



Thursday Connections with SUD at DHS June 18, 2026

Brought to you by Substance Use Disorder (SUD) Unit in the Behavioral Health Administration (BHA).

Agenda

Time	Topic
2:00	Logistics & Introductions
2:05	Revalidation
2:15	BHF Eligibility Determination Transition from Counties to State
3:00	New SUD Treatment Services
3:20	Recovery Residence
3:45	Licensing related 2026 Legislative Changes
3:55	Reminders
4:00	Close

Next Thursday Connections with SUD at DHS

July 16th

extended 2 hour

2 – 4 p.m.

Held the third Thursday of each month. No registration required, [join Webex](#) via the webpage.



Meeting Logistics



All attendees, except presenters, will remain muted.



To save bandwidth, please keep cameras off.



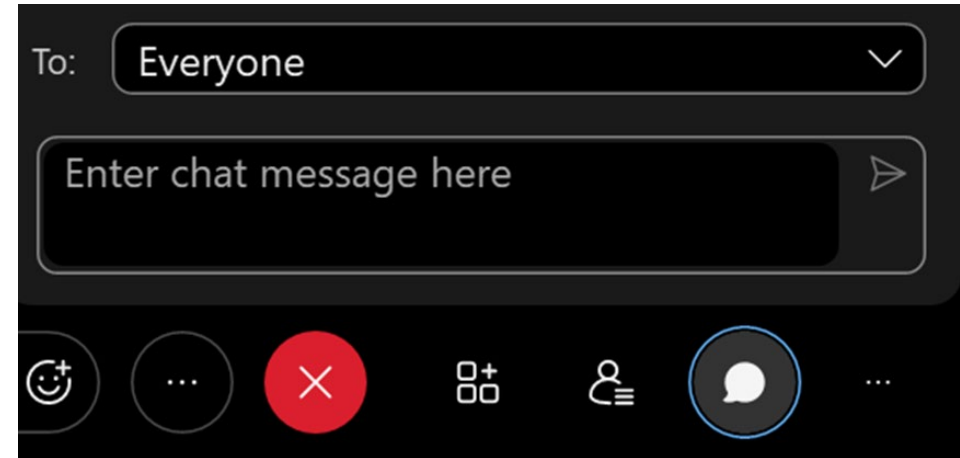
We will work to address questions during the time allotted.



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



Revalidation

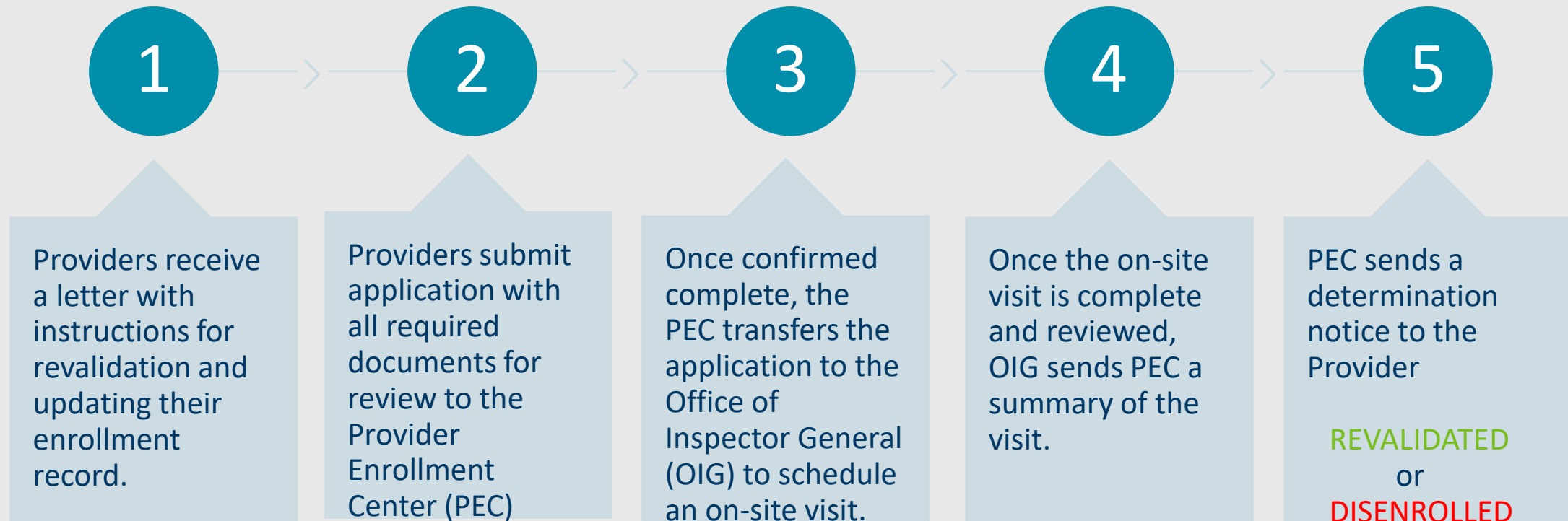
Rebecca Melang | Enterprise Technology Manager



Minnesota Revalidate 2026

Presentation for Minnesota Lead Agencies
Information on the Revalidation Process

Provider Revalidation Steps



NOTE:

Steps 1 or 2 could yield a Disenrollment Determination if the Provider has failed to respond or provide all the required information in the required timeframe.

Providers will be sent disenrollment letters for:

- Failure to submit revalidation application after 2 notification attempts.
- Failure to provide all requested documents within required timeframe.
- Failure to meet the criteria required during an on-site visit.



