DEPARTMENT OF HUMAN SERVICES

Meeting Question & Answer Responses

Thursday Connections with SUD at DHS

March 19, 2026

This document provides answers to questions submitted during the March 19, 2026, meeting.

Revalidation Process & Background Studies

Q1: My question is regarding the revalidation process. I have heard from programs in Minnesota that funding has been frozen during the process of revalidating. Is this the case? If so, how are we helping the process happen efficiently as it is time sensitive to keep doors open and to continue serving the clients.

A: The way enrollment works, providers are either enrolled (and able to bill) or denied (and not able to bill) — there is no in-between freeze. If a provider is having issue with billing, they should contact the DHS Provider Resource Center.

Q2: In connection to the previous question — those who are in the process of re-validation for peer services are getting all their funding frozen, not just the peer services billing.

A: If an agency is having all claims denied, that is likely a separate issue related to their enrollment status (denied vs. enrolled) or possibly the prepayment review process. Providers in this situation are encouraged to check with Provider Enrollment directly for clarification on their specific status. If you have received a message through your MN-ITS mailbox indicating funding has stopped, contact the Provider Resource Center to understand what criteria was or was not met.

Q3: How come only certain providers have to do fingerprints at the BCA?

A: Please review the "How do I complete a background study without NETStudy 2.0 access?" section of the Off-cycle Revalidation Background Studies for High-risk Providers webpage for information on this topic.

Q4: We received a Rescreening Letter rather than a typical Revalidation Letter for our IRTS program. What is the difference between the two types of letters?

A: This question was noted as an action item for follow-up. DHS will provide clarification on the difference between re-screening letters and revalidation letters for IRTS programs. Check your MN-ITS mailbox for follow-up communication or contact Provider Enrollment directly for more information.

Q5: Is the screening able to be completed virtually or via phone call with the designated person? We have locations all throughout MN and may not be able to drive to the site in a timely manner to have the designated person talk to the representative in person. How does this work?

A: The site visit cannot be conducted entirely virtually — a physical person must be present at the site to speak with and be interviewed by the screener. However, additional designees may participate via phone or video call to assist in answering questions. DHS recommends that once you receive the 60-day notification, you make a plan to ensure someone is available at the site. If the screener arrives and no one

is available, they will call the phone number on file and may wait briefly, but the visit will still need to be unannounced when it occurs — they cannot schedule a specific return time.

Q6: So, is the representative able to talk to the designated person while at the location via a phone call or virtual meeting?

A: Yes — while a physical person must be present at the site, other designees (such as owners or managers at a different location) can participate in the screening conversation via phone or video call. The key requirement is that a designee is physically present at the site is available to meet with the screener in person.

Q7: Fingerprinting is to be done in NetStudy 2.0, correct? I re-ran my background check as an owner, but it didn't require new fingerprinting. I already had fingerprinting on file as a clinician; will that be sufficient? If not, what's the correct course of action to get fingerprinting completed again?

A: Please review the Off-cycle Revalidation Background Studies for High-risk Providers webpage for information on this topic.

Q8: No, it's a 245G program — how would I then know if I need to do a BCA versus NetStudy? I've already talked to NetStudy and there was zero clarification.

A: Please review the "How do I get an off-cycle revalidation background study?" section of the Off-cycle Revalidation Background Studies for High-risk Providers webpage for information on this topic.

Q9: There is more than one agency who has been notified that funding has been stopped due to failure to comply with re-validation process. This was a message sent through the MN-ITS email. Were those sent in error then? One of those agencies never even received notification that they were needing to re-validate their services.

A: DHS could not speak to the specifics of individual agency situations. If your agency received a message indicating funding was stopped, contact the Provider Resource Center to understand what criteria was or was not met. If an agency never received the original revalidation notification, that is also something to raise with Provider Enrollment — notifications should have been sent via MN-ITS mailbox or, for providers without one, via US mail.

Q10: Will the visit be happening for agencies that are FQHCs or just fee for service?

A: All enrolled agencies that have been asked to revalidate will receive an unannounced site visit — this applies to all agency types, including FQHCs. The site visit is part of the revalidation process for all high-risk providers required to revalidate.

