Thursday Connections with SUD at DHS

May 21, 2026

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

Agenda

3:00 | Logistics & Introductions

3:05 | Pathway to ASAM 4 - Status and Progress Update

3:30 | Low Barrier MOUD Workgroup Final Report

3:45 | Status Update on BHF Eligibility Transition

3:55 | Reminders (e-Memos)

- Recovery Residence Certification Update
- July 1, 2026 SUD Treatment Service Changes
- 1115 SUD Demonstration Extension Approved
- MN Quit Partner Celebrates Six Years
- MN Revalidate
- Transition of Positive Community Norms
- Culturally Specific Substance Use and Recovery Grant Development Trainings
- Applications Open for OERAC Membership

4:00 | Close

Next Thursday Connections with SUD at DHS

June 18th

2 – 4 p.m.

Longer 2-hour meeting to review items that go live July 1, 2026.

Meeting logistics

All attendees, except presenters, will remain muted.

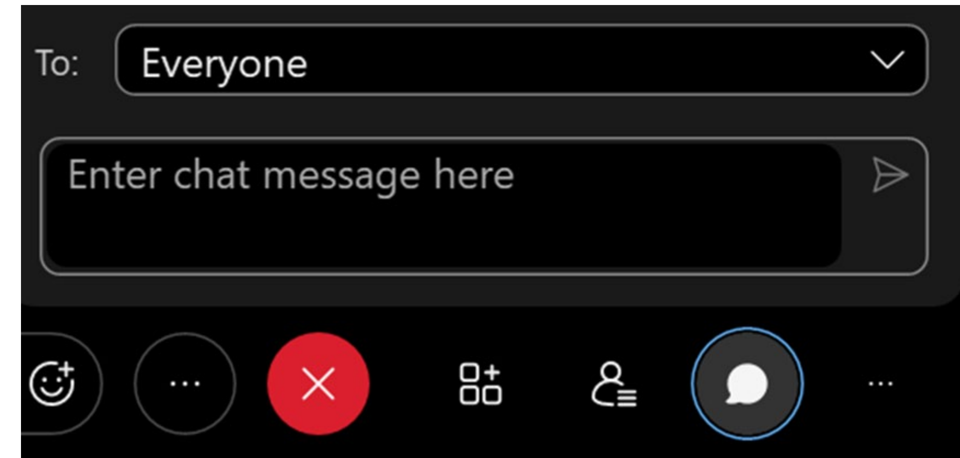
To save bandwidth, please keep cameras off.