Revalidation Outcomes

Verified Revalidated ✓

or

Disenrolled

Business No Longer Operating
Failure to Disclose Management Officials
Failure to Grant Access (No Response)
Lack of Required Documentation
Form-related issue (e.g. 5259)
Failure to Update Enrollment Changes (ie address, ownership)
Lack of Required Bond/Insurance
Failure to Disclose Ownership Affiliation
Lack of Professional Qualifications
Lack of Supervising Clinicians/Professionals
Inconsistent information provided

Appeal Process

If a Provider receives a Disenrollment Notification, they have the right to an **Appeal**



Upon receipt of an appeal, PEC will contact the provider to review the identified deficiencies. The provider will be asked to submit the missing information or complete revalidation **within seven business days.**

When a disenrollment notification is sent:

- Providers have 60 days before their services of record will be terminated
- Payments will be suspended as of the date of the notice
- Once an appeal has been filed, payments are reactivated until the appeal process has concluded.

STEP-BY-STEP GUIDE TO APPEALING DISENROLLMENT

MHCP Providers:

How to find out if you have been disenrolled and what to do next.

Step 1: Check

Check your MN-ITS mailbox (or U.S. mail, if not registered for MN-ITS) to find your disenrollment notice.

Step 2: Review

Review your disenrollment notice, and your request for more information notice (if you received one), to determine your reason for disenrollment.

Step 3: Decide

Decide if you want to appeal. If you do appeal, follow the steps in your disenrollment notice. You can continue to provide services during the appeal period.

Step 4: Submit

Submit all missing documentation with your appeal request within 60 days from the date of your disenrollment notice by

▶ email: provider.enrollment.appeals.dhs@state.mn.us

or

▶ fax: 651-431-7797

Step 5: Watch

Watch for acknowledgement from the department that we are processing your appeal, by email or phone (calls from 651-431-XXXX). We will contact you if you are missing documentation and you will have seven days to submit it.

Step 6: Choose

Providers can choose to continue to provide services after disenrollment; however, we will not consider reinstating the ability to bill until we receive all required materials. For continuity of care, we may consider reinstating some providers' ability to bill before completing site visits, but only after all materials have been received.

Step 7: Confirm

We will confirm your appeal status by email, phone or a letter sent to your MN-ITS mailbox.

NOTE: Current enrollment and licensing moratoria for high-risk service areas apply to providers who do not appeal, or if your appeal is rejected.

disenrollment notice

The screenshot displays the MN-ITS Mailbox interface. At the top left is the logo for the Minnesota Department of Human Services. At the top right is the text "MN-ITS: Home" with a small icon. Below the logo is a blue bar with a "Logout" button. On the left side, there is a navigation menu with a "Mailbox" section circled in red. Under "Mailbox", there are three items: "Transaction Responses", "Miscellaneous Received" (with a red arrow pointing to it), and "MNsure Receive". Below the "Mailbox" section is the "MN-ITS" section with several links: "County Mailbox", "User Administration", "MN-ITS User Guides", "CMH Outcome Measures", and "Health Information Request". The main content area is titled "Mailbox-Miscellaneous Received" and contains a search instruction: "Search for your authorization/service agreement letters, provider enrollment letters and other Authorization Letters; SAL=Service Agreement Letters; RISKADJ - MCO Data; PRVLTR=affiliated enrollment status changes). To request archived files, contact our Provider Call Center at 651-201-6000." Below this is a "Quick Search" section with two date pickers: "Start Date" set to "04/01/2025" and "End Date" set to "05/01/2026". To the right of the date pickers is a "File Type" section with two columns of radio button options. The first column includes "PAL (3)", "SAL", "CMRPTS", "HPREPT", "IEP", and "FFSDATA". The second column includes "IHL", "AFFL", "PMQI", "FAILED-VOIDS", "HSMM", "RECIPIENTFILE", and "CLMSTAT". The "PRVLTR" option in the first column is selected and has a red arrow pointing to it.

m DEPARTMENT OF HUMAN SERVICES

MN-ITS: Home

Logout

▼ Mailbox

- Transaction Responses
- Miscellaneous Received
- MNsure Receive

▼ MN-ITS

- County Mailbox
- User Administration
- MN-ITS User Guides
- CMH Outcome Measures
- Health Information Request

Mailbox-Miscellaneous Received

Search for your authorization/service agreement letters, provider enrollment letters and other Authorization Letters; SAL=Service Agreement Letters; RISKADJ - MCO Data; PRVLTR=affiliated enrollment status changes). To request archived files, contact our Provider Call Center at 651-201-6000.

Quick Search

Start Date: 04/01/2025

End Date: 05/01/2026

File Type

- PAL (3)
- SAL
- CMRPTS
- HPREPT
- IEP
- FFSDATA
- PRVLTR
- IHL
- AFFL
- PMQI
- FAILED-VOIDS
- HSMM
- RECIPIENTFILE
- CLMSTAT

Sample MHCP Disenrollment Notice Letter from MHCP Provider Eligibility And Compliance

Dear Provider:

Minnesota Statutes, 256B.04 and Minnesota Rules, 9505.2160 - 9505.2245 specify requirements for participation as a provider in Minnesota Health Care Programs (MHCP). This letter is to notify you that MHCP has terminated your participation as a provider effective July 30, 2026 because you no longer meet the requirements for participation as a provider for MHCP.

Your record was terminated because you failed to revalidate or respond to notices MHCP Provider Eligibility and Compliance sent to you. Your notices were sent to your registered MN-ITS account in the **PRVLTR** folder or via USPS to the credentialing address on file for providers who have not registered their MN-ITS account.