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Q11: We submitted our re-validation enrollment request over a month ago. I was directed by provider enrollment that we DO NOT need the background study because we are a non-profit Recovery Community Organization (i.e. there are no owners). I have not received any follow up communication since submitting the request.

A: Please review the Off-cycle Revalidation Background Studies for High-risk Providers webpage for information on this topic. For more information, please contact the PEC Provider Resource Center at 651-431-2700.

Q12: Is it possible that I can have the slides sent to my email? I missed the first 15 minutes of the group due to work.

A: Slides and Q&A will be posted on the Thursday Connection page on the DHS website. DHS will also send out a broader email notification when the Q&A and slides are posted. You can also email Amelia Fink directly at amelia.fink@state.mn.us.

Q13: Any chance these meetings can be scheduled to go longer than 60 minutes? There never seems to be enough time?

A: This feedback was acknowledged. The meeting on March 19 itself ran past the scheduled hour to accommodate the volume of questions. DHS noted they are aware of the time constraints and will continue to try to get as much information out as possible. Participants can also submit questions ahead of time to youropinionmatters@state.mn.us with the subject line 'Question for Thursday Connections.'

Q14: I have requested clarification on the background studies requirement for RCOs, which by law are nonprofits, as to whether or not they need to do the paper background study and if so, who from the organization should submit the background studies. We've been told by multiple people that it's being looked into, and someone will get back to us, but no one has responded. It's been over a month since we asked multiple people, and no further information has been sent.

A: Please review the Off-cycle Revalidation Background Studies for High-risk Providers webpage for information on this topic. For more information, please contact the PEC Provider Resource Center at 651-431-2700.

Q15: Can we expect to get communication around the background study requirements prior to the FAQ for this session as they do not always come out timely?

A: Please review the Off-cycle Revalidation Background Studies for High-risk Providers webpage for information on this topic.

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Q16: It would be INCREDIBLY helpful if there was a function where we could put an email address in and be notified if something new is placed in our MN-ITS mailbox.

A: DHS acknowledged this is a great idea and will pass the feedback along to the team that manages the MN-ITS mailbox system. However, Amelia noted she is not sure this is currently feasible. In the meantime, DHS strongly encourages all providers to regularly check their MN-ITS mailboxes, as most revalidation and prepayment review communications are being sent there. To find prepayment review documentation requests: go to your MN-ITS mailbox → Miscellaneous Received → Prepaid Doc Requests, and be sure to set a date range that looks back further than the default.

Q17: Where to look again in the mailbox?

A: In your MN-ITS mailbox, go to 'Miscellaneous Received,' then look for 'Prepaid Doc Requests.' Make sure you set the date range to look back over a reasonable period of time, as the mailbox may default to just the current day or week.

Prepayment Review & MCO Communication

Q18: Can DHS make sure the MCO managers are following up with all the MCOs on what their specific billing and coding changes will be and that they are getting the information out to providers?

A: Yes, DHS is working with MCOs on the July 1 changes. Leah Wachter and Amelia Fink are working on communication and a handout for MCOs, and they will be presenting similar information at a meeting with MCOs the following week. For specific MCO concerns or issues, providers can contact Alec Schiller (alec.schiller@state.mn.us), the DHS MCO liaison for behavioral health.

Q19: Any of the things before the SUD changes slide, are any of those for SUD program?

A: Yes. The revalidation process applies to SUD programs. Additionally, if your SUD program provides peer recovery services, those services fall within the scope of the prepayment review process.

Behavioral Health Fund Eligibility

Q20: Do you have any updates regarding the state taking over processing of all behavioral health fund eligibility applications in July? What is happening to prepare for this significant shift in work?

A: Yes, the state will be taking over processing of BHF (Behavioral Health Fund) applications in July. A new supervisor was just hired that week to support this effort. DHS is currently holding bi-weekly meetings with counties to prepare for this transition. An update on this topic will be given at next month's Thursday Connection meeting (April 16).

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SUD Treatment Service Changes (Effective July 1, 2026)

Q21: Could you drop the web link for SUD reform info in the chat?

A: Substance Use Disorder Reform / Minnesota Department of Human Services

Q22: We're submitting public comments re: psychoeducation, but perhaps here too — it will be critical to have even clearer definitions to draw the line between psycho-educational and psychotherapeutic services. Now that there is rate differences and the governor's budget has a cap on psycho-education hours per day, it becomes more important.