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

Pathway to ASAM 4
Status & progress update

Amy Anderson | ASAM Policy Lead | SUD Policy & Reform Team

DEPARTMENT OF HUMAN SERVICES

Whats Changing: The Big Picture

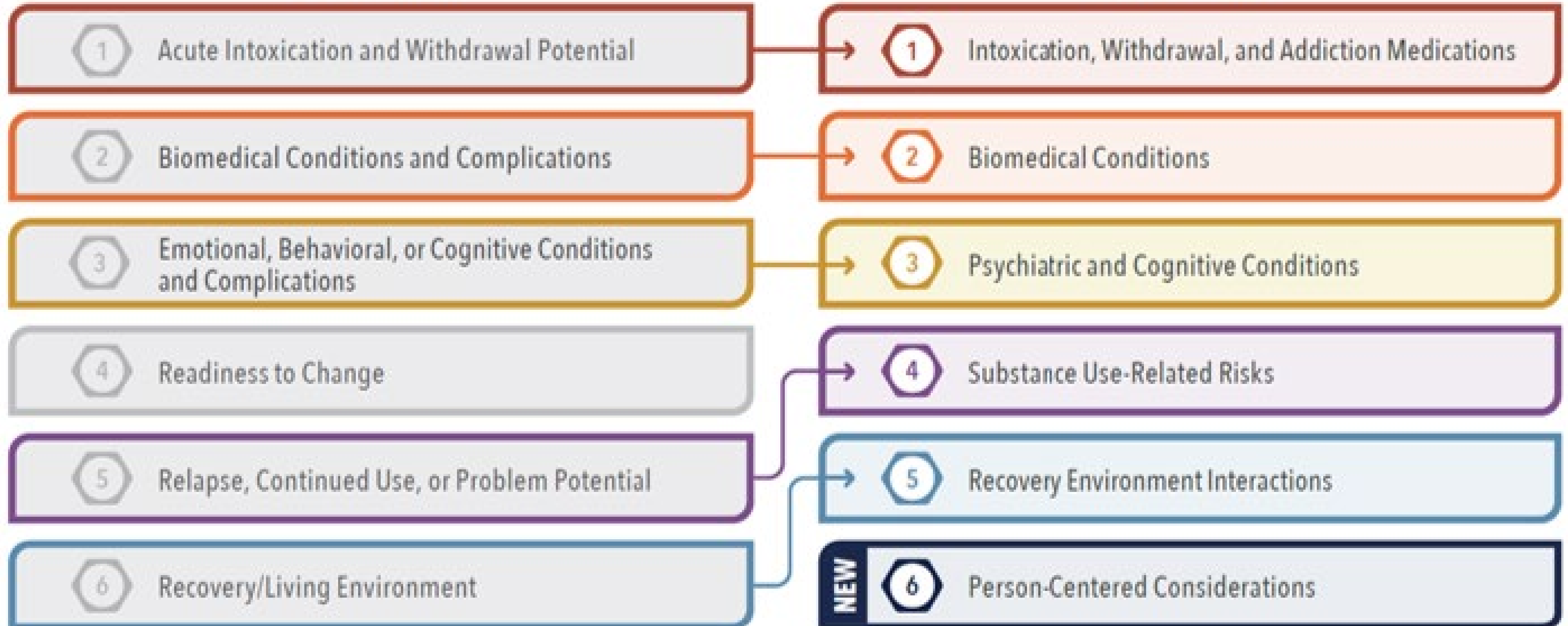
Current System

- MS 245G: SUD residential and outpatient
- MS 245F: Withdrawal Management
- 254B.19: ASAM Third Edition
  - ASAM 6 Dimensions
  - ASAM Levels of Care
- Separate processes:
  - ASAM Certification
  - SUD Licensing

Proposed: ASAM Fourth Edition

- Single combined statue
- Withdrawal management fully integrated into levels of care.
- ASAM Fourth Edition Incorporation
- New assessment structure
- New Levels of Care
- ASAM certification built directly into statute

Six dimensions: 3rd Edition → 4th Edition



Dimension 6 is new to 4th Edition — centers the patient's individual needs, culture, and lived experience in all treatment decisions.

Subdimensions

Dimension 1 – Intoxication, Withdrawal, and Addiction Medications
- Intoxication and associated risks
- Withdrawal and associated risks
- Addiction medication needs

Dimension 2 – Biomedical Conditions
- Physical health concerns
- Pregnancy-related concerns
- Sleep problems

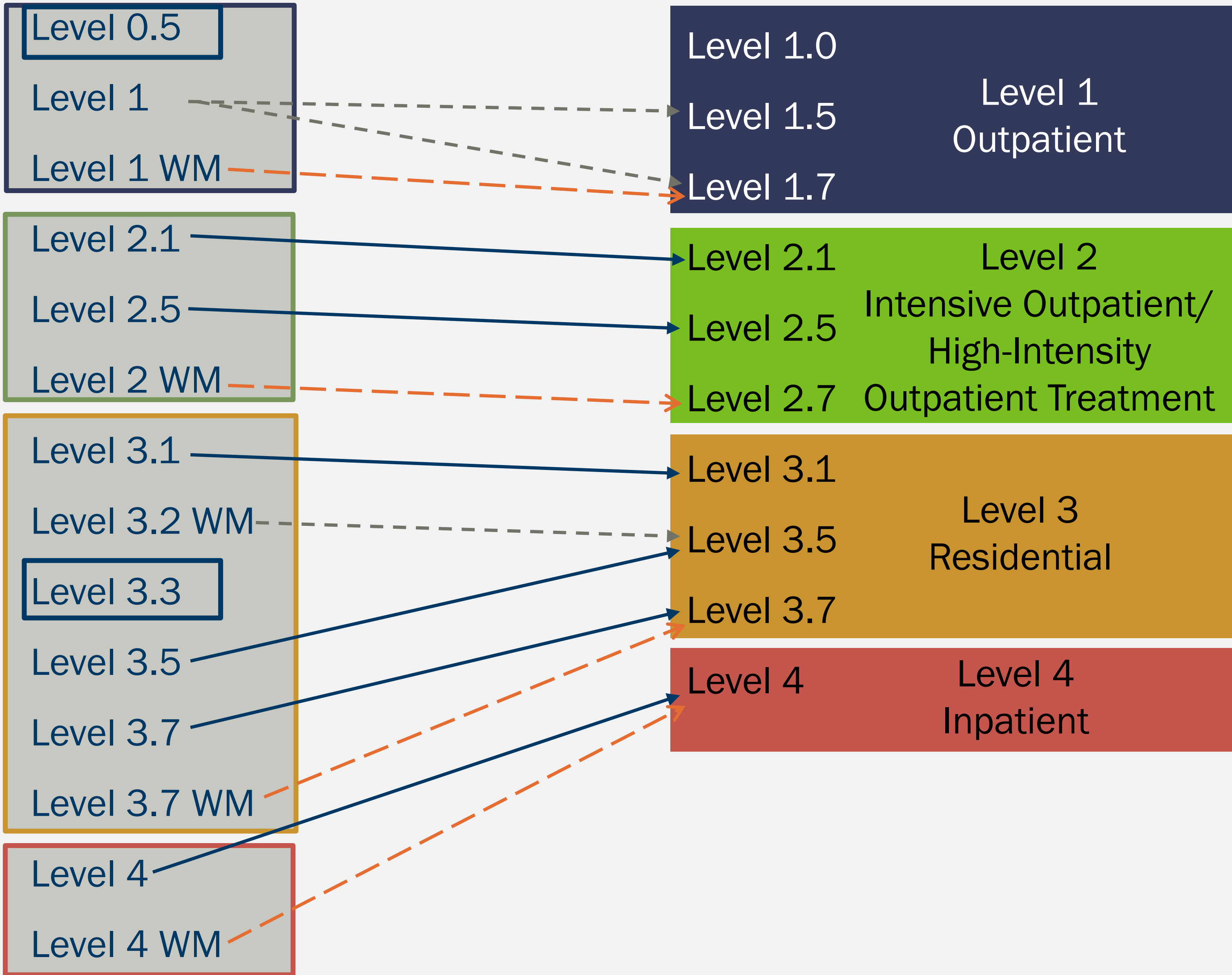
Dimension 3 – Psychiatric and Cognitive Conditions
- Active psychiatric concerns
- Persistent Disability
- Cognitive Functioning
- Trauma exposure and related needs
- Psychiatric and cognitive history