According to Minnesota Rules, 9505.2235, a provider who is suspended or terminated from MHCP is not allowed to submit any claims for MHCP payment either personally or through claims submitted by a clinic, group, corporation, or other association. No payments shall be made to an organization, either directly or indirectly, for services provided by you unless services were provided before May 31, 2026. No other provider is allowed to submit claims to MHCP for services you provided after the termination date. Claims paid for dates of service after the termination date will be recovered.

In addition, MHCP has suspended all payments billed under your treating or rendering provider number by any affiliated pay-to providers effective May 31, 2026. The Minnesota Department of Human Services (DHS) has determined that suspension of payments is necessary to protect the public welfare and interests of MHCP. Authority for this action is in Minnesota Statutes, 256B.04, subdivision 21.

You have the right to appeal this decision under Minnesota Statutes, 256B.0643 by submitting a written request. You have the right to request that the information contained in the notice be made available in an alternative format, such as Braille, large print, or audiotape.

If you decide to appeal DHS's action, DHS must receive your appeal request from the undersigned no later than 60 days from the date of this letter. The appeal request must specify: (1) the reason for the dispute (2) the authority in the statute or rule upon which you rely for each disputed item; and (3) the name and address of the person or entity with whom contracts may be made regarding the appeal. You may also include any other information you believe relevant.

Fax Appeals to 651-431-7797 or email to provider.enrollment.appeals.dhs@state.mn.us

Upon receipt of a timely appeal, DHS will initiate a contested case proceeding according to the provisions of Minnesota Statutes, Chapter 14, the Minnesota Administrative Procedure Act.

For more information, refer to the [MHCP Providers: Policies and procedures](https://www.dhs.state.mn.us/provider) webpage at www.dhs.state.mn.us/provider, call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 or email the provider appeals team at Provider.enrollment.appeals.dhs@state.mn.us.

Thank you.

Sincerely,

MHCP Provider Eligibility and Compliance



Behavioral Health Fund (BHF) Eligibility Determination Transition

Emilie Volkman | BHF Eligibility Supervisor

What is the Behavioral Health Fund?

- **Behavioral Health Fund pays for SUD treatment for eligible clients:**
 - Meet income / household limits
 - NOT enrolled in Medical Assistance
 - Unless incarcerated
 - Do NOT have insurance/3rd party payer that covers 100% of SUD treatment cost
- **Designed to help individuals engage in SUD treatment with minimal barriers while pursuing other long-term funding source(s)**

Legislative Changes Effective July 1, 2026

- Eligibility Determination:
 - Tribes/Counties **TO** MN DHS
- County/Agency Financial Responsibility Determination:
 - Tribes/Counties **TO** MN DHS
- Eligibility Spans:
 - 1 year **TO** 60 days (with ability to request additional 60 days spans)
- Administrative Allocation:
 - Received by Tribes & Counties **TO** Received by Tribes
- Eligibility Determination Timeframes
 - 5 Business Days

On or Before June 30, 2026

- BHF eligibility determined by tribes/counties on or before 6/30/2026
 - 12 month eligibility span (no shortening of BHF eligibility spans for these cases)
- BHF Eligibility Determined by DHS on/after 7/1/2026:
 - 60-consecutive calendar day eligibility spans (even if start date is back-dated to before 7/1/2026)
- BHF Requests received by tribes/counties after 6/30/2026:
 - With proper HIPAA permission, send on to DHS
 - Direct clients to apply to DHS

The New Process

1. Requests submitted to DHS
2. DHS determines BHF eligibility AND County of Financial Responsibility within 5 business days of request receipt.
3. Eligibility span entered in MMIS (if eligible); 60-day OO span entered in MMIS within 5 business days of request receipt.
4. Notices sent to client & county (& other parties/providers identified on application)
 - Client receives eligibility notice with MA application guidance and appeal instructions
 - County (CFR) notified of both eligible and ineligible determinations
 - Includes notice of Living Arrangement & Third-Party Liability updates (to be entered by county)
5. Incomplete = Denied:
 - Missing information triggers a denial notice to the client identifying what's missing and how to resubmit.

THE NEW PROCESS - BHF Program Integrity Audit Starting July 1

1. BHF Eligibility Approved
2. Audit Selection: 10% of approved requests (every 10th approval)
3. Documentation Requested (sent with eligibility notice)
 - Selected recipients will receive request to provide documentation to validate their prospective 1-year household income and household size within 60 days
 - At application, applicants may voluntarily provide documentation of 1-year-prospective household income and household size. These documents will not be used to determine eligibility; will be retained for use if selected for program integrity audit.
4. DHS Verifies Eligibility
5. Determined Ineligible: Fund recovery processes
6. No Response: no further funding without documentation provided and eligibility verification

Subsequent Eligibility Requests

- **When Clients Need More Than 60 Days in a Calendar Year**
 - One 60-consecutive-day span per calendar year is the baseline.
 - Subsequent request approved if client continues to meet eligibility requirements.
- Subsequent requests are processed using the SAME tools, forms, and timelines as initial requests. DHS does not have a separate process for subsequent requests.
 - If ongoing need, be sure to re-apply >5 business days before end of existing eligibility span

Subsequent Eligibility Requests

- **We Expect Most Subsequent Requests From:**
 - Clinical Need Beyond 60 days AND:
 - Completed MA Application (awaiting eligibility determination)
 - Underutilization of Prior Span
 - Systemic Barrier(s) to Access:
 - Incarceration, MA denial

