

## Thursday Connections Q&A February 2026

### Chat Questions and Answers

**Q: Have any of the draft policy proposals changed since we reviewed them back in December?**

A: Language has been minimally updated on Revisor suggestions, but no major policy or language changes since the language was initially shared.

**Q: Is the draft language for the technical changes included in the document you're sharing? Thank you for putting that fix forward!**

A: Yes, the language for the technical proposals is included in the handout.

**Q: Are there any contacts who could discuss CHIP MA as it relates to 2023 CAA and incarcerated youth/former foster-youth? Interested in guidelines for facilities.**

A: We are still working on identifying a specific contact for this question, since it is outside of BHA's SUD division. In the meantime, please reach out to the [MHCP Provider Resource Center](#) with immediate questions by calling 651-431-2700 or emailing [dhs.healthcare-providers@state.mn.us](mailto:dhs.healthcare-providers@state.mn.us).

**Q: Last I checked, the ASAM 4 trainings were full. Will more be added?**

A: More ASAM trainings are added each month. Look for the monthly e-memo that is sent out the first week of each month

**Q: For next month's meeting, could you provide an overview of the revalidation process, DHS' Corrective Action Plan submitted to CMS, and what providers can do to prepare.**

A: We can/will briefly highlight applicable information during the Thursday SUD Connections on March 19, as time allows. Please review the following pages for more detailed information:

- [Minnesota Revalidate 2026 / Minnesota Department of Human Services](#)
- [Minnesota Provider Screening and Enrollment \(MPSE\) Home](#)
  - MPSE Portal Technical Assistance Sessions on Monday, Wednesday, and Fridays from 1 to 1:30 p.m. on Microsoft Teams platform, focused on questions related to completing off-cycle revalidation navigation for high-risk providers using MPSE.
- [News Releases | Minnesota Department of Human Services](#)

Please update your [Email subscriptions](#) to include DHS News and Program Integrity updates to receive up to date information.

**Q: Regarding billing for a DA for Co-Occurring programs... If these DAs are being completed by a separate organization with a separate NPI/Tax ID, can these still be billed for compliantly? Example: The owner of a**

**residential treatment program also owns a separate Mental Health program that provides DA's and other Mental Health services, can that organization bill for these DA's that are provided for licensed MH staff?**

**A:** Please see the e-memo sent out on February 27, linked here: [Clarification on Co-Occurring Enhanced Rate: Diagnostic assessments, individual sessions and billing requirements](#)

We are working to post this information on a DHS Provider webpage and will send out an e-memo when that has been completed.

**Q: When you refer to tobacco, are you including vape products or cigarettes only?**

**A:** It gets a bit confusing but for the policy/ leg ideas- I am speaking about both, since they fall under DSM "Tobacco use disorder".

[Sec. 256B.0625 MN Statutes](#) refers to Medicaid coverage of both “tobacco and nicotine”. On the federal level, an [FDA rule](#) in 2016 categorized e-cigarettes, as well as nicotine pouches, gels, and dissolvable products as “tobacco products”, even if the nicotine is synthetic and not extracted from tobacco leaves. Therefore, we use a Tobacco Use Disorder diagnosis for any tobacco or nicotine products. This can be confusing since tobacco and nicotine-only products are often separated in research studies and when tailoring treatment interventions on an individual level. Please reach out to Amy Stroman-Petersen at [NicotinePolicy.DHS@state.mn.us](mailto:NicotinePolicy.DHS@state.mn.us) if you have any further questions or feedback

**Q: Quit plan has resources that providers can order at no charge. It might be that I ordered those via MDH, but I don't recall off % sure.**

**A:** [Quit Partner](#) replaced Quit Plan in 2020, and is administered by MN Department of Health.

I am waiting on a reply from Quit Partner about the prior ability of providers to request bulk orders of NRT to keep on hand. Quit Partner does not currently list any option for providers to receive supply of NRT on its website.

Key info about Quit Partner:

- Quit Partner offers a [behavioral health program](#) with enhanced support for those with a behavioral health diagnosis (such as other substance use disorders). “If an individual enrolls in the behavioral health program, they will be able to receive 7 coaching calls and 12 weeks of combination NRT (patch/gum or patch/lozenge). Individuals can enroll two times per 12-month period. Individuals will also be able to enroll in other offerings such as email or text services.”
- On average, participants receive NRT within 2-3 business days of requesting it.
- Those who do not qualify for the behavioral health program, “May be eligible to receive the first 2 weeks of quit medication for free. After that, you may be eligible for additional free quit medication through the Quitline based on your health plan and employer.”
- Quit Partner also provides specialized programs for American Indian communities ([American Indian Quitline](#)), pregnant and post-partum women, and youth under the age of 18 ([My Life, My Quit™](#)).
- All Minnesota residents can call 1-800-QUIT-NOW (784-8669), and they will be directed to the appropriate program, whether it’s through Quit Partner or their health insurer.

**Q: Does the adolescent data include SUD services in 2960 programs? Or is it only 245G FFS only? Is there any way to access adolescent treatment from PMAPS?**

A: Yes, the adolescent data included 2960 programs (CRFs) as well as 245G fee-for-service claims. PMAP claims were a subcategory of MA in this data and could be filtered separately. Further questions can be directed to mark.berven@state.mn.us.

**Q: I emailed questions regarding BHF and when direction will be provided to counties on new processes set to take effect 07/01/2026.**

A: I believe we have connected. Communication for county partners, treatment programs, and Minnesotans are still being developed.