Dimension 4 – Substance Use Related Risks
- Likelihood of risky substance use
- Likelihood of risky SUD-related behaviors

Dimension 5 – Recovery Environment Interactions
- Ability to function in current environment
- Safety in current environment
- Support in current environment
- Cultural perceptions of substance use

Dimension 6 – Person-Centered Considerations
- Patient preferences
- Barriers to care
- Need for motivational enhancement

Changes to The ASAM Criteria Continuum of Care – Adult



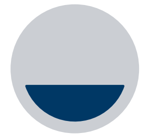
Key

- Services discussed in new chapters
- Elements incorporated into other level(s)
- Incorporated into a new level care
- Revised and updated level of care

Statute drafting & NIATx partnership

- Generally Applicable and Clinically managed sections: drafted, under review
- Medically managed sections: in active drafting
- Parallel process – updating non-ASAM related language
- Full draft target: Summer 2026

Long-term outlook



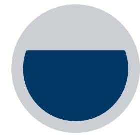
2026

Drafting Statute

Socializing with SUD Partners

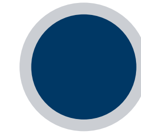
Internal and External collaboration

Prepping Legislative Proposal



2027

ASAM Fourth Edition Legislation Passes



2027-2030

Phased Implementation

Communication

Training

Provider Planning

Key Considerations

- Statute structure: 245G – incorporation of ASAM fourth edition criteria and updates to other language
- Collaboration: Internally and Externally
- Legislative path: Budget bill; State Plan Amendment
- Phasing: 2.5–3 year rolling implementation

How Providers Have Been Involved

15 – Advisory Workgroup Members

Draft sections reviewed

Active Tribal Consultation

MCO and Advocacy Workgroup Engagement

Advisory Workgroup: What's been reviewed

- Staff Qualifications
- Levels of Care
- Assessment & Treatment Planning
- Co-Occurring Capable/Enhanced
- Referral Agreements
- Documentation & Timelines
- Transitions & Discharges
- Withdrawal Management (general discussion)
- Cultural & Rural/Urban (general discussion)

Sharing their Experience: ASAM 4 Advisory Work Group Members

Stephanie Goode, MBA, LADC

VP of Clinical Services

Horowitz Integrated Services

Thomas G. Beckers

Director of Residential Services

Vinland Center

What can providers do?

