

Thursday Connections with SUD at DHS

March 20, 2025

3:00-3:05: Logistics and introductions

3:05-3:20: Bleeding Disorders Substance Use & Mental Health Access
Coalition

3:20-3:35: Team Updates

3:35-3:45: Free Standing Room and Board requirements

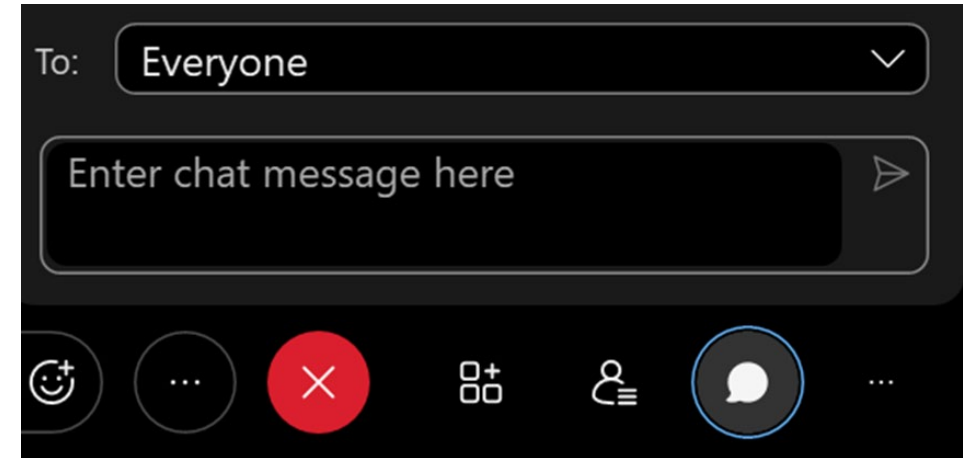
3:45-4:00: Q&A

Meeting Logistics

- All attendees, except presenters, will remain muted
- To save bandwidth, please keep cameras off
- We will work to address all questions during the time allotted.
- A summary of questions, comments and responses will be posted on the Thursday Connections with SUD webpage.

Using Chat

1. Submit questions in the chat
2. Questions submitted via chat will be addressed during Q&A portion of meeting
3. Post chat questions to everyone to allow for all attendees to see conversation
4. Refrain from using chat during presentations



Use chat feature to enter questions

SUD Unit Leadership at DHS

- **Jen Sather**, Director of Substance Use Disorder Services
- **Shirley Cain**, Manager of American Indian Team
- **Kim Maley**, Manager of SUD Recovery and Prevention Services

- **Andrea Abel**, Supervisor, Promotion, Prevention and Early Intervention Team
- **Nathaniel Dyess**, Supervisor, SUD Reform Team
- **Amelia Fink**, Supervisor, SUD Clinical Policy Team
- **Chris Renville**, Supervisor, SUD American Indian Team
- **Kate Toftness**, Interim Supervisor, Opioid Response Team

