DEPARTMENT OF HUMAN SERVICES

Chat Questions & Answers | Special Session - Connections Meeting | June 25, 2026

Behavioral Health Fund (BHF) Eligibility Transition from Counties to State

Similar and duplicate questions have been merged.

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Eligibility Coverage & Insurance

Q: Does BHF coverage apply when a client has a deductible, copay, or coinsurance? If someone has commercial insurance that doesn't cover SUD at 100%, can they still qualify for BHF or use it as backup funding?

A: Coverage has not changed and would work as it has in the past.

People with insurance that covers less than 100% of their SUD treatment service costs may be eligible for Behavioral Health Fund (to cover the unpaid portion of the treatment service cost).

Q: For minors with commercial insurance that doesn't cover SUD at 100%, would BHF cover the remaining balance? Is BHF eligibility based on the minor's income or the parents' income too? If the patient has a commercial plan, will they need to provide an Explanation of Benefits?

A: Coverage has not changed and would work as it has in the past.

People with insurance that covers less than 100% of their SUD treatment service costs may be eligible for Behavioral Health Fund (to cover the unpaid portion of the treatment service cost); adults, minors, or minors giving effective consent.

Minor's income is based on their household income:

- **Adults:** Count the combined income of all members of your household (yourself, your spouse, your minor-aged children, and your spouse's minor-aged children living in the same home/dwelling)
- **Minors:** Count the combined income of your household members **excluding your own income** (count income of your parents and minor-aged siblings living in the same home/dwelling)
- **Minors Giving Effective Consent:** Count only your own income.

No EOB is needed; just insurance plan information as required on the application document (2780A).

Q: Is the 60-day span for residential treatment only, outpatient only, or both?

A: The 60-day span covers all SUD treatment services — there is no change to the types of services covered by the Behavioral Health Fund with the July 1 implementation. BHF may fund residential SUD treatment services or outpatient SUD treatment services (or both).

https://www.revisor.mn.gov/statutes/cite/254B.03#stat.254B.03.2

Payment from the behavioral health fund is limited to payments for services identified in sections 254B.0501 to 254B.0507, other than detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and detoxification provided in another state that would be required to be licensed as a substance use disorder program if the program were in the state.

Q: How many times a year can a client apply for BHF?

A: There is no 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 awaiting an MA determination, who were denied MA, or who experienced incarceration. As long as eligibility requirements continue to be met, additional spans can be approved throughout the calendar year.

Q: Is there a list of hard-stop reasons a client would not be eligible for BHF, such as income being too high?

A: BHF pays for SUD treatment for clients who:

- meet income/household limits;
- have no active Medical Assistance (incarceration = suspended MA);
- do not have insurance or a third-party payer covering 100% of SUD treatment costs; and
- are a MN resident.

Clients who do not meet these criteria would not be eligible.

Q: Will patients with chemical dependency (CD) commitments receive the same 60-day span?

A: Yes — the 60-day span applies to all BHF-eligible clients. There is no change to the types of services or populations covered. BHF eligibility criteria remain the same; only the determination entity (now DHS) and span length (now 60 days) have changed.

Q: We have Medicare clients in and out of the hospital/SNF — Medicare B doesn't cover OTP services in that status. Is the client eligible for BHF during the inpatient/SNF stay?

A: There are no level-of-care restrictions to what BHF can pay for eligible clients (clients in the hospital or nursing home may be eligible). If insurance (Medicare or any other insurance) does not cover 100% of the cost of SUD treatment services, the client may be eligible (if they meet other eligibility criteria).

Q: How does the new process affect adolescents?

A: Adolescents follow the statute guidance; if they meet income/household size limits, do not have insurance coverage that covers 100% of SUD treatment cost, and are a MN resident, they may be eligible for BHF funded SUD treatment services.

Q: How will this affect undocumented clients or individuals who are not a resident or citizen? Will they still be eligible?

A: There is no citizenship eligibility criteria BHF. Non-citizens that meet eligibility criteria may be eligible for BHF funded SUD treatment services.