DHS BHF Enhancements

- DHS BHF Inbox: to receive questions (dhs.BHF@state.mn.us)
- Updated BHF Request Form (DHS-2780A)
 - Submit by mail / electronically
 - Can give permission to communicate with others / providers / etc...
- Development of standardized communication forms for:
 - BHF Eligibility Application Received (sent to applicant)
 - BHF CFR Determination Notice (sent to tribe/county)
 - BHF CFR Dispute Form (to submit to DHS)
 - BHF Eligibility Approval Notice (sent to applicant / other identified parties)
 - BHF Eligibility Denial Notice (sent to applicant / other identified parties)
 - BHF Audit: Income & Household Size Documentation Form (to submit to DHS)

DHS BHF Enhancements

- BHF Online Portal: [Need help paying for substance use disorder treatment? / Minnesota Department of Human Services](#)
 - Complete BHF Request Form (DHS-2780A) electronically (preferred)
 - Submit BHF Request Form PDF
- Website updates:
 - What is BHF?
 - General Eligibility Criteria
 - How to determine your household size
 - How to calculate your household income
 - w/ calculator
 - Household Income Eligibility Chart
 - How to Appeal (Client Eligibility Denial, County/Agency of Financial Responsibility)

County/Agency Of Financial Responsibility

- **Determined** ([Sec. 256G.02 MN Statutes](#))
 - **Tribal Members:** Member Tribe
 - **Open Social Services Case:** If client has an open, uninterrupted social service case, CFR = county with that case (earliest application date)
 - **Residence:** County of residence at time of application
 - **Excluded Time:** If in excluded-time residence, use county of residence immediately preceding excluded time (if in MN)
 - **Non-MN Preceding Residence:** If preceding excluded-time residence was out of state, CFR = county of residence at time of application

Action Items

- **Tribes:**

- Determine interest in moving forward with contract development w/ DHS to complete future BHF Eligibility Determination for tribal members

- **Tribes / Counties:**

- Identify contact email to receive notice of financial responsibility from DHS
 - Send to: Emilie.Volkman@state.mn.us
- Consider pursuit of expanded SUD service offerings (ie: treatment coordination)

- **SUD Providers / Jails:**

- Familiarize with updated website and resource information
- Check MN-Its Inbox for ongoing communication
- Verify client BHF eligibility
 - Encourage clients to complete permission to share eligibility determination on application form

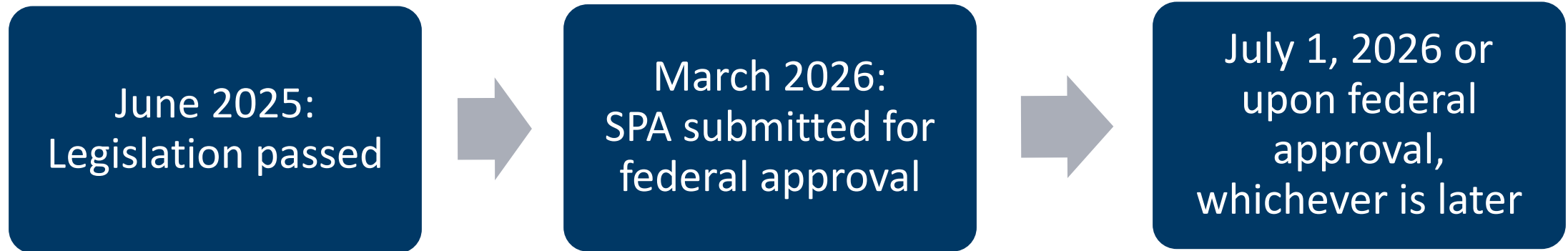


SUD Treatment Services Changes

Amelia Fink | SUD Policy & Reform Supervisor

Leah Wachter | SUD Adolescent Clinical Policy Lead

Timeline and Updates



Updates:

- Federal approval is still pending. Request for Additional Information issued.
- Continue current practice until notified by DHS (existing SUD treatment service and billing H2035).
- Based on feedback and discussions, changes to outpatient claim formats and revenue codes will not be part of the outpatient billing code changes.
 - Continue to use outpatient claim formats 837I and 837P as you do now
 - Continue to use revenue codes 0944, 0945, and 0953 on outpatient 837I claims

Sign up to receive emails on state plan amendments:

<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/spa.jsp>

245G treatment services change

([HF 3/Chapter 9, Article 4](#))

Counseling	Psychoeducation
Providing guidance in managing SUD and co-occurring disorders	Providing information about SUD and co-occurring disorders
Uses therapeutic interactions including individualized feedback and emotional processing	Uses educational approaches, including structured presentations, didactic teaching, and experiential learning
Utilization of special skills to assist in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making (148F.01, subd, 10, (6))	Provision of information concerning alcohol and other drug abuse and the available services and resources (148F.01, subd, 10, (9))

The list of professionals qualified to provide psychosocial treatment services (counseling and education) is in the “Information on 2026 Changes” PDF posted on the SUD Reform website.

245G treatment services change

(HF 3/Chapter 9, Article 4)

Recovery Support Services

May be provided in addition to the required amounts of psychosocial services, as needed based on client needs.

Provides assistance in restoring daily living ability affected by substance use, help with developing skills and routines for successful community integration, and support to restore the client's functioning and stability.