Bleeding Disorders Substance Use & Mental Health Access Coalition

Kate Bazinsky, Miranda Solem, Justin Nelson-Deering, Kayla Cody-Lushozi



BD SUMHAC

Bleeding Disorders Substance Use &
Mental Health Access Coalition

**Ensuring equitable access to care for people with
bleeding disorders in Minnesota**

March 2025

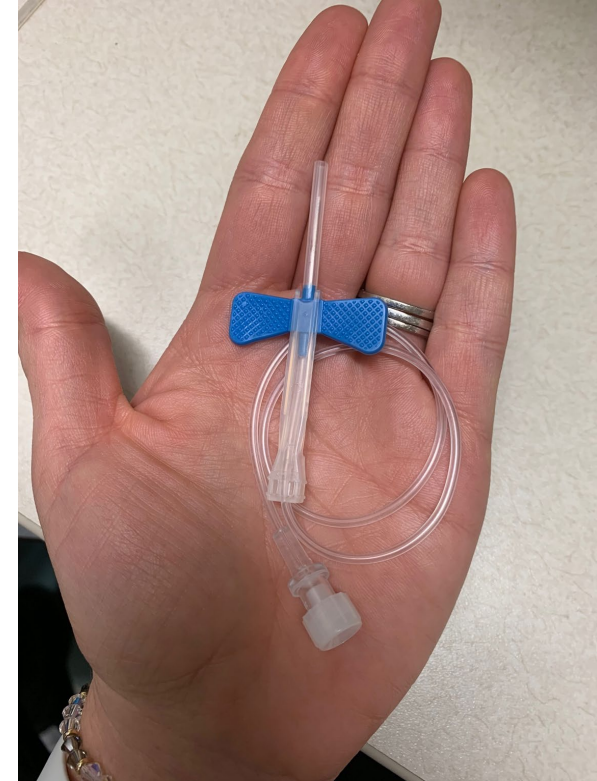
Bleeding disorders are rare, genetic, life-long conditions



- Missing a component in the blood that enables it to clot normally
- No cure but treatments are very effective
- Patient who follow their treatment plan are typically medically stable and do not typically bleed spontaneously
- Average life-expectancy and can lead full, healthy, and active lives without restrictions (except for high contact sports)
- Treatments are primarily infusions or injections.

IV Infusion Medications for Bleeding Disorders


- BD infusions are:
 - fast (usually less than 5-10 minutes),
 - safe (are not associated with adverse events),
 - do not require IV poles, hanging IV bags, or pumps, and
 - use very small needles (butterfly needles)
 - do not typically require any medical oversight or monitoring that would take them away from the facility.
- Many self-infuse but some may need support.



Why this work matters: Equity for Bleeding Disorders Community

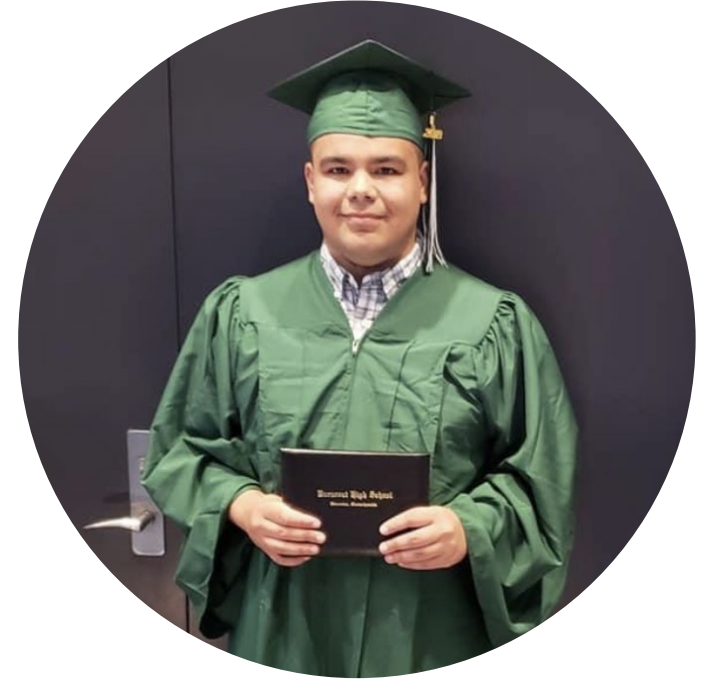
Bleeding disorders (BDs) community **needs** access:

- Up to 58% people with BD report significant symptoms of anxiety
- Up to 63% people with BD report significant symptoms of depression
- People with BD use pain management strategies that can potentially lead to dependency
- If people are not able to access BH treatment, the consequences can be disastrous and even fatal

