

Thursday Connections with SUD at DHS

August 21, 2025

3:00-3:05: Logistics and introductions

3:05-3:15: Team updates

3:15-3:30: Utilization Management

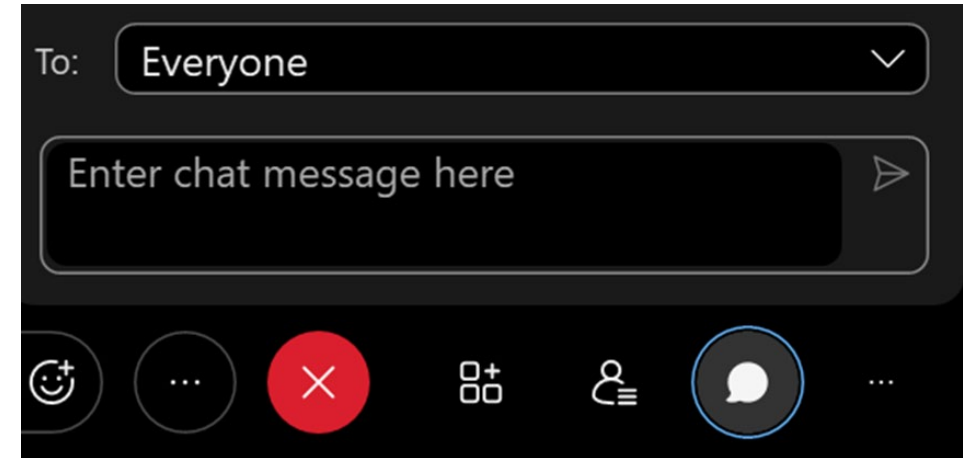
3:30-3:50: SUD Data Snapshots

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



Team Updates



SUD Clinical Policy Team Updates

Amelia Fink | SUD Clinical Policy Team Supervisor

Upcoming ASAM Trainings

Virtual Trainings:

- Two-Day ASAM Criteria, Fourth Edition, Skill-Building Training
[Sept. 15 and 16, 8:30 a.m. – 3 p.m.](#)
- One-day Adolescent ASAM Criteria, Third Edition, The Nuances
[Oct. 1, 8:30 a.m. – 3 p.m.](#)

Continuing Education Units (CEUs) will be available for participants who successfully complete the entire training. More information regarding CEUs will be provided during the sessions

Upcoming Free Webinars on Tobacco Treatment

[National Center of Excellence for Tobacco-free Recovery](#) has free monthly and self-paced options for increasing skills and knowledge in treating tobacco use disorder.

- **Case-Based Discussion Series for Clinicians:** Monthly on 3rd Tuesday 11 a.m. or 4 p.m.
 - Sept.16: [Applying a Stagewise Approach to Assessment and Service-Planning](#)
 - Pre-recorded sessions (available online in near future): [Tobacco Use Treatment in Behavioral Health](#); [An Overview of the Evidence Based Approach](#)
- **Online Training Series:** [Tobacco Use Treatment in Behavioral Health Care](#)
 - 5-module e-Course (2-3 hours total) designed to equip behavioral health professionals with the knowledge and tools to tackle commercial tobacco use among individuals with mental health and substance use conditions.



SUD Reform & Redesign Team

Nathaniel Dyess | 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 September 30, 2025.
- Waiver Monitoring Reports are now submitted annually.
- The ASAM Certification process is now overseen by the SUD Policy Team.
 - More information can be found on DHS's [ASAM Resources webpage](#).

ASAM Training & Support

SUD Reform & Redesign Team Updates

- Two-Day ASAM Criteria, Fourth Edition, Skill-Building Training
 - [September 15 and 16, 8:30 a.m. – 3 p.m.](#)
- One-day Adolescent ASAM Criteria 3rd Edition, The Nuances
 - [October 1, 8:30 a.m. – 3 p.m.](#)
- [ASAM Resources for Minnesota SUD Treatment Providers](#) webpage
- [ASAM Insights Meeting Link](#)
 - Second Friday of the month at 11 a.m. CT

SUD Community of Practice

SUD Reform & Redesign Team Updates

- The SUD CoP is a group of people with an interest in SUD treatment and prevention in any capacity (individuals with lived experience, providers, family members, researchers, recovery peers and advocates).
- It provides an opportunity for knowledge sharing into action, developing competence, rich discussion and mentoring. The group may issue reports and recommendations to inform the legislature.
- Regular monthly meetings to begin again this Fall!
- Survey & communication on details coming soon.
 - We will gather feedback on what topics folks want to discuss within the SUD CoP moving forward.
- Creating a Leadership/Planning Committee for the monthly meetings
 - In need of passionate folks to offer their insights!
- To view reports and meeting summaries, please visit the [SUD CoP webpage](#).
- Email interest to sud.community.of.practice.dhs@state.mn.us.

