

## May Chat Questions and Answers

**Q: A way to reduce utilization of emergency departments would be for OO span to include medications. Counties can create issues with not updating living arrangements when a client leaves incarceration, or by not processing their straight MA in a timely manner. Some counties like Ramsey who are 3 months behind in processing applications are nearly impossible to get in touch with. Pharmacies will not fill withdrawal medications with OO span clients unless they agree to pay the private pay rate of them which these clients cannot afford at this time. If a client is not given their withdrawal medications due to county/funding issues they are sent to the hospital if deemed medically necessary. Per ASAM, not offering SUD clients medication can be considered malpractice. We understand that this can be a vital part of their recovery, why are they not covered with OO span?**

**A:** Some medications are covered through the Behavioral Health Fund (BHF). Examples would be when someone is receiving medications for opioid use disorder at an opioid treatment program. Another example would be when someone is admitted to a 245F licensed withdrawal management program. Typically, someone who is eligible for the BHF will also be eligible for Medical Assistance. Counties and SUD providers are encouraged to assist individuals in applying for MA so that an individual receiving SUD treatment services in an ASAM certified facility can have access to the full array of services available under major program MA.

**Q: I apologize if I missed it, I'm wondering how long it usually takes to review a submission and determine if it is rejected?**

**A:** Cases are processed in the order they are received, and determinations are made on a case-by-case basis.

**Q: Acentra is constantly becoming a heavier and heavier administrative burden. We went from having a couple selected every month to several being selected but only maybe one of those cases get reviewed. We receive an email whenever a case is marked as completed. The portal that providers use with Acentra is constantly malfunctioning. You get errors popping up immediately about filling out the questionnaire even though you cannot do this until the end. Then if you are requested to upload additional documentation like a DC summary later, I almost always need to reach out directly to Acentra for help because their portal is malfunctioning and will not let me upload that information. April 30, Acentra sent out a notice that they will only respond once if documentation is missing and if we miss any of that documentation, they will not tell us, the case will just be rejected instead and a new case will need to be created. How would we get notified of this? The information that Acentra is requesting requires me, who is non-clinical staff, to dig through the entire client's records: did they receive any transportation assistance, did they get a MAT screening, are they or have they ever been on MAT services while they were with us and more. I do not think DHS understands the administrative burden Acentra is putting on providers.**

A: We expect that implementation of automatic case creation, effective July 1, 2025, will help with administrative burden. The system will create the cases, and an email will be sent with the Case ID, provider NPI and provider address. Additionally, providers are no longer required to submit documentation for a client's entire length of stay at the identified level of care.

Please direct questions or concerns about utilization management to:

- [minnesotaasam@acentra.com](mailto:minnesotaasam@acentra.com)

If an issue is not resolved satisfactorily, please contact [molly.lang@state.mn.us](mailto:molly.lang@state.mn.us) for additional assistance.

**Q: So, DAANES will go away when?**

A: DAANES is still required by Minnesota law. There is not a date established for DAANES to be removed at this time.

**Q: Also, the Acentra ASAM lunch and learns used to be helpful when they went over documentation and our clinical staff was excited about them. Now they are educational about different drugs and clinical staff no longer find them helpful. Is there a way Acentra can go back to documentation trainings with real life examples of good documentation and examples of bad documentation and how to improve that?**

A: Acentra is now offering a Clinical Virtual Office Hours format that replaces the Lunch & Learns. The new format will ensure that providers get real-time input on ASAM Criteria topics. This one-hour session, ASAM Insights, is an open forum for clinicians to ask ASAM Certified trainers questions about ASAM, 6-dimensional assessment, documentation standards, treatment planning, continued service, transfer and discharge management. Participants will have the opportunity to share case studies and receive guidance on how to use ASAM to make informed decisions with the client across the continuum of care. This is an open forum guided by the participants at each session.

Upcoming sessions are:

- August 8, 2025
- September 12, 2025

Join here:

[ASAM Insights Meeting Link: 2nd Friday each month @ 11:00am CST](#)

**Q: I apologize, I missed does LADC in private practice need to submit to Acentra?**

A: No, the utilization management process is specific to programs that are certified or approved to provide ASAM levels of care.

**Q: Does DHS have any idea if the 4th edition will be in the conversation next legislative session?  
Also, any update on the waiver approval from CMS over the last couple days?**

A: DHS is still exploring options for how “ASAM Criteria, 4<sup>th</sup> Edition” will be implemented in Minnesota. DHS received a temporary extension of the 1115 SUD System Reform waiver through Sept. 30, 2025.

**Q: When submitting documentation for outpatient services it is unclear how to identify the quantity of service that is being requested. Can the PowerPoint be updated to include an example of submitting documentation for an outpatient practice?**

A: Automatic case creation, effective July 1, 2025, will aid the process. When a client is first identified for review, a specific set of documents will be identified for submission. If that same client is chosen for review again, in a different month, different documentation will be identified for submission.

**Q: What is the best way to get updates regarding the 1115 Re-entry Waiver?**

A: Please contact [tara.holt@state.mn.us](mailto:tara.holt@state.mn.us) with questions regarding the Reentry Waiver application.

**Q: Where are DAANES and Procentive at with being able to run reports from Procentive and upload them into DAANES instead of manually entering in each one?**

A: Currently we are not able to pull data into DAANES. However, providers can submit batch uploads for admit and discharge into DAANES.

**Link here for more information relating to the [MN SUD ASAM Case Submission Process](#)**