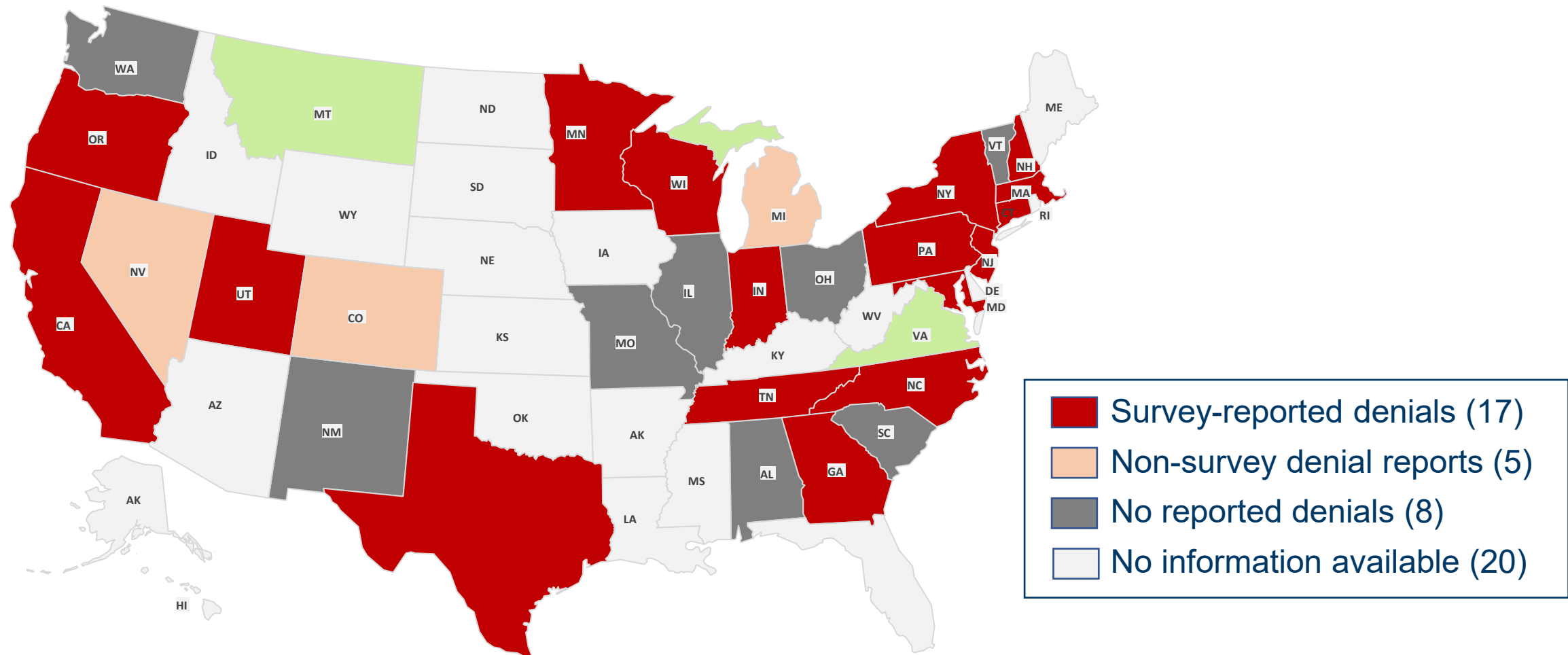


The mission of the Bleeding Disorders Substance Use and Mental Health Access Coalition (BD SUMHAC) is to advocate for access to appropriate substance use and mental health treatment facilities for all individuals with bleeding disorders, with a focus on inpatient and residential facilities.

