

Thursday Connections with SUD at DHS Nov. 20, 2025

Brought to you by Substance Use Disorder Unit in the Behavioral Health Administration.

Agenda

- 3:00 Logistics & Introductions
- 3:05 **Legislative Changes** to SUD Services
- 3:25 **Peer Recovery Support** Utilization Management
- 3:30 **ASAM 4** Implementation Work Group
- 3:35 **1115 Reentry** Demonstration Supporting Justice Involved Individuals
- 3:50 Sober Home Scan
- 3:55 Next SUD Community of Practice
- 4:00 Close

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.

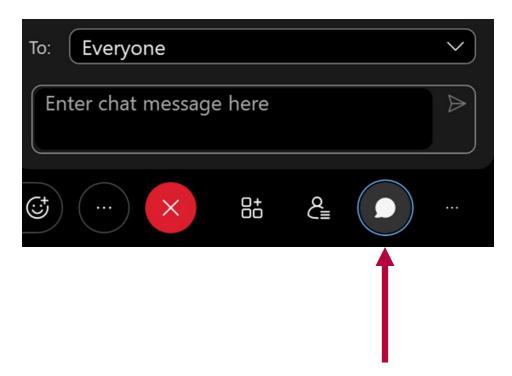


A summary of questions, comments and responses will be posted on the Thursday Connections with SUD webpage.

12/10/2025

Using Chat

- 1. Submit questions in the chat
- 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



Policy & Reform Team



Amelia Fink, Supervisor



Legislative Changes to SUD Services

Leah Wachter, SUD Policy and Reform Team

Overview

2025 legislative session resulted in multiple changes to Substance Use Disorder (SUD) rates and services

- Rate adjustments for select services January 1, 2026
- Annual rate adjustments starting January 1, 2027
- Changes to SUD treatment services July 1, 2026
- New outpatient billing codes and rates July 1, 2026

Details can be found on the DHS SUD Reform website



Effective on date indicated or upon federal approval, whichever is later

Rates Adjustments

Section 254B.0509, added by Chapter 9, Article 4, Section 34:

Subdivision 1. **Base payment rates.** Effective for services provided on or after January 1, 2026, the commissioner must implement the following base payment rates for substance use disorder treatment services under section 254B.0505, subdivision 1:

- 1) for low-intensity residential services, 100 percent of the modeled rate*;
- 2) for high-intensity residential services, 83 percent of the modeled rate*; and
- 3) for treatment coordination services, 100 percent of the modeled rate*.

^{*}Modeled rates in the final report required by Laws 2021, First Special Session chapter 7, article 17, section 18 (Minnesota Health Care Programs Fee for Service Outpatient Services Rates Study)

Rates Adjustments

Rate adjustments effective January 1, 2026, or upon federal approval:

Service	Current Rate	Modeled Rate	New Rate
Adult High Intensity Residential (per day rate)	\$230.78	\$355.02	83% of model = \$294.67
Adult Low Intensity Residential* (per day rate)	\$82.24	\$216.90	100% of model = \$216.90
Outpatient Treatment Coordination (per 15-minute rate)	\$11.71	\$37.13	100% of model = \$37.13

^{*}Only applies to H2036 UD (minimum 5 hours of skilled treatment services per week). Low Intensity Residential with a minimum of 15 hours of skilled treatment services per week was not part of the rate study, so the rate for H2036 TF will stay \$171.11 per day.

Rates Adjustments

Section 254B.0509, added by Chapter 9, Article 4, Section 34:

Subd. 2. Annual adjustments. Effective January 1, 2027, and annually thereafter, the commissioner of human services must adjust the payment rates under subdivision 1 according to the change from the midpoint of the previous rate year to the midpoint of the rate year for which the rate is being determined using the Centers for Medicare and Medicaid Services Medicare Economic Index as forecasted in the fourth quarter of the calendar year before the rate year.

We are hoping for a technical fix in the upcoming legislative session to clarify the intent, which was for all SUD services to receive the annual rate adjustment.