Application Form & Submission

Q: Will the PowerPoint/presentation materials from this meeting be shared?

A: Yes.

Q: Does the client fill out the form, or can providers assist?

A: Providers can assist. Client and/or financially responsible person must sign.

Q: Are the only submission options the online portal and mail? Can the form be faxed, scanned, or emailed as a PDF?

A: There are two submission methods: mail or electronically.

Electronically, applicants can

(1) complete the fillable PDF and upload it to the website, or

(2) use an online tool that walks through all form questions and submits automatically (note: the online tool may not be ready by July 1 but will be available shortly after).

The form can be printed, handwritten, scanned, and mailed.

For questions: MN_dhs.BHF@state.mn.us

Q: When will the new form be available?

A: Week of 6/22/2026. You can find the application here: search 2780A

https://mn.gov/dhs/general-public/publications-forms-resources/edocs/

Or at BHF Website: Need help paying for substance use disorder treatment? / Minnesota Department of Human Services

Click on Apply for Behavioral Health Fund eligibility

Q: Is the new printable form (2780-A) available in multiple languages and at different reading levels for clients with varying literacy?

A: The form will be translated into multiple languages — Hmong, Somali, and Spanish have been confirmed, and additional languages may be added. Language assistance services are listed on the application for needs beyond the available translations. Feedback on reading level has been noted by DHS as an area for continued improvement.

Q: The application went from approximately one page to 18 pages — what is the justification?

A: All information collected is necessary for DHS to determine eligibility, CFR, and communication routing — and to avoid back-and-forth follow-up after submission. The form collects: prior MA/PMI info, legal name, residency and CFR determination details, preferred contact methods, authorization to share with named parties, demographics, household size/income, insurance information, prior BHF history, and treatment eligibility criteria. An optional section allows clients to voluntarily submit income/household documentation for audit purposes. DHS acknowledged the length is a significant change and noted reading level is an area for continued improvement.

Q: What is the minimum information required for DHS to consider an application complete and not deny it as incomplete?

A: All information on the form is required for DHS to make an eligibility and CFR determination. The form collects: prior MA/PMI information, legal name, residency details, contact information, authorization to share with named

parties, demographics, household size and income, insurance information, prior BHF history, and treatment/eligibility criteria. Optional at application: income/household documentation for audit purposes. The denial notice will specify exactly what information was missing and how to resubmit.

Q: Will a client need to create a login for the online tool, or can providers enter information on their behalf (e.g., if incarcerated)?

A: No login is required. The online tool allows anyone to walk through the questions and submit on the client's behalf. However, the client must sign and attest to the accuracy of the information — the client takes on liability for what is submitted, so full completion by a provider without client participation is cautioned against.

Q: Will there be a confirmation that the application was received?

A: Yes — DHS has developed a standardized 'BHF Eligibility Application Received' notice that is sent to the applicant upon receipt of their application.

Q: If a request was received by the county on or before 6/30/2026 but not yet processed, or was submitted to the county prior to 7/1 — does it need to go to DHS, or is it automatically forwarded?

A: Tribes and counties retain BHF eligibility determination responsibility through 6/30/2026. BHF requests received by tribes/counties after June 30, 2026 should be forwarded to DHS (with HIPAA compliance) at MN_DHS_BHF@state.mn.us, or clients should be directed to apply directly to DHS.

Q: Is there a way to check the status of a submitted application, or know if a person submitted through another agency and was denied?

A: There is no status-check portal. Applicants will receive communication about the eligibility determination via their preferred contact method (listed on the application) within 5 business days of receipt. Providers can be listed on the application to receive notices directly, and can check MNITS for eligibility span information if the client is determined eligible.

Q: Would it be possible to remove required information from the application that DHS can already view in SSIS and MMIS?

A: All information collected on the form is necessary for DHS to determine eligibility and CFR. The goal is to have all needed information at the time of submission so DHS can make a decision without additional back-and-forth with the applicant.

