Thursday Connections with SUD at DHS

June 18, 2026 | Chat Log Questions & Answers

Please note that some of the repetitive questions from the session have been combined into same/similar questions to help keep the questions and responses more concise.

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REVALIDATION

*Responses are as of June 18- please see **MN Revalidate 2026 FAQs for Providers** in case there is updated information

Q. We submitted our revalidation appeal last week but still haven't received an acknowledgment of receipt. Can we continue services and start services with new clients in the meantime?

A: Acknowledgment emails take an average of about 8 days to go out due to the volume — this does not mean DHS did not receive your appeal. DHS logs appeals immediately but system processing takes a few days to complete. If you appealed within the last week, payments should be back on as of June 18 following a bulk reactivation. Check the next day as it takes overnight to clear. If payments are still off, please reach out.

▶ *Presentation Reference: Slides 8-9 (Provider Revalidation Steps / Appeal Process)*

Q. Could we get a meeting with DHS HCA staff to work through ongoing issues specific to SUD orgs and RCOs? Could they attend the July meeting to work through any lingering appeal issues?

A: BHA will see what we can do on this request.

Q. Will we receive the PowerPoint after this meeting? When will the PowerPoint and Chat Q&A PDF from the May 21 meeting be available on the website?

A: PowerPoint slides will be posted on the Thursday Connections with SUD at DHS / Minnesota Department of Human Services website. May 21 materials will be posted ASAP — sorry for the oversight.

Q. Why were some locations disenrolled when nobody from DHS showed up and all documentation was submitted?

A: No direct answer provided in chat or transcript. Please contact revalidation.inquiries.dhs@state.mn.us for specific cases.

▶ *Presentation Reference: Slide 9 (Disenrollment) - Disenrollment can occur at Steps 1 or 2 for failure to respond or provide required information, not only after an on-site visit.*

Q. What if we faxed the appeal, per the letter?

A: Please see Appeals process questions and answer on the **FAQ for providers**.

▶ *Presentation Reference: Slide 11 (Step-by-Step Guide to Appealing Disenrollment)*

Q. Legislative questions from 2026 session still seeking direction on: (1) Surety bonds - is the MA billing requirement for all MA services or just high-risk services? (2) Are there no limits on psychoeducation hours? (3) Is the treatment coordination limit of 5 hours/week/client across providers as well? (4) PRS billing limits -

is the 520 hours annually per calendar year or rolling? (5) If a 245G program provides CPRS but does not bill for it, will EVV be required?

A: These specific items were not addressed at this meeting and may be covered at future SUD Connections meeting. These items do not appear to have a July 1, 2026, effective date.

Q. What if we submitted updated information to authorized agents on the MPSE prior to termination (April 2026) but it is still pending — should we add that request ID to the appeal or include new paperwork? What if we completed the MPSE portal submission but it is still under review?

A: If you submitted paperwork especially close to the May 31 deadline, DHS has it but may not have had time to process and verify it. You do not necessarily need to resubmit. Check your status in MPSE and send an email to the revalidation inbox to confirm DHS has everything they need. Contact revalidation.inquiries.dhs@state.mn.us.

▶ *Presentation Reference: Slide 10 (Appeal Process)*

Q. I did not receive the new MNITS login information, but my staff reports I am active in the system. How do I rectify this? Will we be given back access to our MPSE portal in order to make corrections for our revalidation?

A: DHS recently migrated to Login Minnesota, and some notification emails went to wrong addresses, went to spam, or were sent to former staff. If you did not receive the Login Minnesota setup email, please reach out to get that resolved — Login MN access is required to get into your MNITS mailbox and MPSE. Please visit the LoginMN FAQ. This is separate from the payment reactivation process.

▶ *Presentation Reference: Slide 12 (MN-IT Mailbox)*

Q. RCOs originally enrolled as low-risk providers and just became high-risk last year. Is there a good checklist for this change and the new requirements?