NOW

- Familiarize yourself with ASAM's 4th Edition Criteria
- Stay informed: attend Thursday Connections Meetings
- Subscribe to DHS e-Memos
- Attend ASAM Trainings
- Provide feedback on "The ASAM Criteria, 4th Edition" feasibility to asam.dhs@state.mn.us
- Assess your program's readiness: ASAM Resources for Minnesota SUD treatment providers / Minnesota Department of Human Services
- Identify gaps in staffing, documentation or services

During Implementation

- Participate in provider training
- Review EHR templates and policy/procedure documents
- Review new licensing certifications and determine what levels of care your agency will provide
- Phasing plan
- Ask questions

Questions

We want to hear from you:

- What questions do you have about how ASAM Fourth Edition Implementation will affect your program?
- What concerns should we keep in mind as we finalize the statute?
- Are there areas where you would like more information or training resources?

ASAM.DHS@state.mn.us

Low Barrier MOUD Workgroup Final Report

Jessica Hultgren | MOUD Policy Lead, SUD Policy & Reform Team

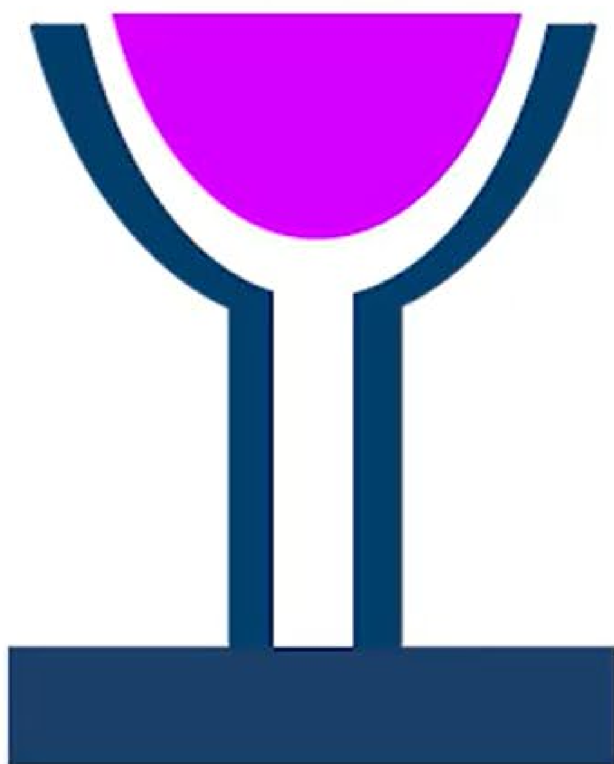
DEPARTMENT OF HUMAN SERVICES

MOUD is the gold standard treatment for OUD

Medications for Opioid Use Disorder (MOUD) are proven to reduce overdose deaths by more than 50% and are the most effective, evidence-based treatment for OUD.

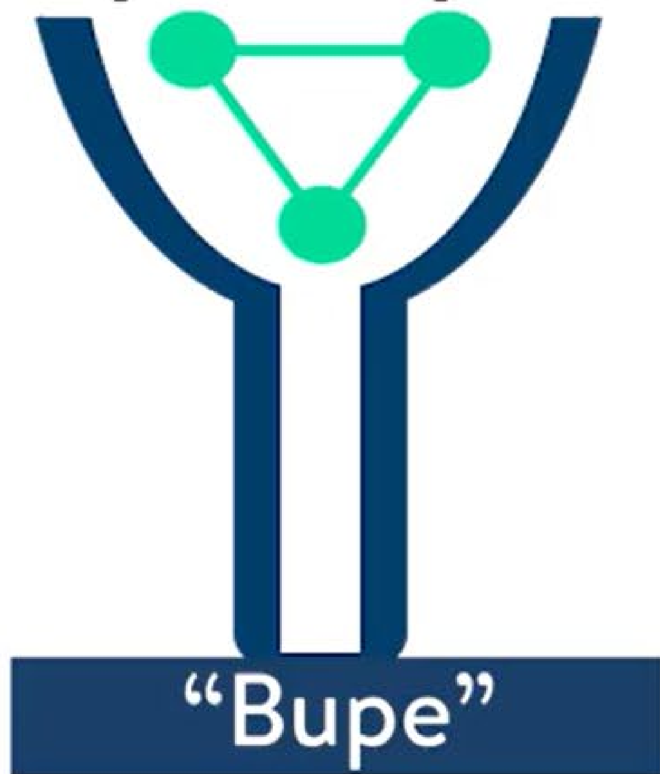
* Only managed in specialized addiction clinics.

Methadone



* Prescribed in many healthcare settings.

Buprenorphine



* Requires being opioid-free before starting.

Naltrexone

MOUD engagement remains low in Minnesota

- Minnesota ranks 29th in the nation for engagement in MOUD among Medicaid enrollees.
- A review of MHCP claims data suggests that only 19% of MHCP members with a diagnosed opioid use disorder received buprenorphine in 2024.