SUD Services and Codes

July 1, 2026: Big Picture



New types and descriptions for SUD treatment services in statute 245G.07

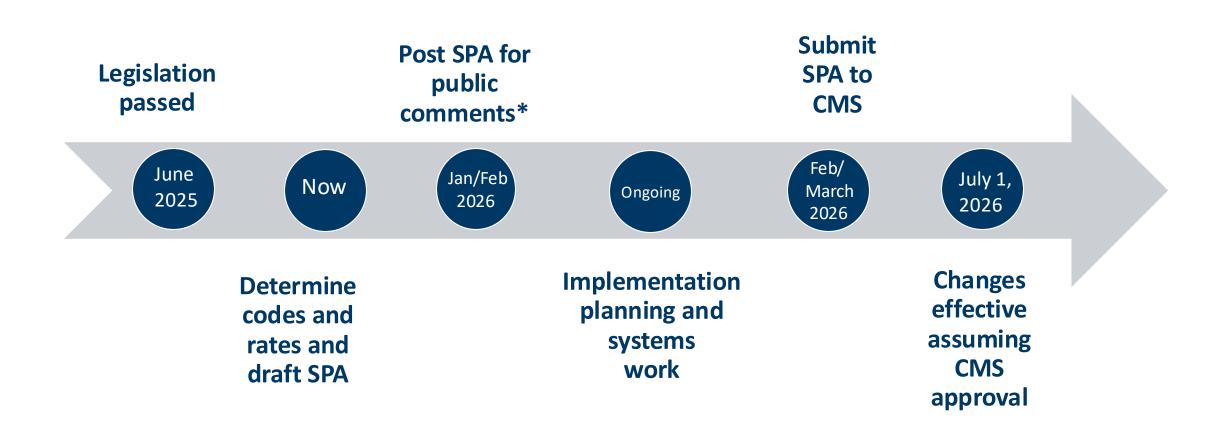


New outpatient procedure codes needed for the new services



All changes require federal approval first

SUD Services and Codes



^{*}Sign up to receive emails when DHS is seeking public comment on proposed state plan amendments: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/spa.jsp

245G Treatment Services with minor changes (HF 3/Chapter 9, Article 4)

Current SUD Treatment Services	7/1/26 SUD Treatment Services	Difference
Counseling	Counseling	Some change in
(individual/group)	(individual/group)	description
Client education	Psychoeducation	Some change in
(individual/group)	(individual/group)	description
Treatment coordination	Treatment coordination	Some change in
(individual)	(individual)	description
Peer recovery support	Peer recovery support	Technical change in
(individual)	(individual)	description

245G Treatment Services with minor changes (HF 3/Chapter 9, Article 4)

Current SUD Treatment Services	7/1/26 SUD Treatment Services	Difference
Service to help integrate gains	Not listed in 245G.07	Determined not to be a distinct
(individual/group)		treatment service type
Service to address co-occurring	Not listed in 245G.07	Incorporated into counseling
disorders (individual/group)	,	description
	(note: no changes to co-	
	occurring requirements in	
	245G.20 or 254B.0507)	
Room, board, and supervision at	Not listed in 245G.07	No longer included in
the treatment site		245G.07 because it is a
	(note: no change to room and board billing)	component of residential
		treatment but not actually a
		treatment service

245G treatment services with substantial changes (HF 3/Chapter 9, Article 4)

Current SUD Treatment Services	7/1/26 SUD Treatment Services	Difference
Additional services: Provided by an ADC/qualified professional	Recovery support services: Provided by a behavioral health practitioner	Behavioral health practitioner qualifications are equivalent to mental health practitioner in 2451.04, subdivision 4. Behavioral health practitioners must receive supervision from an ADC or MHP who has substance use treatment and assessments within their scope

245G treatment services with substantial changes (HF 3/Chapter 9, Article 4)

Current SUD Treatment Services	7/1/26 SUD Treatment Services	Difference
Additional services	Recovery support services (individual/group)	Some overlap in intent
(individual/group)	 Support in skills such as health and health 	of skills to be
 Relationship counseling 	care navigation and self-care	developed, but
 Therapeutic recreation 	 Resources and assistance for parenting, 	recovery support
 Stress management and 	financial management, pro-social	services are intended to
physical well-being	behavior, education, employment,	be a supportive service
 Living skill development 	and nutrition	that does not have to
 Employment or educational 	 Assist with skills to restore functioning and 	be provided by a
services	routines for community integration	licensed professional.
 Socialization skill development 	 Provide support to restore stability and 	This aligns with
	functioning (helping to respond to or	recovery support
	avoid triggers, assisting to identify	services in the ASAM
	potential crises and develop a plan to	standards.
	address them)	

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.