A: Pease see 256B.04, subd 21 on Provider Enrollment. Paragraph (j) states, “The commissioner shall publish in the Minnesota Health Care Program Provider Manual a list of provider types designated "limited," "moderate," or "high-risk," based on the criteria and standards used to designate Medicare providers in Code of Federal Regulations, title 42, section 424.518.”

Q. Are appeals still being processed within 7 days?

A: The appeal process requires providers to submit missing information within seven business days. DHS is working through all appeals and, if DHS takes longer on its end, that is on DHS — they will continue processing. Please see Appeals process questions and answer on the **FAQ for providers**

▶ *Presentation Reference: Slide 10 (Appeal Process)*

Q. If we appealed AND received notice that billing would be turned back on, should the locations be noted as ACTIVE or still listed as Termed until the appeal process completes?

A: Once an appeal is filed, payments are reactivated, and you continue where you left off in the process. If you were at the site visit step, you go back to the site visit; if you were missing one document, it is just that document. Billing should be turned back on. Per the presentation, locations remain in the appeal process until a final determination is issued.

▶ *Presentation Reference: Slide 10 (Appeal Process)*

BEHAVIORAL HEALTH FUND (BHF) ELIGIBILITY DETERMINATION TRANSITION

Q. Will admin funding be continued to counties since we will continue to process requests until federal approval?

A: The pending federal approval does not affect BHF eligibility changes effective July 1st. The administrative allocation that was previously received by counties is going away from counties as of July 1; tribes will continue to retain their administrative allocation.

▶ *Presentation Reference: Slides 16-18 (Legislative Changes / New Process)*

Q. Is the department fully staffed to start July 1? At the last meeting there had not been any staff hired, other than Emilie, to process BHF applications — where is the hiring process?

A: We are still in the hiring process; however, we have staff ready to support when the change occurs.

Q. With 5 business days to process applications, how will that affect trust in direct access admissions?

A: DHS is aiming to not only meet but exceed the 5-business-day requirement, particularly for applications submitted electronically via the online portal. Eligibility will be backdated to the first date of care indicated on the application, so services provided before determination will still be covered once eligibility is confirmed.

▶ *Presentation Reference: Slide 16 (Legislative Changes) - Eligibility determination timeframe is 5 business days.*

Q. Will there be a way for providers to see if a client has utilized their 60 days? Will previous spans for the year be visible to providers?

A: Eligibility span information will be entered in MMIS and notices will be sent to clients and counties. Providers can check MNITS for eligibility span information. Additionally, clients will be encouraged to share their eligibility determination notice with their provider, and providers can be listed on the application to receive the notice directly.

▶ *Presentation Reference: Slide 18 (The New Process)*

Q. Can providers still ask counties the status of applications with proper releases?

A: As of July 1, BHF eligibility determinations move to DHS. Counties can still assist clients in completing the application, but the determination and status will come from DHS. Providers can be listed on the application to receive eligibility information directly.

Q. On the BHF application, will there be a box for verbal consent?

A: Applicants can provide permission for BHF Eligibility Team to share eligibility communication with other parties. Those parties would receive same communication as the applicant.

Q. What situations will the state consider approving multiple 60-day spans in 1 year? Is there an absolute limit of 120 days per year of BHF, or can there be additional reapplications?

A: There is no absolute annual cap. Each span is 60 consecutive days, and subsequent spans can be requested using the same process as the initial application. DHS expects most subsequent requests will come from clients who need treatment beyond 60 days while awaiting MA determination, who underutilized a prior span, or who have a systemic barrier such as incarceration or MA denial. As long as eligibility requirements continue to be met, additional spans can be approved throughout the calendar year.

▶ *Presentation Reference: Slide 20 (Subsequent Eligibility Requests)*

Q. Any current OO spans - will those NOT be shortened? This seems to contradict bulletins stating end dates will move to 8/31.

A: This is correct. Any spans approved by tribes/counties on/before 6/30/2026 will retain their full 12-month eligibility span.

▶ *Presentation Reference: Slide 17 (On or Before June 30, 2026)*

Q. If an application is denied and information is resubmitted, will reimbursement still start at the beginning of the treatment episode if the application was submitted while the client was already receiving services?

