DEPARTMENT OF HUMAN SERVICES

Q: Does Withdrawal Management Room and Board get billed directly to the MCO's for MNCARE clients as the other SUD Inpatient services are for 2025?

All room and board for MNCare enrolled clients are now billed to, and paid by, MNCare. Keep in mind this is just for MNCare enrollees, behavioral health fund is used to pay the room and board for MA and OO clients.

Q: Are there any estimates to when ASAM 4th edition will be implemented?

This will depend on legislation. We are planning to start the ASAM 4th provider collaboration workgroup this summer which will assist in determining ASAM 4th ed.

MN currently has the six dimensions (254B.04 Subdivision 4) and levels of care (254B.19) in alignment with ASAM 3rd edition in MS 245B.

Q: I can see one reason, so few treatment facilities have a smoke free campus - in doing SUD assessments, when someone is a tobacco user and requests or is recommended to residential treatment, the majority of them ask for a referral to a program that allows smoking. I haven't seen many clients that want to quit smoking and other substance use at the same time.

We know that rates of tobacco use for individuals entering SUD treatment is around 77%, and that significantly more deaths are caused by tobacco use each year than any other substances combined. In 2022, there were four times more deaths from tobacco use than from drug overdose.

We also are starting to learn that many clients in SUD treatment do want to quit. One research study found that 30% of individuals entering SUD treatment were considering quitting in the next 30 days, while other surveys have showed up to 80% of this population have interest in quitting tobacco. Notably, smoking cessation interventions during SUD treatment are associated with a 25% greater likelihood of continued abstinence from all substances at 6-12 month follow up.

Lack of confidence, or self-efficacy, and perceived lack of support are two significant barriers to quitting tobacco use. SUD programs and counselors are highly influential. Higher rates of staff tobacco use have been associated with higher rates of tobacco use among clients, and a lower rate of tobacco cessation interventions.

In Minnesota a small but growing number of SUD treatment programs are adapting ASAM and SAMHSA's recommendations for smoke-free grounds, a step that supports the long-term health and recovery of both

clients and staff. From the first interaction through graduation, SUD assessors and treatment providers can play a lifesaving role by offering evidence-based tobacco interventions, such as those listed in SAMHSA's Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings or by providing education to clients such as SAMHSA's You Can Quit Tobacco which focuses on reasons to quit while in SUD treatment.

Providers interested in seeking support for implementing tobacco interventions or tobacco free campuses are encouraged to contact Reba at MN's Lung Mind Alliance, or DHS's Nicotine Policy Lead at NicotinePolicy.DHS@state.mn.us

Q: With the HSA are facilities allow to have rules in place like taking UA's, staying sober, no use of even medical marijuana on grounds, and other basic rules like no overnight visitors, no using on the property etc.?

DHS is unsure what "HSA" this question is in reference to. However, in general, SUD treatment facilities are allowed to establish rules for their facilities, as long as they are communicated to clients and in compliance with the requirements of applicable statutes, including client rights identified in sections 144.651, 148F.165, and 253B.03. If there are additional questions related to this, please contact sud.direct.access.dhs@state.mn.us.

Q: What impact will the 15-minute code length will impact LOC alignment? Meaning if we do a 3-hour group w/ a 15-minute break, would it now need to be run for 3 hours and 15 minutes to account for the break to be counted for accumulated services hours associated with w/ a given LOC?

In this scenario if the program wants to bill for 3 hours, they will need to provide 3 hours of services. The 15-minute break time would not be billable.

Minnesota Statute, Section 62J.536 and related rules require the development and use of Minnesota Uniform Companion Guides (MUCGs) for health care providers that bill under Medical Assistance (MA). The Minnesota Department of Health's (MDH) Rule: Minnesota Uniform Companion Guide (MUCG) Version [most recent] for the Implementation of the X12/005010X222A1 Health Care Claim: Professional (837), section A.3.2, "General coding instructions and information; Units", states: "In the case of time as part of the code definition, follow HCPCS/CPT guidelines to determine the appropriate unit(s) of time to report. Per the guidelines, more than half the time of a time-based code must be spent performing the service in order to report the code. If the time spent results in more than one-and one-half times the defined value of the code, and no additional time increment code exists, round up to the next whole number."

The Medicare Claims Processing Manual. Chapter 5, section 20.2, "Reporting of Service Units With HCPCS", item C, Counting Minutes for Timed Codes in 15 Minute Units offers guidance on how to calculate the time spent delivering a billable service and how many units can be billed

based on the time spent providing the service. Additional guidance on calculating time and units within ASAM levels of care will be provided after the 2025 legislative session.

The proposal including15 Minute codes are intended to be aligned with Medicare. Additional guidance will be provided once legislation is passed this session.

Q: Under 245G.06 Subd. 3a. (e) does "every 30 days" for the plan review mean from the effective date of a timely treatment plan or every 30 days from the date of treatment initiation?

The Substance Use Disorder Treatment Programs: 2023 Legislative changes and program implementation overview indicates the due date of the first treatment plan review is based on the date the treatment plan was completed and includes an example. That overview also states the date to complete the next treatment plan review will always depend on the date of when the last treatment plan review is completed, even if the previous review was completed earlier than required. The SUD licensing unit can be reached at dhs.mhcdlicensing@state.mn.us if there are additional questions on this requirement.

Resources from Legislative Affairs

Fact Sheet: https://mn.gov/dhs/assets/2025-02-SUD-program-integrity-BH-43-45_tcm1053-669205.pdf

GO Budget proposals: https://mn.gov/mmb-stat/documents/budget/2026-27-biennial-budget-books/governors-recommendations-january/human-services.pdf

DHS wide fact sheets: https://mn.gov/dhs/media/fact-sheets/2025-session-fact-sheets.jsp

Resources from Lung Mind Alliance

Reba.MathernJacobson@Lung.org

SAMHSA toolkit
Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings | SAMHSA Publications and Digital Products

ASAM Guidelines
Integrating Tobacco Use Disorder Interventions in Addiction Treatment

HC Cohort
2025 Tobacco Cohort for Hennepin County - Organization Interest Form

Dr. Jill Williams training April 29
https://action.lung.org/site/TR?fr_id=27798&pg=entry

April TTS training
Tobacco Treatment Specialist Training April 14-16, 2025

Lung Mind Alliance newsletter
American Lung Association MN