Derick's story ignites a national advocacy effort



83% of providers who attempted to refer a patient with a BD reported a denial



Challenges in Minnesota



Many reasons underlying the denials

Infusions

- “They did not give IV medication/infusions”
- “Staff expertise to monitor/administer hemophilia medications is the primary barrier to inpatient psychiatric care.”
- “The facility was unable to manage the patient's factor infusions”

Needles

- “Needles for infusion”
- “Had a hard time separating access to syringes/needles/self-infusion from "drug paraphernalia" and "IV drug use"
- “They couldn't bring the factor/use needles in the residential program/nursing couldn't administer”

Medical complexity/ fear

- “Medical condition and medication too complex”
- “Did not manage diagnosis”
- “Afraid they will bleed due to the behavior or withdrawal”

Insurance issues

- “Insurance issues... Large co-pay”
- “Mostly insurance issues or not qualified getting approval for factor”
- “Factor not being covered”

Access to factor

- “Freestanding programs generally do not have a way to access factor through their pharmacy...”

Bleeding disorder experts: BD should not prevent access to SUD treatment

Key recommendation: “Provided a person with a bleeding disorder is medically stable ... and can maintain their established treatment protocol, having a bleeding disorder should not preclude a person from receiving mental health and/or substance use disorder treatment in a residential/inpatient setting.”

Approved October 2024

Hemophilia treatment centers offer additional support

3 Minnesota HTC's

- Children's Minnesota Center for Bleeding and Clotting Disorder: (612) 813-5940
- Mayo Comprehensive Hemophilia Center: (507) 284-8634
- M Health Fairview Center for Bleeding and Clotting Disorder: (612) 273-5005

Upper Midwest Bleeding Disorders Alliance

Contact Vicki Kopplin,
Executive Director:
info@hfmd.org or
(651) 406-8655

National SUD leaders support access for people with chronic conditions, including BD

American Society of Addiction Medicine (ASAM)'s new language in the 4th Edition of the ASAM Criteria :

“If a patient’s condition can be self-managed (**eg, by self-administering pharmacotherapy for hemophilia**) or managed effectively by an external provider, their co-occurring condition should *not* be used as a reason for exclusion from any level of care.”

(Released on October 5, 2023)

New clarification of federal Section 504



(Released May 2024)

New rule clarified that Section 504 applies to health care settings.

Facilities **cannot** deny access based solely on the presence of a diagnosis (e.g. bleeding disorder).

Providers must conduct an **individualized inquiry** to determine whether the facility can meet the individual's needs.

People with bleeding disorders are protected from discrimination under the Americans with Disabilities Act

Under the ADA, discrimination includes refusing

- “to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such person with a disability (such as a bleeding disorder) equal opportunity to access medical care”

This includes access to inpatient/ residential substance use disorder or mental health treatment.

Examples of reasonable accommodations for people with BD

- Access to BD medication
- Secure, climate-controlled storage for medication and supplies
- Time during the day to receive medication
- Allowing the patient to administer (self-infuse or inject) the medication
- Identifying a provider to administer the medication (staff or external)
- Private space in which to administer the medication

MN permits self-infusion and self-injection in SUD facilities

- Minnesota statute permits people to self-infuse and self-inject medication at SUD facilities
 - Self-administration must be observed by a staff member
 - Staff must be trained to assist with self-administration of medication

§Subd. 5. Administration of medication and assistance with self-medication.

(2) a provision that each client's file must include documentation indicating whether staff must conduct the administration of medication or the client must self-administer medication,

(5) a provision that if a client self-administers medication when the client is present in the facility, the client must self-administer medication under the observation of a trained staff member;

245G.08 MEDICAL SERVICES

MN requires SUD facilities to share exclusion criteria upon request

§Subdivision 1. Service initiation policy.

A license holder must have a written service initiation policy containing... **specific service initiation criteria...** The service initiation criteria must be either posted in the area of the facility where services for a client are initiated, or **given to each interested person upon request.**

[245G.14 SERVICE INITIATION AND TERMINATION POLICIES.](#)

MN statute requires SUD facilities to assist individuals in getting access to care if they cannot provide it

Subd. 2. License holder responsibilities.

- (a) The license holder must have and comply with a written protocol for (1) assisting a client in need of care not provided by the license holder

245G.14 SERVICE INITIATION AND TERMINATION POLICIES.