A: Per the transcript, DHS will backdate eligibility to the first date of care indicated on the application. If the application is denied due to incomplete information, the client can reapply with the missing information. For specific scenarios, contact dhs.BHF@state.mn.us.

Q. Will we be able to receive a verbal approval for BHF in order to allow clients to admit to residential?

A:

Eligibility determination will be communicated via applicant's preferred contact method. If providers are listed on application for release of eligibility determination information, they will also receive this same communication via their indicated communication mechanism (email or mail)

Q. If Living Arrangement is not correct after BHF is approved, do we still contact the county to update Living Arrangement Codes? Will DHS be taking over Living Arrangement updates either July 1st or in the future?

A: Statute does not assign living arrangement responsibility to the state; it remains with the county. DHS will flag living arrangement and third-party liability information that needs updating in the CFR notice sent to counties, but the actual updates are to be made by the county. DHS will assess capacity to take on living arrangement updates over the next several months for clients who include this in their application.

▶ *Presentation Reference: Slide 18 (New Process) - Living Arrangement & Third-Party Liability updates are to be entered by the county.*

Q. Does the county get BHF notices in the MnITS mailbox?

A: Counties will be notified of both eligible and ineligible determinations. DHS is asking counties and tribes to provide a shared email address (not a single individual's address) to receive CFR determination notices. These notices will include the client's PMI number, MAXIS case number, MCO enrollment information, and any living arrangement or third-party liability information that needs to be updated. Please send your county's contact email to Emilie.Volkman@state.mn.us.

▶ *Presentation Reference: Slide 18 (New Process)*

Q. Is there a link or email to send BHF applications? When will the website and forms be available?

A: Applications can be submitted by mail (DHS-2780A) or electronically via BHF website: Need help paying for substance use disorder treatment? / Minnesota Department of Human Services . Link to forms and application submission links will be available on the BHF website on/before 7/1/2026.

▶ *Presentation Reference: Slides 22-23 (DHS BHF Enhancements)*

Q. Do you have or can you send something about what the BHF portal looks like, how to access it, and how to navigate it? Will providers find approvals on the new website before approval is noted in MNITS?

A: Online tool will only be for submission of forms to DHS. All eligibility determination will be sent to client / other identified parties via their designated communication mechanism and will be entered into MMIS by and populated to MNITS. Applicants are encouraged to share their eligibility determination notice with providers.

▶ *Presentation Reference: Slide 23 (DHS BHF Enhancements)*

Q. Within the 5-day wait period, will any services provided be covered?

A: Yes. Per the transcript, DHS will backdate eligibility (if approved) to the first date of care indicated on the application. Providers should encourage clients to list them on the application to receive the eligibility notice, so they know when the span is confirmed.

Q. How are homeless/unhoused individuals supposed to address an audit? What about clients who are not English-speaking — would DHS contact them via interpreter? What languages will the application and website be written in?

A: Application forms will be available in multiple languages and language services are available and noted on the application. DHS will communicate via text, email, or mail — whichever the client indicates on the

application. For unhoused clients, the audit documentation bar is not high: DHS is looking for a list of household members (which may just be the client themselves) and some documentation of income such as a paystub, benefit statement, or a signed statement that they have no income. If no response is received to an audit notice, no further funding can be approved beyond the audited span until documentation is provided. Audit requests will also be sent to other parties listed on the application.

▶ *Presentation Reference: Slide 19 (BHF Program Integrity Audit)*

Q. Will providers' payments be taken back if a client fails to provide documentation during an audit? Does fund recovery come from the provider or from the client/recipient? If a client is approved, later audited, and you cannot connect with them again, will the provider still be reimbursed?

A: The initial 60-day eligibility span is not affected by the audit — services provided during that span will be covered regardless of audit outcome, as the audit occurs after the fact. If a client does not respond to the audit, they will not be approved for additional funding until documentation is provided. If documentation shows the client was ineligible, fund recovery processes would apply. DHS did not specify whether fund recovery would come from the provider or the client — contact dhs.BHF@state.mn.us for clarification.