Engaging subject matter experts

Informed by community voice and designed to reach populations most impacted by the opioid epidemic.

Report available here

Informed by experienced providers who serve and treat people with OUD in a variety of settings.

Report available here

Workgroup membership

- Alex Hubbell, MD, M Health Fairview & North Memorial
- Brock Reed, PharmD, Minnesota Board of Pharmacy
- Courtney Nguyen, RN, CCM Health
- Craig Uthe, MD, Sanford Health
- Dylan Ferguson, MA, Minnesota Office of EMS
- Dziwe Ntaba, MD, Minneapolis Health Department
- Elise Woodward, APRN, CNP, Hennepin Healthcare
- Emily Carroll, DNP, CNP, RN, HealthFinders Collaborative
- Gretchen Colbenson, MD, Mayo Clinic
- Joe Corser, MD, Sanford Health
- Jordan Hanson, MA, LADC, YourPath
- Karie Rabie, MD, Native American Community Clinic
- Kelly Black, PhD, Essentia Health
- Kim Price, RN, Red Door Clinic
- Kurt DeVine, MD, CentraCare
- Meg Thomas, MPH, Hennepin County Public Health
- Natalie Winchell, PharmD, Olmsted Medical Center
- Robert Levy, MD, University of Minnesota Medical School
- Ryan Kelly, MD, Community-University Health Care Center
- Samantha Guthman, MS, LMFT, Allina Health
- Samuel Boadu, DNP, APRN, Open Cities Health
- Tim Kummer, MD, Hennepin Healthcare
- Wendy Jones, MA, MARCO
- Weston Merrick PhD, Minnesota Management & Budget

DEPARTMENT OF HEALTH

DEPARTMENT OF HUMAN SERVICES

Identifying Barriers to MOUD

What do we mean by Low Barrier MOUD?

A flexible, patient-centered approach that removes barriers and prioritizes access

- ***Quick access:*** same-day or walk-in starts, creative delivery locations
- ***Fewer requirements:*** flexible appointments, no mandatory counseling, limited drug testing
- ***Harm reduction focus:*** no abstinence required, not punitive, trauma-informed
- ***Equity-driven:*** reaching people at highest risk of overdose

MOUD Barriers

Patient & Community

- Stigma across care continuum
- Mistrust of medical institutions
- Unmet basic needs

MOUD Barriers

System & Structural

- Inconsistent availability
- Disjointed care coordination
- Low provider education
- Low access in jail settings
- Structural racism & implicit bias

MOUD Barriers

Pharmacy

- Gaps in MOUD knowledge
- Stigma towards MOUD
- Multiple procurement & inventory barriers

MOUD Barriers

Policy & Payment

- Providing MOUD is can be financially disincentivized
- High administrative burden

Recommendations & Implementation Pathways

Foundational Principles

- Stigma surrounding OUD and MOUD is pervasive
- There must be no wrong doors to seeking care for OUD
- Practically addressing OUD requires that we also address structural racism, health disparities and historical trauma.
- Unmet basic needs such as housing, food, mental health care and social support often take priority over seeking treatment for OUD.
- People who use drugs commonly have negative past experiences seeking healthcare, leading to deep mistrust and avoidance.

Recommendation 1

Align MN Medicaid Policy to increase access

- Remove prior authorization for all FDA-approved formulations of buprenorphine for OUD, including long-acting injectables.

- Increase the dose cap on buprenorphine from 24 mg to 32 mg per day, aligning with national clinical guidelines and person-centered dosing.

Recommendation 2

Expand MOUD service delivery to low-barrier, community settings

- Provide state funding to existing community-based service providers to integrate low-barrier MOUD and establish a billing framework that outlines allowable services, reimbursement and sustainable payment models.
- Develop low-barrier MOUD standards for mobile medical units, shelters, syringe services programs, recovery organizations and community centers.

