Thursday Connections with SUD at DHS

Chat Questions & Answers | May 21, 2026

ASAM 4 IMPLEMENTATION

Q1. When will the new risk ratings changes go into effect?

A: The new risk ratings won't take effect until the ASAM 4th edition changes pass the legislature and are fully implemented in Minnesota. BHA is in the process of drafting the statute, with that work continuing through 2026. We're targeting the 2027 legislative session for the proposal. If it passes, full provider implementation is planned for 2030. More specific details will follow as the process moves forward.

Q2. As it relates to long-term remission monitoring and Level 1 services, will there be updates/changes to allow for reimbursement for clients within remission diagnoses?

A: Yes. We are actively looking at long-term remission monitoring (Level 1.0 in ASAM 4) and how this level of care can be implemented in Minnesota. Long-term care in SUD is valuable and something lacking in our current system. More details will be provided as implementation planning continues.

Q3. There are some folks already redoing their documents to reflect ASAM 4, with the likelihood of not starting implementation until 2028 — should providers hold off on doing those updates? Or will PMAPs/MA/DHS etc. accept comp assessments/forms that are in the ASAM 4 format when doing funding requests or audits?

A: While statute in Minnesota remains in ASAM 3, please maintain that framework for documentation. That said, we encourage you to begin preparatory work to align your documentation materials with ASAM 4th edition in advance, so they are ready to go when ASAM 4th edition is fully implemented in Minnesota. Please keep in mind this is dependent on statutory approval.

LOW BARRIER MOUD

Q4. As an OTP provider, we are seeing multiple barriers to clients receiving SUD services outside of the OTP setting. Just in the last two weeks we have had three separate 245G providers deny patients because they do not accept clients on methadone. Is there any work being done to help ensure clients — not only clients on buprenorphine — can get access to SUD treatment?

A: This is out of alignment with ASAM standards, and we take this feedback seriously. We will be bringing this back to our team. Our Low Barrier MOUD Work Group report and its five recommendations are directly aimed at addressing barriers to MOUD access more broadly, including structural and systemic barriers. Please contact jessica.hultgren@state.mn.us directly with any further feedback.

Q5. For the codes that have a $0 rate on the OTP rate grid, will these services be priced by report or do they need to be billed under the pharmacy benefit? (G2075 — MAT not specified; G2216 — take home supply of injectable naloxone)

A: G2075 has no dollar value assigned because it is a "placeholder" from CMS for any future FDA approved medication. For the question on G2216, we are reaching out internally. Please follow-up on this question or any others related to Opioid Treatment Programs with richard.moldenhauer@state.mn.us.

BEHAVIORAL HEALTH FUND (BHF) ELIGIBILITY TRANSITION

Q6. Will we have time to ask questions or get our previous questions answered regarding the transfer of the BHF process from the counties to DHS?

A: Yes. The questions and answers from the April meeting have already been posted to the Thursday Connections webpage for your reference. Our June 18th Thursday Connections meeting will also be extended to two hours (2:00–4:00 PM) specifically to cover all items going live July 1st, including the BHF eligibility transition. We will answer all remaining chat questions from the May meeting and post them to the webpage as quickly as possible.

Q7. The new BHF eligibility span is 60 days — are there exceptions, can clients reapply, and what do we do when a client is presenting for re-admission close to the end of their span?

A: There are no exceptions to the 60-day eligibility span under current policy, including for special populations such as incarcerated individuals or Medicare recipients. However, individuals can apply for subsequent eligibility spans throughout the year, and there is no limit on the number of spans they can apply for.

For clients approaching the end of a span or presenting for re-admission, please encourage them to reapply more than five business days before the end of their current span to avoid gaps in coverage. Consecutive spans are allowed with no annual cap.

One important note on the transition: clients approved by counties or tribes through June 30th will have a 12-month eligibility span. We determined it is not necessary to convert those existing spans to 60 days, which avoids a large simultaneous eligibility cliff on July 1st.

We are also finalizing an online tool to assist clients in completing the revamped BHF application form after July 1st. Please bring any outstanding concerns about special population exemptions to the June 18th extended Thursday Connections meeting or submit them to us in writing.

Q8. Have you hired for the positions yet who will be processing the BHF applications?

A: Hiring is in process. DHS has adequate internal support to respond to BHF eligibility determination demands through the hiring process.

Q9. How are we to determine eligibility and the presence of an OO span for a client if they are not shown in MN-ITs? The Q&A posted for last month mentions having the client produce their eligibility determination letter from DHS, but that is simply not feasible for incarcerated individuals or folks experiencing homelessness. What is the plan for this issue?

A: We will be communicating eligibility determinations to applicants via their preferred communication mechanism (text message, email, or mail). Applicants can also list secondary contacts (ie: SUD providers, jail staff) on their application to allow these parties to receive duplicate communication regarding BHF eligibility determination / processing. DHS will also be communicating directly with tribes and counties that identified as the agency of financial responsibility. BHF eligibility spans (OO spans) will be present in MMIS and populate to MN-ITs within 5 business days of application receipt.

Q10. This is one of the biggest concerns — direct access allows providers to 'take the chance' and not be concerned about losing what's already tight funding. With these changes, providers are going to be much more reluctant.

A: Direct Access allows clients to seek services with the SUD Provider of their choice. The transition from tribes/counties to state DHS for eligibility determination has not changed the statutory timeframe for response nor the potential risk that providers take when serving a client without confirmed funding for services.

Q11. Will MNsure applications be processed in less than 45 days since counties will no longer need to process the OO span applications?

A: DHS is assuming responsibility for the eligibility determination for the Behavioral Health Fund as of July 1st with the goal of streamlining the process. We are hiring four positions specifically to support eligibility work and are finalizing an online tool to assist with applications. MNsure application processing will remain with counties and BHF statute does not impact processing timeframes for other programs.

Q12. Counties cannot bill for treatment coordination until a comprehensive assessment is completed and recommends this service. Most providers will not complete CUA until payment can be secured through insurance, cash, or BHF. How do we move forward with this to help people get what they need to navigate the system?

A: Counties can continue to provide wraparound coordination services if they choose to, and reimbursement for treatment coordination is possible for counties interested in doing this work going forward. Previously, as well as current practice does require an assessment to be complicated prior to a medicaid service being billed. This is something future state legislation could look into addressing but it would require approval from the Center for Medicare and Medicaid Services (CMS).

Q13. Does the county complete the BHF application or does the client?

A: The applicant may receive assistance in completing the application from anyone of their choosing. The client must sign the application and by doing so assumes responsibility/liability for the accuracy of the information provided. Applications should not be completed without client consent and involvement.

Q14. How will living arrangement changes be communicated to the provider, and who do we reach out to for living arrangement and multiple PMI issues?

A: This duty continues to reside with tribes/counties. DHS will communicate Living Arrangement and Third-Party Liability changes that are reflected on the BHF applicant's application to the agency of financial responsibility. Any other living arrangement updates that are known would need to be shared with the Tribe/County of Financial Responsibility for updates.

Q15. Will the new BHF form have verbal consent?

A: The updated BHF Application Form (DHS-2780A) will include the ability for the client to consent to sharing eligibility determination information with other parties. This will result in the additional named parties receiving duplicate communication that is also received by the client.