▶ *Presentation Reference: Slide 19 (BHF Program Integrity Audit)*

Q. Will all incarcerated clients have access to a computer to apply for BHF? How are incarcerated individuals supposed to access the BHF form?

A: Jails and counties are responsible for providing a mechanism to apply for BHF. The form can be printed, completed by hand, scanned, and emailed or uploaded to the online website. Jail staff may assist with the process, but the client must sign the form themselves. Providers, county case managers, and other support people can also assist in completing the form as long as the client signs and attests to its accuracy.

Q. Regarding the audit, how is DHS going to get information from an applicant who is incarcerated?

A: DHS will send the audit documentation request as part of the eligibility approval notice. DHS will communicate via text, email, or mail. Jails and counties are responsible for providing clients with a mechanism to submit the required documentation. The documentation bar is low — a list of household members and something showing income (or a signed statement of no income) is sufficient.

Q. Will clients be able to call if they have questions and speak to someone?

A: The DHS BHF inbox (dhs.BHF@state.mn.us) has been established for questions. The website will also contain eligibility information and guidance. DHS did not confirm a phone line for clients in the transcript — contact dhs.BHF@state.mn.us for the most current contact information.

▶ *Presentation Reference: Slides 22-23 (DHS BHF Enhancements)*

Q. Previously people who received BHF could also get treatment coordination through the county. Is that still an option?

A: DHS is taking over only the eligibility determination function — not treatment coordination or referral assistance. Counties and tribes may continue to offer treatment coordination if they choose. DHS is encouraging counties and tribes to consider whether there is a gap in their geography that needs to be filled and whether they or providers could offer treatment coordination to support clients. Providers may also wish to expand their service offerings.

▶ *Presentation Reference: Slide 25 (Action Items)*

Q. What happens if a county believes the client is the CFR of another state?

A: The CFR Dispute Form is available for counties to submit to DHS to dispute financial responsibility assignments. If both counties agree on the reassignment, the form can be submitted to DHS. If there is disagreement, a full appeal process is the next step.

▶ *Presentation Reference: Slide 22 (DHS BHF Enhancements)*

Q. What if the tribe is out of state?

A: If a tribal member identifies themselves as such on the application, financial responsibility is assigned to the member tribe regardless of physical location. If the tribe is out of state, financial responsibility will be assigned to the county.

▶ *Presentation Reference: Slide 24 (County/Agency of Financial Responsibility)*

Q. Will DHS backdate to the start of services if the client cannot complete the application on the initial date of service? How far back will DHS backdate?

A: Yes. Per the transcript, eligibility will be backdated to the first date of care indicated on the application. Clients do not need to have completed the application on day one of services.

Q. Will there be requirements that clients apply for MA to be considered for subsequent BHF spans?

A: No direct requirement was stated, but the intent of BHF is to be a temporary bridge while clients pursue longer-term funding sources such as MA. Eligibility notices include MA application guidance. Most subsequent requests are expected from clients awaiting MA eligibility determination.

▶ *Presentation Reference: Slide 20 (Subsequent Eligibility Requests)*

Q. What if a client is enrolled in MA but the organization is out-of-network for their PMAP? Can we request BHF?

A: No. Clients with active MA are not eligible for BHF. Clients should contact their health plan for assistance in locating a provider.

▶ *Presentation Reference: Slide 15 (What is the Behavioral Health Fund?) - BHF is for clients NOT enrolled in Medical Assistance.*

Q. Can you please get the questions and answers submitted timely to the DHS webpage so providers have responses before the BHF changes go into effect on July 1, 2026? It is critical that providers get answers to these questions prior to July 1st — these changes are too vast and complex to address in a memo. What is the plan?

A: DHS committed to working diligently between the June 18 meeting and the upcoming webinar to go through BHF questions and update slides to reflect answers to frequently asked questions. A special BHF webinar was being scheduled for June 25, 2026 (morning, on Teams). Main Q&A responses were expected to be posted by the following Monday. The BHF transition will also be a standing agenda item at every Thursday Connections meeting for the next six months.