Q: How will this new process be communicated to agencies, institutions, and counties? Counties seem to have received different information.

A: DHS continues to have ongoing outreach and communication to tribes, counties, providers via e-memos, Provider News & Updates, MnITS inbox messages, Thursday Connections presentation, MACSSA/MARRCH committee attendance/presentation, and county SUD meeting attendance. DHS has established a BHF inbox for questions (MN_DHS_BHF@state.mn.us) and an updated website with eligibility criteria, how to determine household size, income calculation tools, how to appeal, and links to MnSure/MnBenefits. Ongoing communications will be posted on the Thursday Connections with SUD at DHS webpage.

Q: Who do we contact for a possible contract for a reservation/tribe?

A: Please work with you American Indian Team on initiating this process

Q: Can you provide an updated document outlining changes and responsibilities for facilities regarding BHF (similar to what was in place before)?

A: We encourage familiarization with the updated BHF website:

Need help paying for substance use disorder treatment? / Minnesota Department of Human Services

A summary of legislative changes that were enacted as part of the 2025 session can be found here: Behavioral Health Fund Reform_tcm1053-699180.pdf

Q: We are a new provider — who do we contact about requirements/steps to start a new day treatment program (245G)?

A: Resource shared: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=enroll-62

Q: Has there been consideration to reimburse RCOs per application they assist individuals in completing and submitting (similar to what Portico does for MA)?

A: Not at this time.

Eligibility Determinations, Denials & Timelines

Q: Does the day DHS receives the application count as Day 1 of the 5-business-day determination window? Will services provided during that waiting period be covered if the client is later approved?

A: Yes, Day 1 is the date of receipt. Services provided before the determination will still be covered once eligibility is confirmed — DHS will backdate eligibility to the first date of care indicated on the application. DHS is aiming to not only meet but exceed the 5-business-day requirement, particularly for applications submitted electronically via the online portal.

Q: It was stated there would be "no reply" if ineligible due to missing information — how will the client know what information is missing if they don't receive a response? If an application is denied as incomplete, does that mean the application date resets on resubmission?

A: Applications that are incomplete will be denied with the applicants receiving a denial notice that will identify the missing information dn provide instructions on how to reapply with the missing information. When the applicant applies again, DHS will determine eligibility of the new application within 5 business days of receipt of each application.

Q: Can we submit the application and then help the client send additional information afterward to add to their file?

A: Incomplete applications will be denied.

Q: If missing information causes a denial and the application is resubmitted, will coverage start from the first day of the original request?

A: No. The first application is denied, and it has no bearing on future applications. If an applicant reapplies after being denied, they should include the first date they need BHF to fund SUD treatment on the new application (which can be in the past; with eligibility spans being back-dated to that date)

Q: If a client is approved for BHF while already in treatment, will payment go back to the day of admission/service initiation, or to the date of the comprehensive assessment?

A: Yes. 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: If a client applies on 7/30 and asks for coverage from 7/1–8/30, does DHS backdate the approval or does coverage only go from the application submission date?

A: The eligibility span starts on the date the person requests on their application, or on the date the application is signed — whichever is indicated. If the applicant notes a start date earlier than the application date, DHS can backdate to that date. The application specifically asks: 'Do you want funding for services that started before the date of your application? If so, what is the first date of SUD services you want BHF to pay for?'

Q: How far ahead of time can a client reapply? For example, if someone is entering residential treatment 25–30 days before their span ends, can they reapply right away?

A: There is no restriction on when someone can reapply. DHS will consider a new request whenever it is received. To avoid potential gaps in coverage, clients are encouraged to apply at least 5 business days before the end of their current eligibility span. Theoretically, two applications could be submitted on back-to-back days and both would be processed — DHS just cautions that there should be an actual need for ongoing funding.

Q: Are subsequent span requests submitted differently than initial requests?

A: Subsequent requests use the same process, tools, forms, and timelines as the initial request. There is no separate process for subsequent requests.