Effective 7/1/26 or upon federal approval

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

SUD Codes

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 Codes

Current Billing Options		Billing Options Effective 7/1/26 (pending approval)
Individual treatment H2035		Individual counseling 15-minute unit
1 hour unit (ending 7/1/26)		Individual psychoeducation 15-minute unit
		Individual recovery support 15-minute unit
Group treatment H2035 HQ		Group counseling 15-minute unit
1 hour unit (ending 7/1/26)		Group psychoeducation 15-minute unit
		Group recovery support 15-minute unit

No change to codes or rates for treatment coordination, peer recovery support, or comprehensive assessments

SUD Codes

New Services Effective 7/1/26 (pending approval)	Potential Procedure Code*
Individual counseling	H0004 with modifier U8
Group counseling	H0005 with modifier U8
Individual psychoeducation	H2027 with modifier U8
Group psychoeducation	H2027 with modifiers U8 HQ
Individual recovery support	H2017 with modifier U8
Group recovery support	H2017 with modifiers U8 HQ

^{*}Procedure codes and rates, including for the service enhancements under 254B.0507, are still being finalized

Things to note:

- U8 modifier needed to identify SUD services because codes already used for other services types
- The SPA with proposed rates will be posted for public comment when ready, hopefully early
 2026
- We are looking at ways to identify ASAM level of care for each outpatient claim

SUD Services and Codes

More Information Coming Soon!

DHS plans to develop guidance and resources for providers to support this transition. Please send your questions about implementing treatment service changes to SUD.Direct.Access.DHS@state.mn.us so they can be incorporated.

Thank You!

Peer Recovery Support UM begins January 1, 2026

- Beginning Jan. 1, 2026, recovery community organizations (RCOs) and SUD treatment programs enrolled with Minnesota Health Care Programs (MHCP) will have up to 10% of their peer recovery support service claims reviewed for fee-for-service and behavioral health funded individuals.
 254B.0505, subd 8.
- Acentra Health will complete these reviews.
 - Beginning January 2026 and onward.
 - Post-payment reviews of documentation for medical necessity and to ensure provider notes reflect the need for peer services.

- To better understand Acentra's role they are offering training on the requirements for submissions. Registration is required. Identical training. Click on the following links to register.
 - Dec. 5, 2025 session
 - Jan. 5, 2026 session

ASAM 4 Implementation Work Group

23



NIATx contract initiated on 11/17/2025



Internal and external reviewers selected



Review team identified



Two rounds of reviews scheduled



Participants identified and notified in early December

12/10/2025



Special Projects Team



Christy Mollert, Manager





Design Team



1115 Reentry Demonstration Supporting Justice Involved Individuals

Background

- The 1115 waiver allows for incarcerated individuals to receive Medicaid benefits up to 90 days pre-release.
- Services are geared towards substance use, mental health, and chronic medical concerns.
- The waiver ensures participating individuals receive 30-day supply of medications, case management, and MOUD services.

Pilot Sites

1115 Reentry Demonstration Supporting Justice Involved Individuals

- The DOC identified three pilot prisons.
- There will be five jails; one of which will be tribally owned/operated or comprised of disproportionally American Indian incarcerated persons.
- An RFP for capacity building was published on September 19th and closed on November 14^{th.}
 - Applications are currently under review. Selected applicants will be identified by December 30th.

Community Working Group

1115 Reentry Demonstration Supporting Justice Involved Individuals

- DHS, in collaboration with the DOC, must convene a reentry services working group to consider ways to improve the demonstration.
- Membership includes counties, tribal partners, community organizations, and individuals with lived experience.
- Meets monthly to collaborate and provide guidance on the 1115 Demonstration.

Next Steps

1115 Reentry Demonstration Supporting Justice Involved Individuals

- Drafting an implementation plan for CMS.
- Collaborating with pilot sites on building capacity to support the demonstration.
- Identifying an appropriate benefit set to serve justice involved persons.

Participle in MN's Sober Home Scan Survey

- Please complete Minnesota's Sober Home Scan survey if you're an individual or organization that currently operate, or have operated, a sober home or supportive housing facility in Minnesota within the last 12 months.
- This will be used as a tool to help shape future policies and guide efforts to support those living and working in the sober housing field.
- Takes 10-15 minutes to complete.
- Survey will close January 16, 2026.
- Encourage others in your network to complete the survey too! Share the <u>survey website</u>.

12/10/2025

Join us! SUD Community of Practice



12/10/2025



Note: no meeting in December



Held third Thursday of each month. No registration required, join Webex via the webpage.



Questions & Answers

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.

12/10/2025



Thank You!

For updates about future meetings and responses to questions not answered during this meeting, please visit the <a href="https://doi.org/10.1007/jhp.2007/jh

12/10/2025