Q. If a person resides at a recovery residence with a housing support agreement and begins working, will the majority of their income go to the county/state like other Housing Support/LTH programs?

A: DHS committed to connecting with the Housing team to provide an answer to this question on the Q&A.

SUD TREATMENT SERVICES / BILLING CHANGES

Q. So we continue to use H2035 codes. What about time for units? Do we continue the current units or transition to 15-minute increments?

A: H2035 and H2035 HQ are not changing to 15-minute units and will remain a 1-hour unit. The 15-minute units will only be in effect once the new codes are approved and replace H2035. Providers should bill according to a 1-hour code as it has been and according to the MHCP Provider Manual SUD page under "Billable Units and Time Requirements".

▶ *Presentation Reference: Slides 31-32 (SUD Outpatient Billing)*

DEPARTMENT OF HUMAN SERVICES Thursday Connections with SUD at DHS

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Q. Do we need change the time length? We are now billing for 1 hour sessions and I have reconfigured all group schedules to accommodate 15 min increments beginning 7/1.

A: .Until DHS notifies you that the new 15-minute unit procedure codes are effective, continue to use procedure codes H2035 and H2035 HQ and provide services in 1-hour units. DHS will give providers notice with a future effective date before the changeover occurs.

Q. How much notice will providers have before the new codes are effective? Will providers need to resubmit claims for July 1 through the approval date, or will the new codes be used prospectively?

A DHS plans to notify providers with a future effective date for when the changes to treatment services and outpatient billing as soon as possible. The plan will be for providers to use the new procedure codes prospectively from the effective date, without resubmission of prior claims. Claims submitted for services that occurred prior to the effective date will still be submitted under H2035 and H2035 HQ.

Q. Are rates still going to be tiered for psychotherapy vs. psychoeducation?

A: As long as providers are still billing H2035 and H2035 HQ, there will be one rate for counseling and education. Once the new codes are in effect, separate rates will apply for individual counseling, group counseling, individual psychoeducation, group psychoeducation, individual recovery support, and group recovery support.

▶ *Presentation Reference: Slide 32 (SUD Outpatient Billing)*

Q. Will H0001 still be used for assessments?

A: Yes.

Q. Will there be no changes to revenue codes?

A: Correct, no changes to revenue codes. The same revenue codes that are used with H2035 (0944, 0945, and 0953) will be used with the new procedure codes once those become active (per the Revisions to the upcoming substance use disorder (SUD) outpatient billing changes eMemo). Providers will not have to use a specific revenue code to identify the ASAM level of care provided.

Q. For outpatient treatment TOB (type of bill), I have been using 89*. Will this be changing to 83*?

A: DHS had previously planned changes for outpatient claim formats/type of bill but that change will not be moving forward. Once the new outpatient procedure codes become effective, providers will submit claims for H0004 U8, H0005 U8, and H2027 U8 using the same claim formats currently used for H2035 and H2035 HQ. Until the new codes are effective, continue to bill as you have been. A grid of current billing formats is available on the MHCP provider manual. The manual will be updated with information on the new procedure codes closer to the effective date.

Q. Is H2017 U8 considered a replacement code to H2035 applicable to revenue code billing, or does it only apply to H0004 U8, H0005 U8, and H2027 U8?

A: H2017 U8 will be the procedure code for recovery support, which is a new treatment service type, so it is not a replacement for H2035. H2017 U8 will only be able to be billed on claim format 837P, just as treatment coordination and peer support are billed.

▶ *Presentation Reference: Slide 32 (SUD Outpatient Billing)*

Q. Did the legislative proposal to limit psychoeducation to 2 hours per day pass? Are there limitations on units per day or per week for each of the new codes?