Q: If someone is approved in July for 60 days and presents again in October with no active insurance, do providers need to check MNITS periodically to verify prior BHF coverage?

A: Eligibility span information is entered in MMIS and populated to MNITS — 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.

Q: If a client is determined ineligible after receiving services, will funds be recovered and providers be unable to collect payment? Is there no pullback from provider billed claims?

A: If providers choose to provide services before eligibility is approved, there will be no BHF funding unless the applicant is approved.

If an applicant is determined to be in eligible after submitting their documentation of income and household size as part of program integrity audit, the eligibility span will be closed at that time and notices will be sent to the client and other contacts listed on the application document.

If applicants do not respond to the program integrity audit within 60 days, they will not be eligible for BHF funds beyond the initial 60 day eligibility span.

Q: If a client is denied MA, should BHF also be denied?

A: No — not necessarily. There are situations where a person is eligible for BHF but not MA. For example, if an MA denial reason is related to assets or citizenship status, that person could still be eligible for BHF because BHF only considers income, not assets.

Q: Would the OO span retro-terminate if the patient fails to submit additional audit documentation?

A: If applicants do not respond to the program integrity audit within 60 days, they will not be eligible for BHF funds beyond the initial 60 day eligibility span. No future funding is available until the required documentation is provided.

Q: Do you need clinical documentation with eligibility span extension requests?

A: No. Eligibility for BHF is not contingent on clinical need, but providers need to meet all requirements for the services they are rendering in order to bill BHF. Payment from the behavioral health fund is limited to payments for services identified in sections 254B.0501 to 254B.0507, other than detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and detoxification provided in another state that would be required to be licensed as a substance use disorder program if the program were in the state.

Q: Is the process still the same when a client's MA ends and BHF is used as a bridge until MA renewal? Will it cover back to the first of the month? How far back will MA backdate BHF?

A: Clients with active MA are not eligible for BHF — BHF is for clients who do not have active Medical Assistance. When MA ends, a client may become eligible for BHF, and the client should indicate the first date of funding needed on the BHF application.

Q: If BHF is approved using this form, can it somehow kick off an MA application, since the questions are very similar?

> **A:** No direct link is established, but BHF eligibility notices include MA application guidance. There is no requirement that clients apply for MA to be considered for subsequent BHF spans. However, BHF is intended as a temporary bridge while clients pursue longer-term funding sources such as MA, and most subsequent requests are expected from clients awaiting MA eligibility determination.

Q: Are the number of assessments still limited? How do we determine how many a client has had or if they are eligible for another?

> **A:** BHF will pay for covered SUD treatment services: Payment from the behavioral health fund is limited to payments for services identified in sections 254B.0501 to 254B.0507, other than detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and detoxification provided in another state that would be required to be licensed as a substance use disorder program if the program were in the state.

Q: What is the impact of this change on Direct Access? Providers are reluctant to admit clients without confirmed funding, and the 5-day determination window creates financial risk.

> **A:** DHS is not trying to decrease access. The eligibility criteria remain the same — there is no plan to increase denials. The 60-day span limitation is a result of legislation, not a DHS policy choice, and subsequent spans can be requested to support ongoing treatment needs. DHS will backdate eligibility to the first date of care indicated on the application, so services provided before the determination is made will still be covered once eligibility is confirmed. DHS is aiming to exceed the 5-business-day requirement, particularly for electronic submissions. DHS also clarified that Direct Access — the removal of the 1915 waiver that previously allowed counties and tribes to restrict provider placement — was always intended to give individuals choice of provider and level of care. It has always been the case that providers take on some risk when initiating services before funding is confirmed, and DHS is not changing that dynamic. Applicants can choose to give permission for providers to receive eligiiblity determination communication directly from DHS by listing them on the application to receive eligibility notices directly. Approved applicants are encouraged to share their eligibility approval notice with their providers

Q: If a client admitted under Direct Access is denied BHF eligibility, who absorbs the cost — the provider or the client? What financial protections exist for providers who initiate services in good faith?