Behavioral health practitioner qualifications are equivalent to mental health practitioner in 245I.04, subdivision 4. (Terminology now changed to BH practitioner as well)

Behavioral health practitioners must receive supervision from an ADC or MHP who has substance use treatment and assessments within their scope of their practice

Each ASAM level of care requires a certain amount of treatment services to be provided

ASAM levels and hours (254B.19, subd. 1)

- Level 1.0: up to 8 hours per week for adults and 5 hours per week for adolescents.
- Level 2.1: 9 to 19 hours per week for adults and 6 or more hours per week for adolescents.
- Level 2.5: 20 hours or more per week
- Level 3.1: at least 5 hours per week
- Level 3.5: daily services

Current

- Amounts are for “skilled treatment services” which are any service in 245G.07 except treatment coordination, peer recovery support services, and room and board.
- The other services may be provided in addition to the required hours of skilled treatment services.

Revised

- Amounts will be for “psychosocial services” which is counseling and psychoeducation only.
- Recovery support, peer recovery, and treatment coordination may be provided in addition to the required amount of psychosocial services.

SUD Outpatient Billing

HF 3 (Chapter 9), Art. 4, Sec. 53:

- The commissioner of human services must establish six new billing codes for nonresidential substance use disorder individual and group counseling, individual and group psychoeducation, and individual and group recovery support services.
- The commissioner must identify reimbursement rates for the newly defined codes and update the substance use disorder fee schedule.
- The new billing codes must correspond to a 15-minute unit and become effective for services provided on or after July 1, 2026, or upon federal approval, whichever is later.

SUD Outpatient Billing

New Services	Outpatient Procedure Code	Rate per 15-minute unit
Individual counseling	H0004 with modifier U8	\$21.63
Group counseling	H0005 with modifier U8 (pending code approval)	\$10.51
Individual psychoeducation	H2027 with modifier U8	\$18.58
Group psychoeducation	H2027 with modifiers U8 HQ	\$9.03
Individual recovery support	H2017 with modifier U8	\$13.51
Group recovery support	H2017 with modifiers U8 HQ	\$7.92

Things to note:

- H2035 / H2035 HQ will no longer be used for services provided after the new codes are effective (possible exception for SUD providers that are part of a CCBHC and bill a daily bundled rate for services).
- The rate for each type of service was determined based on qualifications required to provide the service, complexity of the service, and maximum group size for that type of service.
- Modifiers for enhanced services can be added to counseling and psychoeducation for approved providers. See SPA for enhanced rates. The modifier codes will not change.
- Reminder: add **all** time for each code/service per client per day to get the billable unit for the day.

How should programs prepare?

Review treatment services policies and procedures (all programs):

Is the difference between services clear, especially counseling and education?

Will your psychosocial hours per week (counseling + education) match ASAM LOC requirements?

If adding recovery support:

Develop a behavioral health practitioner job description.

Add to the treatment services description.

Develop billing protocols (outpatient):

New codes, 15-minute units, specific to service type (counseling, education, recovery support).

Watch for updates on effective date



DHS posted [Information on 2026 Changes \(PDF\)](#) to support providers through this transition on the Substance Use Disorder Reform website.



Please send your implementation questions to SUD.Direct.Access.DHS@state.mn.us.



We also welcome your suggestions on the best formats or platforms for sharing this information. Thank you!



Recovery Residence Certification

Angie Dannewitz-Johnson | Recovery
Support Services Policy Lead

Founded in 2007: Minnesota Association of Sober Homes (MASH)

- focused on operational standards, safety, and ethics
- No statewide licensing or certification system
- Homes governed by local zoning laws, occupancy limits, and ordinances



2023 Statutory requirements under 254B.181

- Comply with local and state laws
- Written Policies
 - Medication
 - Eviction
 - Naloxone availability
 - Abstinence
- Complaints



