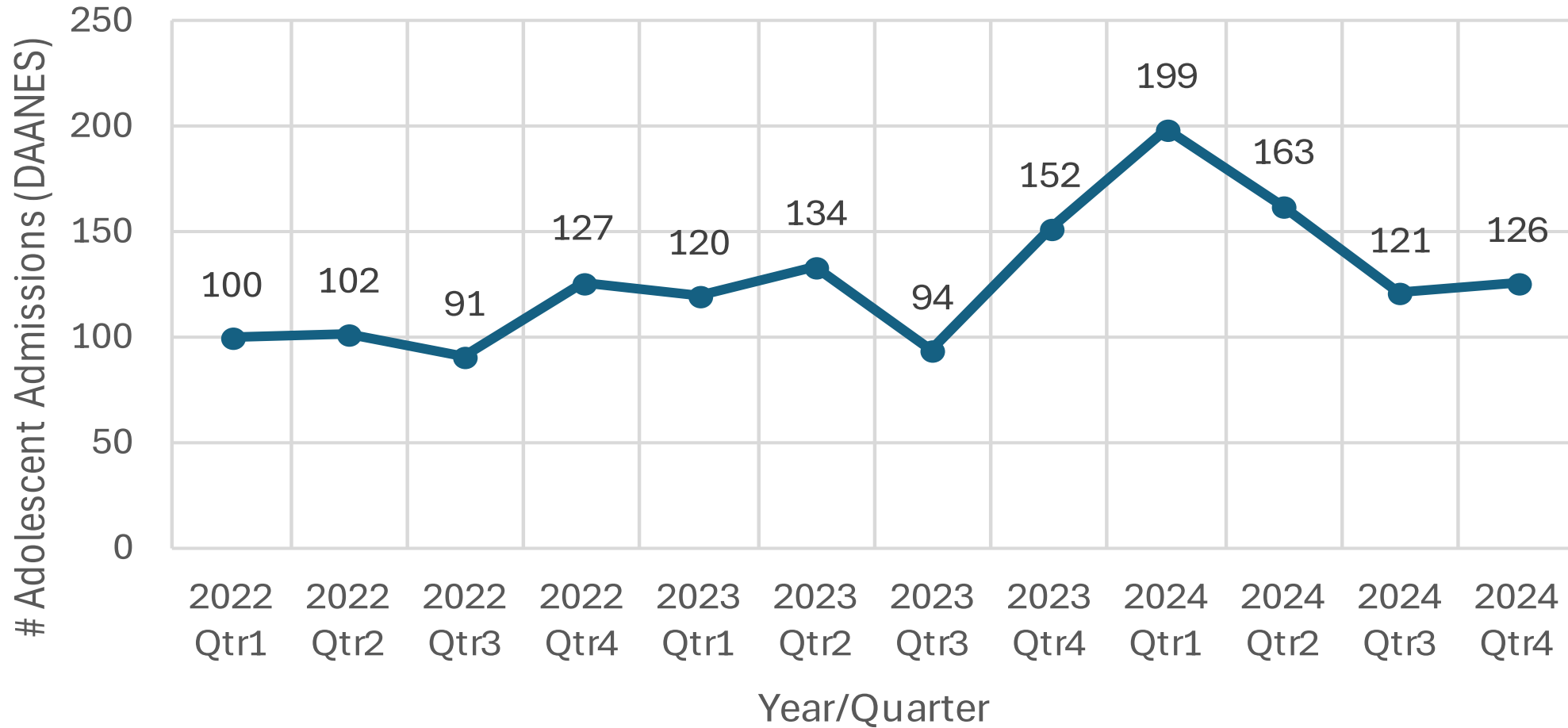
Treatment Coordination (OO) (Adolescent)



Residential Admissions (DAANES) (Adolescent)



Outpatient Admissions (DAANES) (Adolescent)



Number of providers serving adolescents:

	Residential	Non-Residential
4/6/2023	9	126
3/14/2024	9	124
2/13/2025	9	119
2/12/2026	9	124

Thank you!

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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](#).

Tobacco Reference slides

Tobacco Treatment : MHCP / MN Medicaid Coverage

2023 M.S. 256B.0625, Subd. 68

= MN Medicaid coverage of tobacco and nicotine cessation services.