NEHA Newsletter

NOVEMBER 2016



**If I can infuse in a canoe,
I can infuse anywhere!**

Matt, age 15, severe hemophilia



READ MORE ABOUT FAMILY CAMP ON PAGES 13-19

NEWENGLANDHEMOPHILIA.ORG

Questions?



www.bdsunhac.org



BD SUMHAC

Bleeding Disorders Substance Use &
Mental Health Access Coalition



Team Updates



American Indian Team Updates

Shirley M. Cain, Human Services Manager

Christine Renville, Supervisor

American Indian Team Updates

- Following recent structural changes to the American Indian Team, please direct your inquiries as follows:
- **Substance Use Disorder (SUD) Questions**
Please contact: Supervisor Chris Renville (Christine.Renville@state.mn.us)
- **Mental Health Questions**
Please contact: Manager Shirley Cain (Shirley.Cain@state.mn.us)
- This targeted approach will ensure your questions reach the appropriate specialist for prompt and accurate assistance.

American Indian Team Updates

- **Current Initiatives**
- **Grantee Site Visits:** Actively scheduling and conducting visits to gather progress reports and financial reconciliations for CIS database entry.
- **Traditional Healing:** Conducting feasibility study to evaluate potential development and implementation considerations
 - **Tribal Listening Sessions:** Meeting with tribal partners to gather critical input regarding the potential Traditional Healing Waiver.
- **Mental Health Position:** Recruitment progressing with interviews scheduled for the Mental Health policy position.



Recovery and Prevention Team Updates

Kim Maley | Recovery and Prevention Services Manager

Recovery and Prevention Team Updates

- Prevention and Recovery Team. The prevention team released an RFP on Friday, The prevention team released their RFP last Friday. Grants and RFPs / Minnesota Department of Human Services DHS is seeking to maintain and continue a Regional Prevention System for Primary Prevention Substance Misuse Coordinators to Operate within the Seven Prevention Regions of the State. The team says to share widely.
- Harm Reduction team. The Safe Recovery Site RFP will be released in early April, there will be an e-memo coming out soon to share exact dates.
- The Problem Gambling Team is currently in the process of reviewing RFP responses for the Problem Gambling Prevention and Awareness Campaign.



Reform and Redesign Team Updates

Nathaniel Dyess | Reform and Redesign Team Supervisor

1115 SUD System Reform Demonstration Waiver

SUD Reform & Redesign Team Updates

- Centers for Medicare and Medicaid Services (CMS) granted MN a temporary extension of the 1115 SUD waiver, through June 30, 2025.
- All but two outpatient providers have submitted documentation to complete the ASAM Level of Care Certification process.
- Interim Evaluation Report approved by CMS on March 11, 2025

ASAM Training & Support

SUD Reform & Redesign Team Updates

- [On-the-Spot: ASAM Integration and Application](#)

3rd Friday of the month at 11 am CST

- [Open Office for SUD Portal Assistance](#)

2nd Friday of the month at 11 am CST

- April 11, 2025
- May 9, 2025

- [ASAM Lunch & Learn Training Meeting](#) - **Now monthly!**

4th Wednesday of the month at 12 pm CST

- [March 26, 2025](#) Withdrawal Management – Substance TBD
- [April 23, 2025](#) – Substance TBD

SUD Paperwork Reduction & Systems Improvement

SUD Reform & Redesign Team Updates

- ASAM Readiness Tools for providers available soon
 - Separate versions for 3rd edition & 4th edition
 - Developing an ASAM Resources webpage to house these resources
- Report of recommendations currently going through DHS's internal review process before being posted publicly

SUD Community of Practice

SUD Reform & Redesign Team Updates

- Upcoming meetings
 - May 5, 2025, 1-2:30pm; topic - ASAM
 - To register/get more information: [SUD CoP webpage](#)
- RFP in progress – for a contract starting July 1, 2025, to focus the CoP on peer-to-peer and person-to-provider sharing
 - Contract negotiations have begun.