> **A:** Providers that render services before BHF eligibility is determined take on risk of serving an individual with no payor for services. If applicant is denied BHF funding, providers will need to work with the client to make payment for services rendered. Applicants can reapply if denied or appeal their BHF denial.

Income, Household Size & Documentation

Q: What documentation is DHS looking for to verify household income and household size prospectively? Did the income guidelines change?

> **A:** Documentation is not required at the time of application — only self-reported income and household size is needed to determine eligibility. Documentation (paystub, benefit statement, or signed statement of no income; plus a list of household members with DOB or SSN) is only requested if the application is selected for the 10% audit. Applicants may voluntarily submit documentation at application for use if audited. Income guidelines change annually to align with Federal Poverty Guidelines.

Q: Is income calculated as net or gross wages? Would tribal per capita payments count as income?

> **A:** Most income is calculated as net wages. Some forms of income are counted as gross — those distinctions are listed on the application form itself. Most tribal per capita payment are not counted as income: INCOME FROM TRIBAL PAYMENTS

Q: Does a minor child's income count on an adult application? If paying court-ordered child support with partial custody of one child, would household size be 2?

A: To determine household size for **adults,** count each of the following people living in the same home/dwelling:

- Yourself
- Your spouse
- Your minor-aged children, your spouse's minor-aged children

include anyone in out-of-home placement that a household member is contributing to financially, and an addition of one (+1) for any pregnant household member.

Count the following income as your 1-year prospective income:

- **Adults:** Count the combined income of all members of your household (yourself, your spouse, your minor-aged children, and your spouse's minor-aged children living in the same home/dwelling)

Income includes: cash wages or salaries, self-employment income (net after allowable IRS deductions), Social Security, Supplemental Security Income (SSI), retirement/pension, Railroad Retirement, General Assistance, unemployment compensation, training stipends, union funds, alimony received, veteran's benefits, military family allotments, MFIP, child support received, dividends, interest payments, rental income, or royalties.

Income does not include: gifts, cash drawn from a bank account, tax refunds, earnings from the sale of a house or car, inheritances, capital gains, savings, non-cash benefits, Cobell Settlement amounts, worker's compensation, or compensation for injury while on active duty.

Q: Does a live-in boyfriend count as a "spouse" for household size? Household size has been confusing — clients list everyone. Will there be clarification on the application?

A: Per statute, a spouse counts — a live-in partner does not. The application form includes detailed household size guidance including who to count based on whether the applicant is an adult, minor, or minor giving effective consent. The form also clarifies that pregnant household members add one to the count, and that members in out-of-home placement count if a household member is contributing financially to their care.

Q: Under Household Income exclusions — is it the Cowbell Settlement or Cobell Settlement?

A: Cobell Settlement. Thank you for identifying the typo. This will be corrected.

Q: Most clients do not know their PMI number — how are they expected to fill it out on the application?

A: PMI questions is phrased as follows:

"Medical Assistance Number (PMI) 8-digit number found on your Minnesota Health Care ID Card (answer only if known)."

Q: If a client has MA prior to incarceration, should that (now inactive) MA information be included on the BHF application?

A: Yes — the form asks whether the applicant has ever been enrolled in MA and for their PMI number if known. This helps DHS identify the client in MMIS. Importantly, incarceration results in suspended MA (not terminated), and clients with suspended MA are eligible for BHF. The website will be updated to clarify 'no active MA' means an active case specifically, not a suspended one.

Notifications & Communication

Q: Does the eligibility determination notice go to the client? If an ROI is signed for the provider, will DHS notify the provider as well?

A: Yes. Notices are sent to the client and to other parties or providers identified on the application. The county (CFR) is also notified of both eligible and ineligible determinations. The updated form includes an option for applicants to give permission for the BHF Eligibility Team to share eligibility communication with other parties (such as providers), who would receive the same communication as the applicant.