A: There is not a 2-hour daily limit for SUD psychoeducation in law. Outpatient psychosocial services (counseling and psychoeducation) are limited to a combined total of 6 hours per day and 30 hours per week, with an authorization process available for more hours. The process to request approval for more hours is on

the MHCP Provider Manual Substance Use Disorder (SUD) Services page. Recovery support will be limited to 16 units (4 hours) per client per day for combined individual and group services (H2017 U8 and H2017 U8 HQ).

▶ *Presentation Reference: Slides 30, 38 (ASAM Levels and Hours / 245G Treatment Services Change)*

Q. The Group Psych Ed code will have 3 modifiers if using a rate enhancement modifier. Will MN-ITS accept Group Psych Ed: H2027 U8 HQ UC?

A: There is a limit of 4 modifiers on each outpatient SUD claim but 3 modifiers should be fine. Please contact the Provider Resource Center if you experience issues with a claim with 4 or fewer modifiers.

Q. Will H0005 U8 also need to include the HQ modifier to indicate it is a group?

A: No, because H0005 already has a description to indicate it is a group service.

Q. Will Policy and Procedure's effective date be correlated to the notice sent regarding billing?

A: The effective date for both the treatment services changes for all SUD providers and the billing procedure changes for outpatient providers have been delayed. The treatment services description changes in statutes 245G.07 and 254B.19 will be effective at the same time as the new procedure codes for outpatient services. Providers should prepare updates to treatment services description policies and procedures now as needed, and then implement the policy and procedure changes once the statute changes are approved and an effective date is announced. If there are additional questions, please email SUD.Direct.Access.DHS@state.mn.us.

Q. Can you clarify what the recovery support service is? Is it primarily related to ARMHS services or can it be a mental health provider within a co-occurring SUD facility providing mental health care to clients individually or within a group?

A: Recovery support is an SUD service described in section 245G.07,subdivision 2a. It is not an ARMHS or mental health service. Once approved, it can be provided as part of a state or tribally licensed SUD treatment program by a staff member who meets the qualifications of behavioral health practitioner in 245G.11, subdivision 12. SUD recovery support services cannot be provided by a private-practice provider, a county, or an RCO (see section 254B.0501 for provider eligibility). Recovery support services are an optional treatment service that may be provided individually or in a group to a client in addition to psychosocial services, based on the individual client needs. Treatment programs are not required to provide recovery support. See the Information on 2026 Changes (PDF) on the SUD Reform website for additional information.

Q. For hiring Recovery Support staff (BHPs) - are they eligible to provide treatment coordination? Can they provide community-based services in clients' homes or the community?

A: Behavioral health practitioners will only be able to provide treatment coordination if they also meet the qualifications for treatment coordinators in section 245G.11.,subdivision 7. Some SUD treatment services, including recovery support services, may be provided off-site as described in section 245G.07, subdivision 4. Services provided in the community that are not part of the SUD treatment program cannot be billed by the SUD program. Note also that SUD providers cannot provide or bill for recovery support services until the changes have been approved and implemented.

▶ *Presentation Reference: Slide 39 (Recovery Support Services)*

Q. What will DHS do about the fact that the definitions of psychoeducation and psychotherapy are not mutually exclusive in ASAM, MN legislation, or the CMS application? This will cause confusion between providers, payers, and regulators. Can education be used within a group counseling session, or will providers be penalized for not separating them?

A: The psychosocial services that will be required for each ASAM level of care once the changes are implemented are counseling and psychoeducation, which are differentiated in both Minnesota statutes and the ASAM 4th Edition. Counseling provides guidance and assistance using therapeutic interaction such as examining problems, discussion, individualized feedback, and emotional processing. Psychoeducation provides information using educational approaches including structured presentations, didactic teaching, and experiential learning. Outpatient providers must bill counseling and psychoeducation separately. See the Information on 2026 Changes (PDF) on the SUD Reform website for additional information, including the definitions of counseling and education from the core functions for Alcohol and Drug Counselors found in statute 148F.01. Additionally, there are numerous sources of information online and providers can consult with their licensing board if additional assistance is needed in understanding the difference.

▶ *Presentation Reference: Slide 38 (245G Treatment Services Change - Counseling vs. Psychoeducation)*

Q. If treatment coordination is not part of psychosocial services, does it still have to be part of the client's Treatment Plan?