Contingency Management MA Study

SUD Reform & Redesign Team Updates

- Accomplished
 - Deliverable #3: Coverage, Cost, Policy, and Operations Options Summary – received 12/4/2024
 - Deliverable #2: CM Current Landscape Summary – received 10/9/2024
 - Deliverable #1: Description of Deliverables Package Deliverable – received 5/28/2024
- Next focus
 - Deliverable #4: 1115 Waiver Application Components Report – due 3/27/2025
 - Deliverable #5: Recommendations for a Monitoring Plan – due 5/9/2025

1115 Re-entry Demonstration

SUD Reform & Redesign Team Updates

- Application submitted to CMS on Jan. 16, 2025. The Federal Public Comment period ended on March 2, 2025. DHS is awaiting on CMS for next steps.
- The Reentry Working Group continues to meet monthly to help design and implement services for individuals transitioning from incarceration to community living.
- The county jail pilot sites will be determined using a competitive selection process. As part of that process a readiness assessment tool will be required. DHS intends to widely share that tool beginning in April.
- RFP to develop and implement the monitoring protocol and evaluation efforts related to 1115 Reentry Demonstration Waiver closed on 2/20/25 and are currently being scored.

Culturally Specific Grants

Community Meeting

- Community meeting to learn more about culturally specific grant funding **April 30th 4-6pm.**
- The meeting will help DHS better understand challenges and barriers to our Request for Proposal (RFP) process. Providers and programs are invited to attend and to provide their input about the process and about trainings that would support their organizations.
- This meeting is a hybrid event. In-person location: Elmer L Anderson Conference Room 2370. Light snacks will be provided for in-person attendees. Forthcoming e-Memo will provide more information.



Free Standing Room and Board Requirements

Free Standing Room and Board

A service provided in conjunction with non-residential SUD treatment services

[254B.04 Subd. 2a](#) - Clients must be determined to meet a Residential level of care.

Requirements: [254B.05 Subd. 1a](#)

3 entities involved – Local Jurisdiction, MN Dept. of Health and Behavioral Health Administration

Must have 24/7 staffing whenever clients are present.

Must provide food for 3 meals a day.

Must coordinate with SUD treatment provider.

Only complete applications will be reviewed.

Free Standing Room and Board

Step 1: Lodging License - [Local Jurisdiction](#)

Step 2: Board and Lodge with Special Services Registration ([BLSS](#)) – MN Department of Health

Step 3: Meet [254B.05 Subd. 1a](#) Requirements – Policies and procedures

Step 4: Provide Behavioral Health Administration with all Items in Steps 1-3 for review.

Step 5: Once approved by BHA begin enrollment with MHCP

For questions about Free Standing Room and Board reach out to us at this email address: recovery_supports_bha.dhs@state.mn.us

BH45: Improving Support Recovery Housing Options

- Four major changes
 - Creates optional certification process for recovery residences (sober homes)
 - Team at DHS would certify in accordance with NARR Level 1 or Level 2 standards
 - Phases out Free-Standing Room and Board (FSRB) payments
 - Establishes authority for DHS to enter into Housing Support Agreements with certified recovery residences
 - Creates workgroup to study how other states address housing for individuals in recovery
- Timing:
 - July 1, 2025: Stop accepting new FSRB providers and locations
 - January 1, 2027: DHS begins accepting applications for certification
 - July 1, 2027: Phase out FSRB payments for all providers

What questions do you have for the SUD Unit today?

We will try to answer your questions at this meeting.

Questions that require more research will be posted within one month on the Thursday Connections with SUD at DHS webpage.



Thank You!

For updates about future meetings and responses to questions not answered during this meeting, please visit the [Thursday Connections with SUD at DHS webpage](#).