Q: How will unhoused, homeless, or transient clients get notifications? Homeless people don't have addresses — how will DHS communicate with them after application?

A: The updated application form includes an option to give permission to communicate with others, such as a provider or designated contact, who can receive notices on the client's behalf. DHS will communicate via text, email, or mail — whichever the client indicates on the application. Application forms will be available in multiple languages, and language services are available and noted on the application.

Q: If a client is homeless but living at a residential treatment center, which county do they indicate — where they would return to, or the treatment center's address? Can a non-permanent address (NPA) be used on the BHF form?

A: Clients do not need to prove homelessness — they simply self-report. The application provides 'unhoused, homeless, or couch surfing' as a current housing option, and then asks which county they are currently residing in. If staying at a residential treatment facility, they would list that facility's information as their current residence.

Q: How will clients in jail or custody get notices? How will in-custody people obtain or provide proof documentation?

A: The application 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. Providers, county case managers, and other support people can also assist as long as the client signs and attests to its accuracy. DHS will send audit documentation requests with the eligibility approval notice and will communicate via text, email, or mail. Jails and counties are responsible for providing clients a mechanism to submit required documentation.

Q: If a person applies by mail while in custody and then applies again after release within a day or so, will these be associated or treated as separate applications?

A: Every application is treated as a separate application. If approved while incarcerated, the client has 60 consecutive calendar days from the date of application or the start date noted on the application. They would only need to reapply if they need additional coverage beyond that 60-day span.

Q: Will MNITS be updated at the same time the patient is notified of eligibility? Will BHF still show as active in MNITS once approved?

A: If eligible, the 60-day OO span is entered in MMIS within 5 business days of request receipt, at the same time the determination is made and notices are sent.

Q: Will counties get notification of the audit? Will the notification to counties include the application?

A: CFR Notice form will include whether the applicant was selected for audit. The notice will not include the full application submitted by the client.

Q: Will DHS provide denial/approval notices in the client's language?

A: Application and communication 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.

Audits

Q: If a client does not complete audit information, what is the process and how soon would the provider be notified? Is there a way to know if someone is no longer eligible because they didn't submit prior audit information? How would providers know if past verifications are needed to get new funding?

A: 10% of approved requests (every 10th approval) are selected for audit — only approvals, not denials, are in the audit pool. Selected clients receive a request for documentation along with their eligibility approval notice and have 60 calendar days to respond. If no response is received within 60 days, the eligibility span will close at the end of the 60-calendar-day eligibility span and no future funding is available until the required documentation is provided.

Importantly, the initial approved span is not clawed back — providers are paid for services during that span regardless of audit outcome. Counties are notified of eligibility outcomes including span closures from audit; additional audit-specific notices only go to parties listed on the application.

Q: How will a provider know a client did not complete audit paperwork and is no longer eligible — will MNITS show their end date?

A: Eligibility span will be noted in MMIS and populated to MNIT.Clients that do not respond to audit will retain their initial 60-day eligibility span, but will not be allowed any further eligibility until audit documents are received and processed.

Q: What if the application selected for audit is for an incarcerated client who cannot access additional documentation?

A: Jails are required to allow clients to submit audit documentation. It does not need to be submitted electronically — forms can be printed and mailed. The documentation bar is low: a list of household members with DOB or SSN, and any documentation of income or a signed statement of no income.

Q: If a client agency is notified a client is active but the client does not supply audit information, is the agency unable to get reimbursed?

A: The initial approved 60-day eligibility span is not affected by client's non-response to audit. If a client fails to respond to an audit, only future funding beyond that initial span would be unavailable until documentation is received and processed.

Q: Will DHS provide a list of the likely supplemental information required for audit cases?

A: Audit documentation validates prospective 1-year household income and household size. The documentation bar is not high: DHS is looking for a list of household members and some documentation of income such as a paystub, benefit statement, or a signed statement of no income. Applicants may voluntarily provide this documentation at the time of application (it will not affect the eligibility determination but will be retained if selected for audit). A standardized BHF Audit: Income & Household Size Documentation Form is available to submit to DHS.