Sober Home Funding



Resident funding –
private pay



Government assistance
programs – Housing
Support



Charitable
organizations and
donations

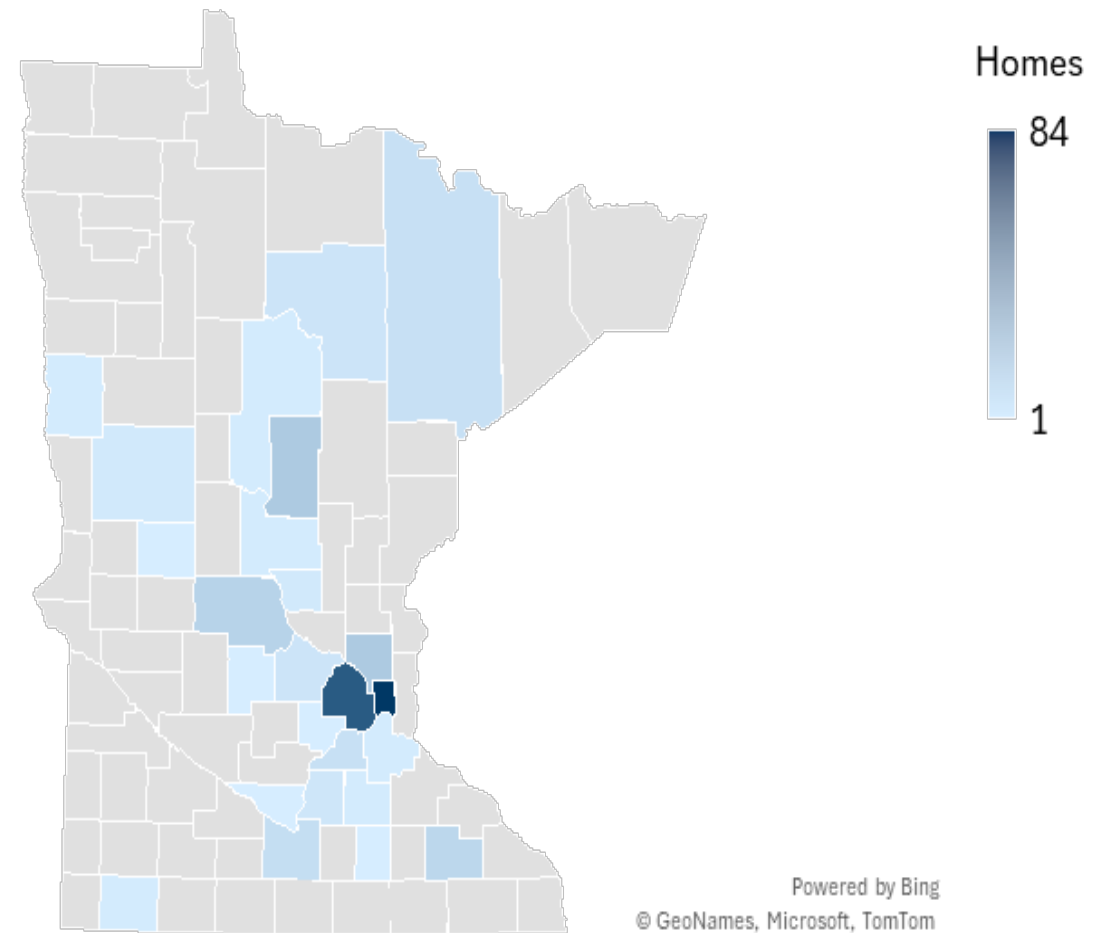


Other – Operator funds,
DoC, partner organizations
or treatment providers
(kickbacks)