Coverage is provided through Minnesota Health Care Programs (MHCP).

MHCP coverage includes:

- Individual or Group “education and counseling” treatment services
- FDA approved medications
- No service limits or prior authorizations
- Reimbursement for variety of provider types*

Tobacco/Nicotine Treatment: MHCP Coding & Reimbursement Pathways

SUD-specific Staff

Credentials	Eligible Billing Codes for Tobacco/Nicotine treatment
Licensed Alcohol and Drug Counselors (LADC)	H2035 or H2035 HQ
Upper Midwest Indian Counsel on Addictive Disorders (UMICAD) Level III certification	H2035 or H2035 HQ
Recovery Peers	H0038 U8

✓ **SUD Providers code as usual.**

DAANES/ SUD Tx Reminder

In DAANES system:

- Z72 Tobacco Use Disorder (mild)
- F17 Tobacco Use Disorder (moderate to severe)
- or any ICD Nicotine dependence diagnosis

= **Primary Diagnosis for SUD Services**

Code in DAANES as: **22**

2023- Oct 2025:

43 admission episodes
listed Tobacco/Nicotine as the
primary diagnosis

Free online training opportunities: Tobacco & Nicotine

- [Lung Mind Alliance](#): free on-demand and live webinars or in-person trainings
- [MD Anderson Cancer Center](#): Project TEACH ECHO- Tobacco Education & Cessation Program
- [Addiction Technology Transfer Center \(ATTC\) Network](#): “Understanding and Addressing Tobacco and Nicotine Use Disorder” (2.5 hours)
- [NAADAC](#): Tobacco Use Disorder: The Neglected Addiction (1 hour, CEU available for small fee)
- [Kick it California](#): Tobacco Dependence Treatment & Behavioral Health Training (3 hours)
- [National Center of Excellence for Tobacco-Free Recovery](#): On-demand webinars and monthly case consultation sessions
 - [“Getting Beyond No” | National Center of Excellence for Tobacco-Free Recovery](#)
- [PBS](#): “Reclaiming Sacred Tobacco”
- UCSF: Smoking Cessation Leadership Center
 - ["Rx for Change"](#)
 - [Webinar Archive | Smoking Cessation Leadership Center](#)
- [UW-CTRI](#) : Webinars on Tobacco Treatment Interventions and Program Policies

Tobacco/ Nicotine Screening Tools

Link	Full name	Description	Length of time
<u>TAPS</u>	Tobacco, Alcohol, Prescription medication, and other substance use tool	Online free tool that can be used by adult patient and shared with clinician or administered by a clinician.	2-10 minutes depending on how many positive responses.
<u>FTND</u>	Fagerstrom Test for Nicotine Dependence	Assesses severity of physical dependence on nicotine among adults who smoke.	2-3 minutes on average
<u>CRAFFT 2.1+N</u>	CRAFFT 2.1 + Nicotine	“The CRAFFT is a health screening tool designed to identify substance use, substance-related riding/driving risk, and substance use disorder among youth ages 12-21”	
<u>HONC</u>	Hooked on Nicotine Checklist	10-item instrument used to determine the onset and strength of tobacco dependence for adolescents. Versions for vaping and smoking.	3-5 minutes

Tobacco/Nicotine Intervention Resources

- [Tobacco Treatment Action Kit | NYC Health](#)
- [Quit Handbooks | Veteran's Administration](#): available for use with veterans or civilians.
- [Treating Dual Use of Cigarettes and E-cigarettes: A Quick Guide for Clinicians | National Center of Excellence for Tobacco-Free Recovery](#)
- [Smokefree.gov](#)
- [Tips From Former Smokers | CDC](#)
 - [Clinical Interventions to Treat Tobacco Use | CDC](#)

Lung Mind Alliance Links to Resources:

[Learning About Healthy Living](#)

- free group treatment curriculum

[Tips from the Field](#)

- implementation guide written by MN mental health and SUD professionals

[On-demand webinars](#)

- Harm Reduction
- Advanced Pharmacotherapy
- New Triangulum of Cannabis, Tobacco and Vaping
- Intersection of Commercial Tobacco, E-Cigs and Cannabis

Learning About Healthy Living

TOBACCO AND YOU

Treatment Manual
Edited & Revised 2024
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