Recommendation 3

Standardize MOUD in emergency departments

- Execute a funded mandate to integrate MOUD in all Minnesota emergency departments (EDs)
- Create a funded program to integrate MOUD in EDs through a competitively awarded agreement
- Leverage value-based purchasing to accelerate MOUD integration in EDs

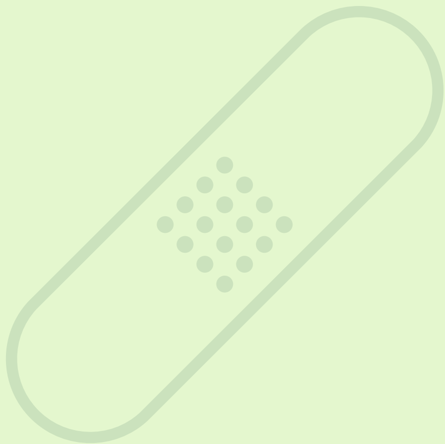
Recommendation 3

Standardize MOUD in EMS

- State funding through competitively awarded agreements to develop resources for field initiation, buprenorphine bridging packs and warm hand-offs to ongoing care

- Simplify authorization for the dispensation of 3-7 day bridging medication packs of buprenorphine under a standing order of an ambulance service medical director.

Recommendation 5



Expand availability of bridging packs & LAI

- Distribute physician dispensing guidance for buprenorphine bridging packs.
- Revise policy to ensure that individuals enrolled in the Minnesota Restricted Recipient Program (MRRP) have reliable same-day access to buprenorphine, including bridging.
- Increase Access to Long-Acting Injectable (LAI) buprenorphine

Discussion

What are your initial reactions to this information?

Do the barriers resonate with what you encounter?

How do you see these recommendations impacting your programs?

What isn't captured here?

Behavioral Health Fund (BHF) Eligibility Transition Progress Update

Emilie Volkman | BHF Eligibility Supervisor

DEPARTMENT OF HUMAN SERVICES

IMPACT ON YOUR COUNTY

- **Stops on 7/1/2026:**
  - County staff determine BHF eligibility
  - County staff enter OO / BHF eligibility spans in MMIS
  - County staff determine County of Financial Responsibility
  - Administrative allocation to counties
  - County-received BHF determination appeals (all appeals go to DHS)

IMPACT ON YOUR COUNTY

- **What Stays 7/1/2026:**
  - County of Financial Responsibility (CFR) — counties still pay a share of treatment costs
  - Counties may appeal CFR determinations via State Agency Hearing
  - Counties still receive / process / determine client MA application and eligibility
  - Clients may submit BHF Requests by mail
  - Counties may continue as enrolled SUD providers (comp. assessment, treatment coordination, peer recovery)

IMPACT ON YOUR COUNTY

- **What's New 7/1/2026:**
  - Clients submit BHF requests directly to DHS
  - DHS BHF Inbox to receive questions
  - Online tool to complete BHF Request Form (preferred)
  - CFR notices from DHS – counties will receive both eligible and ineligible determinations
  - BHF Request Form (DHS-2780A) to be updated

KEY DATES

- **Critical Milestones for County Leaders:**
  - **Now: Inform Your Team**
    - Share this update with eligibility and SUD coordination staff. Help clients understand 60-day spans are coming. Consider expanding reimbursable SUD coordination services.
  - **Early June: DHS Communications Intensify**
    - Counties & Providers receive communication via multiple sources
      - Ie: MN-ITS Inbox, MHCP Provider News, eMemos
  - **July 1st: DHS Takes Over**
    - All new BHF eligibility determinations handled by DHS. Online request tool goes live. Counties stop processing.

Key Dates Update

- Change in implementation plan:
  - BHF eligibility determined by counties on or before June 30, 2026 (with eligibility span start dates on/before June 30, 2026)
    - Will be allowed to run their full 12-month course
    - There will be no shortening of BHF eligibility spans for these cases
  - BHF Eligibility Determined on or after July 1, 2026 by DHS
    - Will have 60-consecutive day eligibility spans (even if start date is back-dated to before July 1, 2026)

WHAT YOUR COUNTY SHOULD DO NOW

- Encourage clients to apply for Medical Assistance / Minnesota Health Care Programs now
- Help clients/providers understand the new 60-day span and subsequent request process effective 7/1/2026
- Consider becoming a provider of reimbursable Treatment Coordination Services to support ongoing client coordination needs
- Watch for provider and county eMemos from DHS
- Identify contact person/group/email to receive CFR notices from DHS
  - Send to: Emilie.Volkman@state.mn.us

THE NEW PROCESS

- **BHF Eligibility Under DHS — Starting July 1**

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 enterd in MMIS (if eligible); 60-day OO span entered in MMIS within 5 business days of request receipt.
4. Notices sent to client & county
    - Client receives eligibility notice with MA application guidance and appeal instructions
    - County (CFR) notified of both eligible and ineligible determinations
5. Incomplete = Denied:
    - Missing information triggers a denial notice to the client identifying what's missing and how to resubmit.