A: Yes. All treatment services that will be provided to the client must be on the treatment plan.

Q. Does Level 3.5 'daily services' include weekends and holidays?

A: Yes.

▶ *Presentation Reference: Slide 30 (ASAM Levels and Hours)*

Q. Is there any clarification about H2035 claims billed to primary commercial insurances when different codes are needed for secondary Medicaid?

A: DHS may need to better understand the specific question. The new codes will have to be used for Medicaid billing once effective. Contact SUD.Direct.Access.DHS@state.mn.us with your specific scenario.

Q. When billing Medicaid as a secondary funder, will H2035 be accepted?

A: H2035 and H2035 HQ will no longer be used or available to bill once the new codes are implemented for services provided after the effective date. DHS cannot speak to commercial insurance payers' practices.

Q. Will these changes impact clients receiving care while having a commercial plan, since commercial plans typically reimburse per diem vs. units for outpatient?

A: Since the current codes are units and not per diem, it is possible for it to work the same way. DHS cannot speak to commercial insurance payers' practices.

Q. For members who have other coverage primary, would the other coverage bill H2035 or one of the new codes?

A: To DHS's knowledge, managed care organizations would be utilizing the same codes as fee-for-service. DHS cannot speak to commercial insurance payers' practices.

Q. Is anything being done to ensure PMAP policies are ready to accept the new billing codes? Are DHS and MCOs working together, and will MCOs require contracted providers to get these codes added into their contracts before billing?

A: DHS has been presenting information on these codes to MCOs and notifying them they are coming over the past several months to prepare for the transition. DHS does not know whether individual MCOs will require contract amendments — contact your MCO directly to confirm their requirements.

Q. For CCBHC agencies - what should we do regarding the new procedure codes and how claims are submitted?

A: DHS is still determining whether outpatient SUD providers that are part of a Certified Community Behavioral Health Clinic (CCBHC) that bill a daily rate will use the new procedure codes and how claims will be submitted. Continue using H2035 and H2035 HQ for applicable SUD services until you receive further direction from DHS. DHS will communicate with CCBHC providers specifically about any changes that will eventually occur.

▶ *Presentation Reference: Slide 32 (SUD Outpatient Billing)*

Q. Are MN-ITS engineers already working on programming these codes into the billing system, or are they waiting for federal approval?

A: The programming work is in process.

RECOVERY RESIDENCE CERTIFICATION

Q. What is the mandatory vs. voluntary aspect for Tier 1 recovery residences? Why certify if certification is voluntary and there is no financial benefit for Tier 1?

A: Certification is voluntary, but all recovery residences that use the title 'recovery residence' must meet all requirements under 254B.211 regardless of certification status — including written policies, resident safeguards, and compliance with state laws. They are still subject to DHS investigations. The benefit of certification is acknowledgment of meeting a minimum set of national standards (providing assurance to prospective residents), technical assistance and DHS support, and inclusion in a statewide registry. Uncertified residences will not be added to the statewide registry and cannot enter into a Housing Support agreement with DHS.

▶ *Presentation Reference: Slide 50 (Legislative Updates)*

Q. When December 31 comes and FSRB is eliminated, what are programs supposed to do with residents if they do not have a DHS license approved? Can DHS work out a continuity plan?

A: Current Free Standing Room and Board (FSRB) programs can become certified recovery residences and be approved for Housing Support while they continue to serve FSRB-eligible clients. After December 31, 2026, no new FSRB claims will be approved, giving programs a six-month transition window. Residents who remain eligible for FSRB have an assessed need for residential level of care and should be transitioned to an appropriate treatment environment during that window.

▶ *Presentation Reference: Slides 48, 50 (Recovery Residence Funding / Legislative Updates)*

Q. With the requirement that recovery residences charge a fee - is that fee paid through the housing support agreement? Are residents also charged additional fees? What factors are in place to address potential kickbacks between Level 2 Recovery Residences and treatment programs?