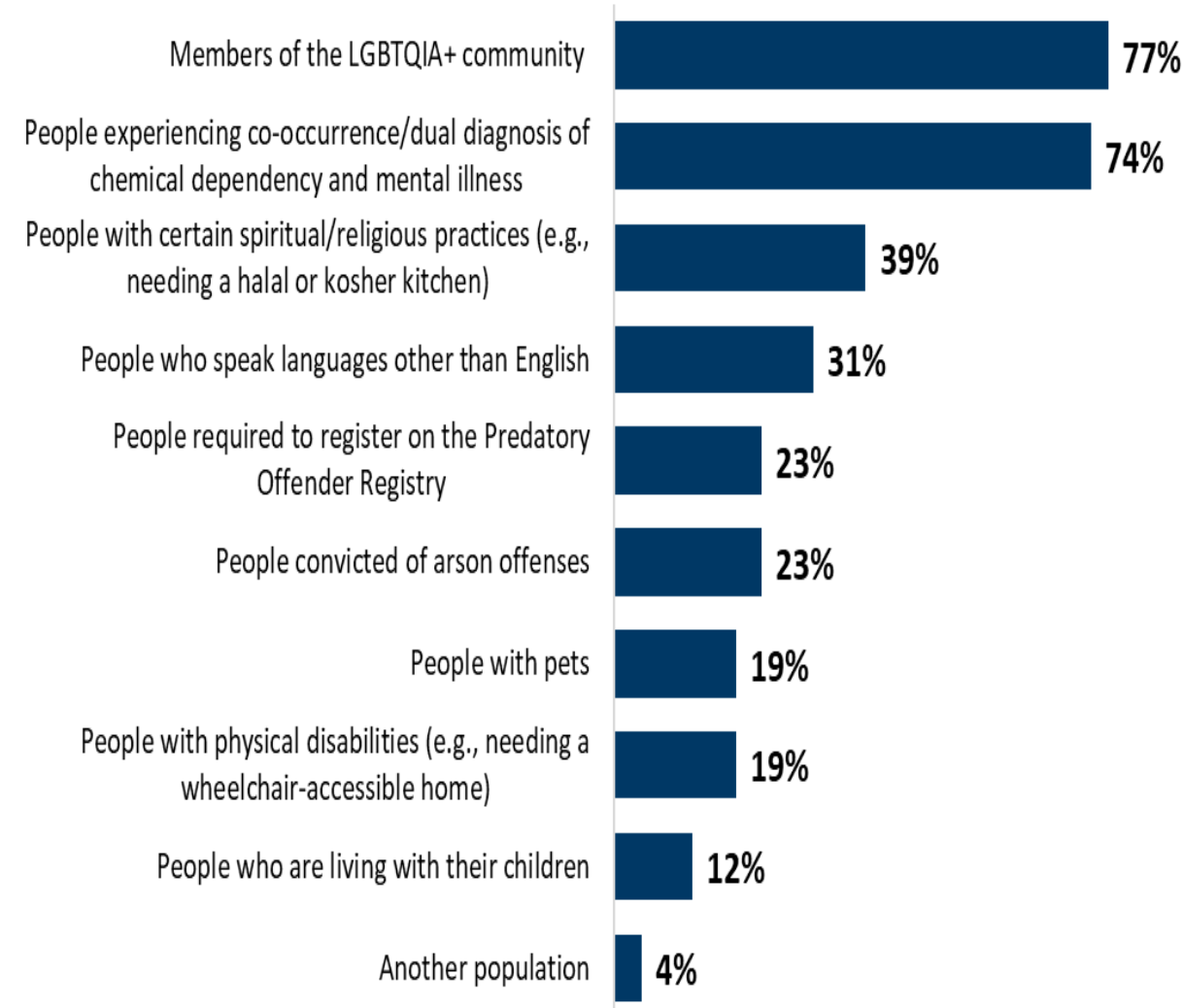
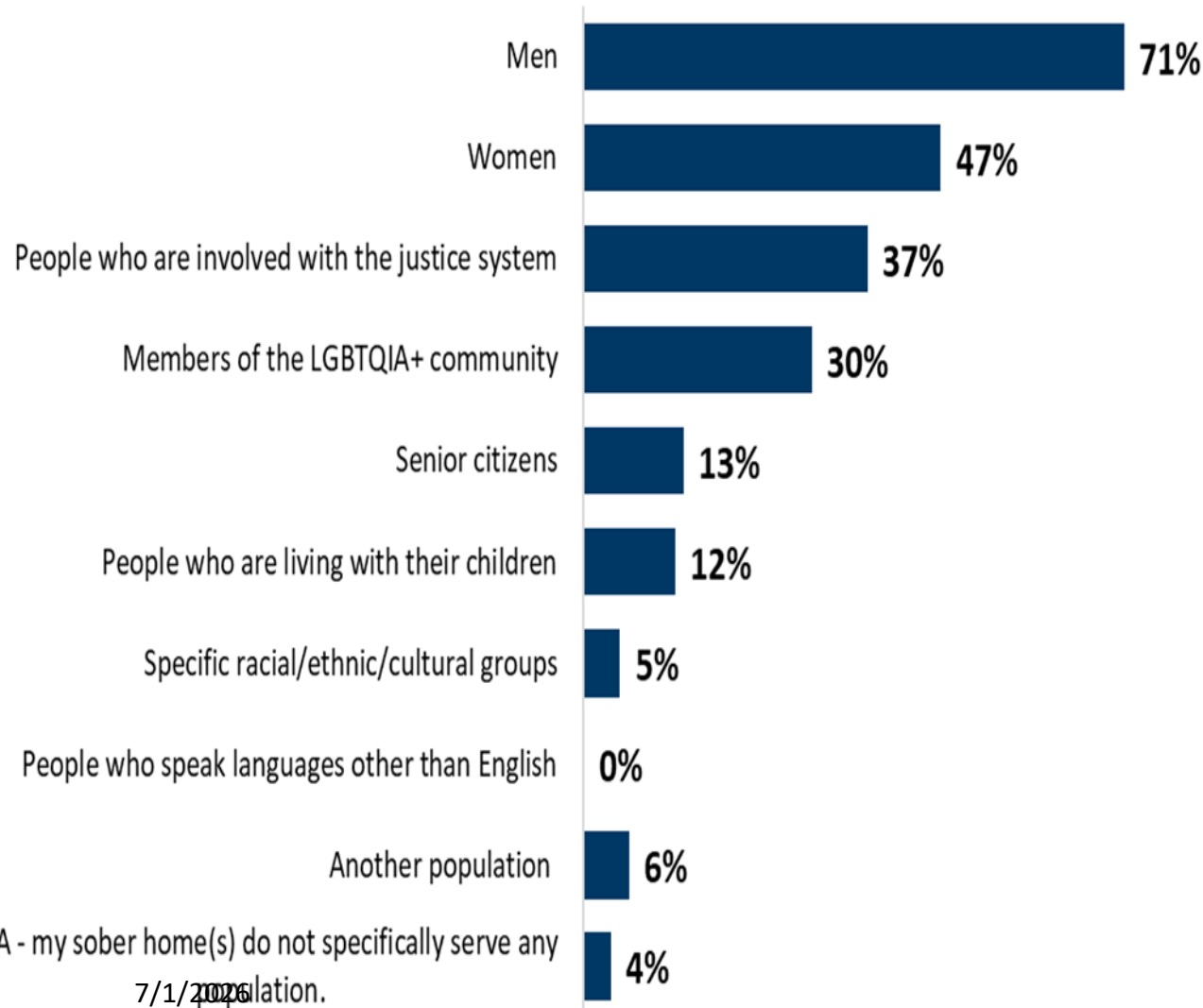
Sober Home Landscape

2023 Legislation Sober Home Scan:

- November 3, 2025 - January 16, 2026
- Anonymous survey
- ~400 sober homes statewide
- 192 operators targeted
 - 97 complete responses received, representing 269 sober homes across the state
- Reported closure of 61 homes in the last year - 506 beds




Sober Home Landscape



Free Standing Room & Board (FSRB)

2011 Legislation

- Response to limited residential treatment facilities
- Provide a state-funded housing option for individuals who meet a residential treatment level of care
- Licensed by the MDH and certified as a Board and Lodge with Special Services program
- BHA approval and MHCP enrollment



The core purpose was to provide:

- Safe and stable housing
- Meals/basic living supports
- 24-hour staffing
- Recovery-supportive environment
- Connection to treatment and recovery services

FSRB Landscape

- 28 FSRB providers
 - 85 facilities
 - 1,441 beds
- Most located in the metro



Gender Served	Locations
Male	62
Female	18
Male and female	3
Females with children	2

- Limited oversight and resident protections
- Billing and payment integrity
- Intended to support rural areas
- Sustainability and systems
 - Severe workforce shortages affecting SUD services
 - Difficulty sustaining treatment programs
 - Financial instability within portions of the treatment system
 - Need for a standardized housing pathway across recovery stages