THE NEW PROCESS

- **BHF Eligibility Under DHS — Starting July 1**
  - **Living Arrangement Changes** Process in development.
    - DHS will either:
      - Update in MMIS, MAXIS, and METS **OR**
      - Update MMIS only and living arrangement change notice sent to county with CFR determination.

THE NEW PROCESS

- **BHF Program Integrity Audit — Starting July 1**

  1. BHF Eligibility Approved
  2. Audit Selection:
     - Process under development with Program Integrity experts within DHS
     - Likely set % of approved requests at set intervals (weekly, monthly, etc..)
  3. Document Requested
     - Selected recipients will receive request to provide documentation to validate their prospective 1-year income and household size
  4. DHS Verifies Eligibility
  5. Determined Ineligible
     - Fund recovery processes in development with Program Integrity experts within DHS

- 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 this client is selected for program integrity audit.

SUBSEQUENT ELIGIBLITY REQUESTS

- **When Clients Need More Than 60 Days in a Calendar Year**
  - One 60-day span per calendar year (January 1–December 31) is the baseline.
    - Subsequent request may be 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.

SUBSEQUENT ELIGIBLITY REQUESTS

- **We Expect Most Subsequent Requests From:**
  - Clinical Need Beyind 60 days AND:
    - Completed MA Application (awaiting eligibility determination)
    - Underutilization of Prior Span
    - Systemic Barrier(s) to Access
      - incarceration, MA denial, provider waitlists, or housing instability.

COUNTY OF FINANCIAL RESPONSIBILITY

- **CFR Notices from DHS:**
  - DHS sends CFR notification within 5 business days of request receipt
  - Counties receive notice for BOTH eligible AND ineligible applicants
  - Notice includes appeal initiation guidance (CFR appeals go to State Agency Hearing)
    - CFR Dispute Form for counties to submit to DHS if both counties agree
  - DHS is seeking your input: Who is the best contact at your county to receive CFR notices?
    - Send to Emilie.Volkman@state.mn.us

COUNTY OF FINANCIAL RESPONSIBILITY

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

SUMMARY

- **County Action Items**
  - **NOW:**
    - **Brief Your Team:** Share this update with all staff involved in SUD coordination, eligibility, and case management. Ensure they know counties stop processing BHF requests on July 1st.
    - **Identify Your CFR Contact:** Tell DHS who should receive CFR determination notices from DHS. Provide a preferred email or inbox (Emilie.Volkman@state.mn.us)
  - **Before July 1st:**
    - **Help Clients Learn the New Process:** Clients submit directly to DHS — not through your county. Share the DHS BHF submission page (Need help paying for substance use disorder treatment? / Minnesota Department of Human Services) and the updated DHS-2780A form when available.
    - **Consider Enrollment as SUD Service Vendor:** Counties can continue to bill for comprehensive assessments, treatment coordination, and peer recovery services — but must be enrolled with MHCP.
  - **Ongoing:**
    - **Stay Connected with DHS:** Watch for eMemos, MN-ITS inbox messages, and MHCP Provider News updates. Participate in MACSSA workgroup for continued input on implementation.

Reminders

DEPARTMENT OF HUMAN SERVICES

Next Thursday Connections with SUD at DHS

June 18th

2 – 4 p.m.

Longer 2-hour meeting to review items that go live July 1, 2026.

Join us! SUD Community of Practice

Wednesday, June 17th

12:00 - 1:30 p.m.

RSVP Link

For more information, visit the SUD CoP webpage.

Changes to SUD Treatment Services Coming Soon

e-Memo #26-43 | 4/27/26

Effective July 1, 2026 — pending federal approval

Legislation from the 2025 session brings significant changes to SUD treatment services, including new service types and descriptions for all SUD providers, and new billing codes and procedures for outpatient providers specifically.

What's Changing

- New service types and descriptions for all SUD providers
- New billing codes and procedures for **outpatient** providers specifically
- Changes pending federal approval before taking effect

Provider Action Required

- Visit the DHS SUD Reform website
  - Go to News and Current Reminders
  - Review the guidance document outlining all changes
- Begin preparing your organization now ahead of July 1

Recovery Residence Certification Update

e-Memo #26-41 | 4/23/26

Background

The Minnesota Legislature strengthened oversight of sober homes — now called **recovery residences** — and increased resident protections. The transition to a new certification model is now underway.

New Webpage

The Certified Recovery Residences webpage covers certification requirements for Level 1 & Level 2 residences, key definitions, and steps to get started.

Start Planning Now

Providers are encouraged to begin planning now. Early preparation helps avoid delays when applications open.