A: Descriptions of counseling and psychoeducation can be found in section 245G.07, subdivision 1a. Programs should review and update their treatment service policies to ensure clear distinctions between service types.

Q23: I agree with this. We often have psychotherapeutic and psychoeducation in the same groups because of the topics we are covering that day.

A: Programs will need to identify the type of service being provided so they can document and bill accordingly. Programs should review and update their treatment service descriptions to create clear distinctions between service types, especially those that occur in a group format.

Q24: Would a retired LADC who has let their license lapse be considered as a behavioral health practitioner? Just to be clear.

A: It depends on what other qualifications the individual holds. Providers should review the qualifications outlined in 245G.11, subd. 12 and 245I.04, subd. 4 to determine if the individual meets any of the alternative qualifying criteria.

Q25: If someone meets the Behavioral Health Practitioner through the route that does not require a degree, but through experience, do they qualify for group facilitation?

A: Yes, as long as the individual meets the qualifications of a Behavioral Health Practitioner in 245G.11, subd. 12 and 245I.04, subd, 4 and facilitating a group is within their scope of practice. There are not different qualifications for providing recovery support in individual versus group formats.

Q26: I'm confused — in one sentence you had said 'Recovery Support Services will not need to be provided by a licensed professional' but then in another sentence that those services should be provided by Behavioral Health Practitioner. Is that the only provider type?

A: Recovery Support Services (the new service type effective July 1) must be provided by someone who meets the Behavioral Health Practitioner qualifications in 245G.11, subd. 12 and 245I.04, subd. 4. A

Behavioral Health Practitioner does not need to hold a license — they can qualify through multiple pathways.

Q27: Would a family group be billable under Recovery Support Services?

A: Recovery support services are intended to assist a client in restoring daily living skills and routines affected by substance use, help develop skills for successful community integration, and provide support to restore the client's functioning and stability. It may be possible to provide a recovery support service to a client and their family member; however, it depends on the intent of the service and how it relates to the client's treatment plan, the scope of the provider, and whether the client wants the family member involved. Recovery support cannot be provided without the client present and cannot be billed for someone who is not admitted as a client. Recovery support can be provided to a group of clients; however, a SUD program should seek legal advice if considering having a client's family member or supportive person attend a treatment service with clients, due to confidentiality and informed consent concerns.

Q28: Do you have codes in mind for the new structure? H0004 and H0005 with modifiers? H2035 with more modifiers?

A: When the new codes become effective, SUD programs will no longer use the procedure code H2035. The new billing codes will be:

- Individual Counseling: H0004 with modifier U8;
- Group Counseling: H0005 with modifier U8;
- Individual Psychoeducation: H2027 with modifier U8;
- Group Psychoeducation: H2027 with modifiers U8 and HQ;
- Individual Recovery Support: H2017 with modifier U8;
- Group Recovery Support: H2017 with modifiers U8 and HQ.

Q29: When will the MHCP Provider Manual be updated with this information on services, codes, and billing?

A: DHS typically does not update the provider manual prior to changes taking effect. However, DHS is committed to getting information out to providers ahead of the manual update, recognizing that providers need information to prepare for the changes.

Q30: About the first unit, does it start at 7, 8 mins? Or what is the minimum duration that qualifies the unit as billable?

A: The new procedure codes are based on 15-minute units and should be scheduled and provided in 15-minute increments. The MHCP Provider Manual states that providers must add up all time for the same

service type/code for the same client in a single day to determine how many units to bill and contains guidelines for determining the number of units to bill.

Q31: Will they only apply to H0004 or H2027 as well? (re: rate enhancements for co-occurring and medical)

A: If a provider is approved for an enhanced rate under section 254B.0507, including medical services and co-occurring services, the rate enhancement can apply to counseling (H0004 U8 and H0005 U8) and psychoeducation (H2027 U8 and H2027 U8 HQ) claims but not to recovery support (H2017 U8 and H2017 U8 HQ) claims.

Q32: Can I assume these codes will be added to the CCBHC Scope of Service list if they aren't on there already?