County of Financial Responsibility (CFR)

Q: How will the county be notified that they are CFR? How do we contest a CFR assignment if we don't believe the client is our resident?

A: DHS will send a BHF CFR Determination Notice to the county identified as CFR. Counties will be notified of both eligible and ineligible determinations. If 2 counties agree that that the county determined to be CFR is in accurate and the other county is willing to accept CFR assignment, A standardized BHF CFR Dispute Form is available to submit a dispute to DHS. If no agreement can be obtained from other county, CFR can appeal the CFR determination: Household Size - Behavioral Health Fund / Minnesota Department of Human Services

Q: What is considered an "open social services case" for CFR purposes? Are workgroups open solely for MNChoices assessments excluded? Is CP (child protection) considered an open social services case? Do SSIS assessment intakes / open intake workgroups count? Are collateral persons on a case considered?

A: An open social services case includes any open, uninterrupted case — including child protection cases, waiver cases, and MA cases open in a county. If a client has multiple open cases, CFR is assigned to the county with the earliest open uninterrupted case date. The important note is that the case is open at the time of application for BHF. If a the case is closed, this does not impact CFR.

Q: MA/Financial Assistance cases are governed by the Unitary Residence Statute separately from social services cases — how does DHS apply this to CFR?

A: Open, uninterrupted social services case falls in the following order in establishing CFR:

1.) Tribal Member of a federally recognized tribe in MN (and identified as such on BHF eligibility application
2.) Open, uninterrupted social services case (if multiple, earliest open date)
3.) Permanent residence and currently living there
4.) Current residence (unless current residence is a time excluded service
5.) If time excluded service residence, county of residence prior to time excluded service entry
6.) If residence prior to time-excluded service residence was out of MN, county of current residence (even if time excluded service residence) is CFR
Reference: Sec. 256G.01 MN Statutes through Sec. 256G.10 MN Statutes

Q: Is DHS verifying open social services cases when determining CFR?

A: The application asks applicants directly whether they have an open social services case and if so, with which county or agency. DHS uses this self-reported information along with SSIS system lookups to determine CFR.

Q: In the past, a client listed as a collateral on a case in one county lived in another county — that county was still told they were CFR. How is this handled under the new process?

A: Open social service case with the applicant as a client.

Q: What triggers address verification — the question about type of residence, or actual checking? An address may be listed as a private residence but actually be an excluded time facility — will DHS be checking those addresses?

A: Nothing automatically triggers address verification — DHS relies on self-reported information. The application asks clients to describe their residence type and specifically asks whether it is a correctional facility. DHS does not independently verify addresses at the time of application.

Living Arrangements & Incarcerated Individuals

Q: Who is responsible for updating living arrangements — the county or DHS? (Some counties are being told DHS is now doing this.) Can DHS provide a list of county contacts for requesting living arrangement changes?

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 based upon application information only over the next several months for clients who include this in their application.

Jails and counties are responsible to establish a process to enable eligible incarcerated individuals to obtain SUD services while in custody because Medicaid does not cover SUD treatment services to individuals who are incarcerated.

The process must:
1.) provide access to in-person or telehealth-provided SUD services, including comprehensive assessment,
2.) include service providers and other applicable county agencies,
3.) communicate essential information to county workers to update MMIS regarding Medicaid eligibility,
4.) ensure that service providers can bill and be paid for services allowed by the Behavioral Health Fund (BHF). Both the services and the individual must be eligible.

Tribes are also encouraged to develop a process that works for their members. DHS recognizes that in the absence of a statewide policy, there are basic responsibilities for jails, counties and SUD providers.

Q: Jails are not consistently updating the living code when a client enters custody, causing OO spans not to pay when billing MNITS. Getting it changed back after release is also a barrier. Has this been communicated to the jails? Where can we go to encourage more action?