Evolution



Recovery Residences

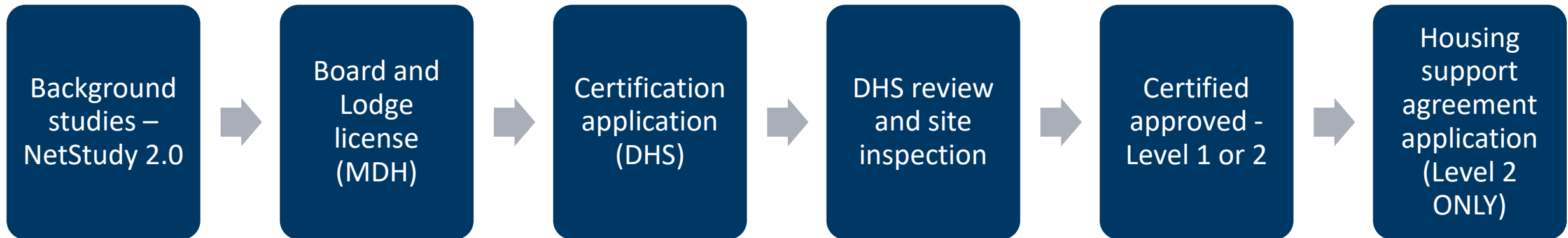
- Defined in Minnesota statutes 254B.01
- Provides temporary, substance-free housing for individuals recovering from substance use disorders
- Do not provide formal counseling or treatment services but instead provide a person-centered supportive living environment

Certified Recovery Residence

Level	Model	Typical Characteristics
Level 1	Peer-run	Resident-led governance; recovery support through peer accountability
Level 2	Staff-managed	Structured oversight with house managers/staff and operational policies
Level 3–4 (broader NARR framework)	Supervised / service-provider models	Increasing levels of staff involvement and potentially integrated services

Certified Recovery Residence Application Process

Can be obtained at any point in the process but required for housing support agreements.



Recovery Residence Funding

DHS will approve Housing Support agreements with Level 2 Certified Recovery Residences, July 1, 2026

- Housing Support requires three things:
 - Eligible PERSON
 - Eligible PROVIDER
 - Eligible PLACE
- FSRB funding ends December 31, 2026

Predicted Recovery Residence Landscape

- Metro heavy concentration of homes
- Counties that have had a moratorium on new housing support agreements



- Certification timeline expedited by 6 months
 - Certified level 2 Recovery Residences housing agreements start 7/1/2026
 - FSRB service eligibility ends 12/31/2026
- Sober Home terminology will be repealed and replaced with Recovery Residence.
 - There will be certified and uncertified recovery residences recognized by the state.
 - ALL recovery residences that identify as such must meet all requirements under 254B.211 regardless of certification status
 - “Sober homes” that already have housing support agreements with counties are not required to transfer or apply for agreements with DHS.

Thank You!

Angie Dannewitz-Johnson

angela.dannewitz-johnson@state.mn.us

[recovery supports bha.dhs@state.mn.us](mailto:recovery_supports_bha.dhs@state.mn.us)

DHS Licensing legislative changes

- 2026 summaries of legislative changes for licensed programs will be posted soon: <https://mn.gov/dhs/general-public/licensing/legislative-changes/>
- 2026 implementation plans for legislative changes will be posted in the fall.
- Questions about a 2026 legislative change related to Licensing?
 - Contact Sam Holte samantha.m.holte@state.mn.us or dhs.mhcdlicensing@state.mn.us

Changes for all license holders

Change of ownership exception – Effective July 1, 2026

- Removes the change of ownership exception for licenses in which at least one controlling individual has been on the license for the previous 12 months and will continue to be on the license.

Change of ownership during a license moratorium – Effective July 1, 2026

- Clarifies that a change of ownership is not subject to a licensing moratorium if the change does not result in an increase in license capacity or service scope.

Attestation regarding assistance during license application or renewal – Effective July 1, 2026

- A license holder or applicant must attest to whether the applicant or authorized agent received assistance from an unaffiliated business or consultant in preparing: a license application, a renewal application, documentation, or written policies

Additional changes for all license holders

Temporary Immediate Suspensions – Effective July 1, 2026

- Clarifies the burden of proof for TIS expedited hearings (preponderance of evidence)
- Allows DHS to issue (continue) a suspension when there is a pending civil, administrative, or criminal investigation or action related to fraud against a state or federal program

Definition of individual who is related – Effective July 1, 2026

- Now includes individuals related by marriage

Changes for 245G programs

- **Treatment coordinator provider qualifications – Currently effective (upon enactment)**
 - Removes bachelor's degree in behavioral sciences as one of the options for meeting the treatment coordinator provider qualifications
- **Nasal opiate antagonist standing orders – Effective July 1, 2026**
 - For emergency overdose treatment, a standing order protocol from a physician is not required for a nasal opiate antagonist. (245A.242)
- **Service discharge summary timeline – Effective August 1, 2026**
 - Service discharge summary completion timeline of within five days of service termination does not include weekends or holidays.

Additional changes for 245G programs

- **Tobacco educational material, assessing for tobacco and nicotine use – Effective January 1, 2027**
 - 245G programs must provide tobacco and nicotine educational material to a client on the day of service initiation
 - Client records must contain tobacco and nicotine educational material
 - In a diagnostic assessment, assessors must gather and document tobacco and nicotine use history and treatment history



Reminders

Next Thursday Connections with SUD at DHS

July 16th

extended 2 hour

2 – 4 p.m.

Held the third Thursday of each month. No registration required, [join Webex](#) via the webpage.



Join us! SUD Community of Practice



Wednesday, July 15th

12:00 - 1:30 p.m.

[RSVP Link](#)

For more information, visit the [SUD CoP webpage](#).



Questions & Answers



Sincere THANK YOU for your continued partnership.

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