A: Housing Support is a monthly benefit for housing and may be used by the individual to cover fees associated with their housing costs. Increased oversight by both Behavioral Health Administration (BHA) and Homelessness, Housing and Support Services Administration (HHSSA) will be implemented to address billing concerns and uphold payment integrity, and to ensure clients have direct access and choice for treatment and housing.

▶ *Presentation Reference: Slide 48 (Recovery Residence Funding)*

Q. If a person resides at a recovery residence with a housing support agreement and begins working, will the majority of their income go to the county/state like other Housing Support/LTH programs?

A: The Housing Support Program through DHS (HSP) will not refer to certified recovery residence (CRR) settings as supportive housing. When the Homelessness, Housing and Support Services Administration

(HHSSA) uses the term "supportive housing," they are referring to a setting where people have a leased unit. Income is calculated differently in group settings and supportive housing, so that language distinction is important. CRR settings are group settings, not supportive housing. CRR settings are not connected to Long-Term Homelessness (LTH), so in talking about what people pay in CRR, this should not be confused with LTH. LTH settings are supportive housing and use a different calculation.

There are materials on HB101 and DB101 about how people's work income is calculated and what their client obligation will be. The What You Pay page on DB101 probably does the best job in writing explaining the way earned income is calculated. People in CRR would need to review the section "What you Pay (***NOT*** Supportive Housing)." In HB101, there's a short video that explains HSP and work. Unfortunately, that video has not been updated every year, so the personal needs allowance amount is outdated.

LICENSING CHANGES (245G / ALL LICENSE HOLDERS)

Q. Will there be a DHS form for tobacco and nicotine information? Must the material itself be in the client's chart, or just documentation that education was provided?

A: Yes, there will be a DHS-approved form similar to the opioid education that is currently required. The form is not required until January 1, 2027. Documentation that the tobacco and nicotine education material was given to the client on the service initiation date must be in the chart. DHS is still seeking input from providers to finalize the tobacco education handout — watch for more information in July.

▶ *Presentation Reference: Slide 56 (Additional Changes for 245G Programs)*

Q. When will the nicotine guidance be approved by the commissioner?

A: DHS is still seeking input from providers to finalize the DHS tobacco education handout.

▶ *Presentation Reference: Slide 56 (Additional Changes for 245G Programs)*

Q. PRS billing limits (line 175.9): Is '520 hours annually' limit for Peer Recovery Services (CPRS) per calendar year or rolling?

A: The 520-hour annual limit for Certified Peer Recovery Specialist (CPRS) services is based on the calendar year, similar to how ARMHS annual limits are structured.

Q. Electronic Visit Verification : if you are a 245G and provide CPRS (We do not bill for this it is just provided) will EVV be required?

A: Please see guidance on the MHCP provider news and updates / Office of Inspector General webpage, under "News and updates", "(July 2, 2026) Electronic visit verification compliance updates and reminders".

GENERAL / LOGISTICS

Q. Any chance these meetings can be scheduled to go longer than 60 minutes? There never seems to be enough time.

A: The next Thursday Connections with SUD at DHS will be July 16th and is an extended 2-hour session (2-4 p.m.). The BHF transition will be a standing priority agenda item at every Thursday Connections meeting for the next six months.

▶ *Presentation Reference: Slide 3 (Next Thursday Connections)*

Q. Will a video of this training be available after it concludes? Will there be a transcript of the chat?

A: The Thursday Connections sessions are not recorded. This Q&A document encompasses the questions and answers from the session chat.

Q. It would be incredibly helpful if there was a function to put in an email address and be notified when something new is placed in our MN-ITS mailbox.

A: No direct answer provided in chat or transcript. This is noted as a suggestion for DHS.

Q. Who can I talk to about tribes, BHF, and SUD billing codes?

A: A good contact for tribal BHF and SUD matters is Michaela.Seiber@state.mn.us. For BHF eligibility questions: Emilie.Volkman@state.mn.us. For SUD billing code questions: SUD.Direct.Access.DHS@state.mn.us.