A: DHS is aware of this longstanding issue and will follow up through the 1115 reentry demonstration working group, which includes the sheriff's association and MACSSA members. Ultimate responsibility for living

arrangement updates lie with the county social service agency which needs to facilitate a mechanism for keeping living arrangement information up to date with incarceration information.

Q: Is there a form for individuals being released from incarceration to reinstate their MA?

A: Not addressed in this meeting. MA reinstatement after incarceration is handled through the county, not DHS/BHF. Contact your county human services agency for MA reinstatement processes.

Q: If a person is in custody and awaiting release, can the first date of SUD services covered by BHF be adjusted if the release date changes?

A: The eligibility span starts on the date requested on the application or the date the application is signed. If a release date changes and there is a need for additional eligibility beyond the 60-calendar days, a new application would need to be submitted . Each application is treated separately.

PMI Numbers

Q: Who creates a new PMI number under the new process, and who is responsible for cleaning up duplicate PMIs?

A: DHS will handle both — creating new PMI numbers and cleaning up duplicate PMIs.

Q: Most clients do not know their PMI number — how are they expected to complete that field on the application?

A: The application asks whether the applicant has ever been enrolled in MA and for their PMI number if known. If a client does not know their PMI number, DHS can look them up using name and other identifying information provided on the form. DHS also handles creating new PMI numbers and merging duplicates.

MA / MNsure Interactions

Q: Will MNsure and MA applications still take 45 days to process?

A: DHS is not taking over any applications or eligibility determinations for MNsure or MA — ONLY BHF eligibility. Other coverage requests still go through the county.

Q: Is the process still the same when a client's MA ends and BHF is used as a bridge until MA renewal? Will it cover back to the first of the month? How far back will MA backdate BHF?

A: Clients with active MA are not eligible for BHF — BHF is for clients who do not have active Medical Assistance. When MA ends, a client may be eligible for BHF. For applicants determined to be eligible, BHF eligibility span will begin on the date indicated on the application (if present) or the date of application.

Tribal Eligibility

Q: If someone is a descendant of a tribe, would the tribe still be involved in their BHF eligibility?

A: The application asks whether the applicant identifies as a member of a federally recognized tribe and which tribe. If they identify as a tribal member, financial responsibility is assigned to the member tribe regardless of where they are seeking treatment or physically located, as long as they are a Minnesota resident. Tribal descendants who are not themselves enrolled members would follow the standard CFR hierarchy. Tribes need to move through formal contracting processes to processes BHF Eligibility Determinations on/after 7/1/2026. At this time, no federally recognized tribes in MN have completed the required contracting. Effective 7/1/2026 all BHF eligibility determinations will transition to DHS. I/when tribes complete contracting, those tribes may determine BHF eligibility for their tribal members.

Q: Would tribal per capita payments count as income?

A: Most tribal per capita payments are not counted as income: INCOME FROM TRIBAL PAYMENTS

Cross-State Verification

Q: Will DHS be able to verify or coordinate with other states to prevent duplicate participation, particularly in border counties? If counties are aware a client has active benefits in another state, is there a mechanism to communicate that to DHS?

> **A:** BHF application asks about out-of-state Medicaid enrollment. BHF is only for MN residents. 1.4 MHCP State Residency Non-MN-residents would not be eligible for BHF.

Staffing & Process Evaluation

Q: Have BHF team positions been filled at DHS? Is DHS hiring more staff? (Reaching someone at Provider Enrollment has been very difficult.)

> **A:** DHS is still in the hiring process; however, staff are ready to support when the change occurs.

Q: Have you determined the impact on county social services staff time under the new process?

> **A:** No. Each county agency has structured the BHF program within their agency differently. DHS is assuming only the BHF eligibility determination.

Q: How will DHS evaluate the impact of this process on Direct Access — for example, comparing utilization 12 months before and after implementation?

> **A:** There is no plan for the BHF Eligibility team to assess Direct Access. Direct Access gives client choice of SUD treatment vendor vs. being placed by county.