Housing Support Access

Providers seeking Housing Support must obtain **Level 2 certification** and meet additional agreement standards before entering into an agreement with DHS. Starting early avoids delays once applications open.

MN Revalidate

News Release | 4/16/26 | MHCP Connect | 4/3/26

$3.1 billion in federal Medicaid funding at risk | $260M already deferred

The Risk

CMS has deferred $260M in reimbursements for claims already paid, and could withhold up to $2B annually. The state is appealing and working toward lifting the deferral.

Minnesota Revalidate

The centerpiece of DHS's response: reviews of 5,538 providers across 13 high-risk program areas must be completed by May 31, 2026.

Note: revalidation is contributing to enrollment processing backlogs.

Provider FAQ Now Online

DHS launched a new FAQ webpage built directly from provider questions on revalidation — separate from the general revalidation info and focused specifically on the provider experience.

MN SUD Section 1115 Demonstration Extension Approved

e-Memo #26-40 | 4/17/26

✓ **CMS approved a 5-year extension: April 1, 2026 – March 31, 2031. No action needed from providers.**

What It Means

Minnesota can continue receiving federal Medicaid matching funds for SUD services in residential programs and withdrawal management settings — including IMDs typically excluded from standard Medicaid.

No Action Needed

This extension does not change any current provider requirements or benefits available to individuals receiving SUD services. It is a continuation of what is already in place.

The Bigger Picture

This waiver is a core piece of the state's ongoing effort to address the opioid crisis and strengthen the SUD treatment delivery system for Medicaid members. The demonstration's goals include increasing treatment initiation, improving retention, reducing overdose deaths, and improving access across the care continuum.

For more details: 1115 SUD System Reform Demonstration webpage | Federal Health Care Waivers page

Applications Open for OERAC Membership

e-Memo #26-38 | 4/9/26

Application Deadline: June 1, 2026 | Submit via the MN Secretary of State website

About OERAC

The Opioid Epidemic Response Advisory Council advises DHS on Minnesota's response to the opioid crisis.

DHS is accepting applications for open seats.

Who Should Apply?

- People in recovery
- Tribal representatives
- Nonprofit workers
- Mental health advocates
- Encourage anyone who fits to apply!

Minnesota's Quit Partner™ Celebrates Six Years

MDH Announcement | 4/20/26

32,000+

Minnesotans supported since April 2020

~1 in 3

enrollees report successfully quitting

Free Services Available

- ✓ One-on-one coaching
- ✓ Text and chat support
- ✓ Educational materials
- ✓ Quit meds: patches, gum, lozenges — no cost to participants

Specialized Tracks for SUD Providers

Quit Partner has dedicated tracks for: **people with mental illness or SUDs**, **American Indian communities**, **pregnant/postpartum individuals**, and **teens 13–17**. Free tools available to help providers promote quitting and integrate into practice.

Refer clients anytime: 1-800-QUIT-NOW | QuitPartnerMN.com

Transition of the Positive Community Norms (PCN) Program

BH e-Memo #26-30 | 3/13/26

PCN Is Ending After 20 Years

- DHS is retiring the Positive Community Norms program — a cornerstone of Minnesota's youth substance use prevention for two decades.
- Current prevention science shows multi-component models addressing individual, family, peer, school, and community factors simultaneously produce stronger, more durable outcomes. The fentanyl crisis has also made clear that prevention strategies must directly address today's drug landscape.

What's Coming Next

- DHS is moving toward evidence-based programs aligned with SAMHSA standards, with a focus on:
  - Fidelity and data-driven decision making
  - Targeted approaches for higher-risk youth populations
  - Engagement of community partners, local public health, schools, and Tribal Nations in shaping the next phase

Why Now? While PCN was innovative and community-driven when it launched, the landscape has shifted. Comprehensive, multi-component models — and the reality of the fentanyl crisis — require an updated prevention framework that meets communities where they are today.

Upcoming Trainings & Professional Development

e-Memos #26-45 & #26-44 | 5/1/26

[DHS Targeted Development Webinar]

Finding Order Amidst Chaos

Free professional development supporting service providers working with youth and families experiencing acute or chronic traumatic stress.
Offers practical, evidence-informed frameworks for clinical decision-making in times of crisis.

[Culturally Specific SUD Grant Development Trainings]

"Building Bridges: Culturally Responsive Grant Development"

Training series to help providers with grant writing — where to find opportunities, how to build budgets, report on grants, and manage funding.

May & June trainings are full — updates on upcoming sessions coming soon.

To be added to the email list, email sud.culturally.specific.grants.dhs@state.mn.us.

Questions & Answers

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.