A: The SUD Policy and CCBCH Policy staff are discussing how the new codes will be implemented for CCBHCs. Additional information will be provided.

Q33: Would 2.1 go as 837P and 3.1 as institutional 837I?

A: The plan is for all outpatient SUD programs with an ASAM level of care to submit claims as type 837I and include a revenue code for the level of care the client received. Providers without an ASAM level of care (e.g., licensed professionals in private practice) would submit claims as type 837P. DHS is finalizing a table/chart that will clarify which claim format applies for each service and provider type and will share it once verified.

Q34: More clarification is needed on what codes are sent on institutional and professional claims. Will these be listed on the DHS website?

A: Once the changes are implemented, the plan is for SUD treatment programs with an ASAM level of care to bill 837I (institutional) with type of bill 89X or 13X for all claims, regardless of the procedure code being billed. Providers without an ASAM level of care (e.g., licensed professionals in private practice) would bill on 837P, regardless of the procedure code being billed. Additional guidance on the revenue codes that identify the ASAM levels of care will be provided, and the MHCP provider manual will be updated with the information.

Q35: Can you bill for education services like DUI education or SUD related domestic violence education as a stand-alone?

A: No, stand-alone education is not a covered SUD service. Psychoeducation will be able to be provided and billed by an eligible vendor of treatment services identified in section [254B.0501] when provided according to requirements in chapter 245G. The [MHCP Provider Manual] states that SUD services provided

by licensed professionals in private practice before the comprehensive assessment is completed are not covered services. Please send any additional questions to SUD.Direct.Access.DHS@state.mn.us.

Q36: For residential providers, even though we do not bill for the groups or individuals, do we need to document which groups and individuals are psychoeducation and which ones are counseling?

A: Yes. The requirements for documenting each treatment service are in 245G.06, subd. 2a. There was no change to this requirement — documentation must include the type of service provided. Residential providers are expected to document and differentiate between the specific treatment services being provided even though they do not bill for them separately.

Q37: Will the new OTP be implemented at the same time, effective 7/1/26?

A: The planned effective date for OTP (Opioid Treatment Program) changes is June 1, 2026.

Q38: Are there clear definitions of what falls into the descriptions of counseling/psychoeducation/recovery support?

A: The service descriptions in 245G.07 have been updated for July 1 and providers can reference those. Additional questions can be sent to SUD.Direct.Access.DHS@state.mn.us.

Q39: Will a Behavioral Health Practitioner in an SUD program require the 30 hours of training upon hire and before client contact along with the additional required training before 90 days?

A: An individual must meet the qualifications of a behavioral health practitioner in MN Statutes 245G.11, subd. 12 and 245I.04, subd, 4 245I.05 at the time of providing recovery support services. Some of the ways to be qualified include completing training described in section 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client, which does apply to behavioral health practitioners providing services in an SUD program. The training described in section 245I.05, subdivision 3, paragraph (d), to be completed within 90 days of providing direct contact services, is not required for a behavioral health practitioner providing services in an SUD program.

Q40: So if the Behavioral Health person runs a group, do those groups count towards required service hours for LOC?

A: Once the changes in 245G and 254B are approved on or after July 1st, the required hours for each ASAM level of care will be based on "psychosocial" services, which are counseling and education. The level of care requirements are found in section 254B.19.

Q41: That is the same for the psychoeducation groups as well, correct? Are they separate from the level of service?

A: Both individual and group psychoeducation services count towards the required hours for each ASAM level of care, along with counseling services.

Q42: As an independent practice wanting to provide family intervention services, would that be billable under the reform?

A: No, intervention services are not included in the "Covered Services" section of the SUD MHCP Provider Manual and are not being added as part of the SUD treatment services revisions.

Q43: May be too much in the weeds, I heard billing units are to be reviewed for daily total time and not by program design. So, if a patient attends 55 minutes and then another 55 session the days total would be 110 minutes. So we would bill 7 units not 8 or is each offering rounded to then it would be 8 units. Example is same service. More for your tool development...hope this makes sense.

A: Correct. Please see the Billable Units and Time Requirements section of the SUD MHCP Provider Manual. This is effective for outpatient SUD billing with the current procedure codes and will be effective with the new procedure codes.