1115 Re-entry Demonstration

SUD Reform & Redesign Team Updates

- Application submitted to CMS on Jan. 16, 2025. DHS is waiting 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 shortly.
- RFP to develop and implement the monitoring protocol and evaluation efforts related to 1115 Reentry Demonstration Waiver have been received, scored and an intent to negotiate has been sent out.

Culturally Specific Grants

SUD Reform & Redesign Team Updates

- RFP is currently being developed for [culturally specific or culturally](#) responsive providers and recovery programs.
- Anticipated publication in fiscal year 2026
- \$4 million of funding across several contracts
- Monthly grants related technical assistance services will begin August 27, 6 p.m.
 - Join the first session for an overview of the series.
 - This session is virtual and is designed to help providers with limited grants and proposal writing experience develop grants readiness tools and strategies.
 - [Register to attend](#)
- A call for community [reviewers](#).

Independent Peer Review

SUD Reform & Redesign Team Updates

- Seeking Tribal and 245G/245F licensed SUD treatment providers to participate
- **Current Status:** 5% complete [45 CFR 96.136](#)
- **Provider Outreach:** for more information see the [Behavioral Health e-Memo](#) published August 1, 2025, inviting Tribal and 245G/245F-licensed SUD treatment providers.
- **Scheduling:** Begins September 2025
- **Review Window:** October 2025 – June 2026
- **Contact:** sud.peer.review.dhs@state.mn.us with interest & questions



Utilization Management

Molly Lang | Utilization Management Lead, SUD Reform & Redesign Team

History



2017 - Centers for Medicare and Medicaid Services (CMS) announced section 1115(a) demonstrations to combat opioid crisis



2019 - Legislation codified required provider standards and provided necessary funding for implementation, demonstration evaluation, utilization management process (MN Statute [256B.0759](#))



2020 - CMS approved Minnesota's 1115 Substance Use Disorder Reform Implementation Plan



2021 - Majority of the milestones met and Utilization Management (UM) began



2025 – State Law and State Plan effective; rates aligned with American Society of Addiction Medicine (ASAM) continuum of care, no longer an “1115 rate”

What UM Used to Look Like



Pursuant to MN Statute 254A.03 Subd. 3, (b): The commissioner shall develop and implement a utilization review process for publicly funded treatment placements to monitor and review the clinical appropriateness and timeliness of all publicly funded placements in treatment.

Drug and Alcohol Normative Evaluation System (DAANES): As required by 254B.05 Subd. 1b., (3), All SUD clients regardless of funding need to be entered into DAANES for each admission episode.

1115 Crossover

Create a clinical and outcome-driven continuum of care aligned with American Society of Addiction Medicine (ASAM) criteria

Expand MN Medical Assistance (MA) coverage to Institutions for Mental Disease (IMD) - (inpatient / residential facilities with 17 or more beds) that are typically not covered by MA (Medicaid) due to the IMD exclusion

Ensure that people receive services in the right level of care at the right time

Utilization Management

Purpose: To assure a client receives SUD services at the appropriate ASAM level of care and that the interventions are appropriate to meet the client's current needs.

Acentra Health (formerly Kepro) monitors and reviews recipient medical records to determine if the documentation supports the level of care and medical necessity, in alignment with ASAM Standards as established by MN Statute 254B.19

Additionally, Acentra will review for medical necessity for Peer Recovery Support Services (PRSS) in alignment with MN Statute 254B.052

Utilization Management

Continued

SUD providers submit clinical documentation to Acentra for fee-for-service (FFS) and Behavioral Health Fund clients

Managed Care Organizations (MCOs) are required to align with the FFS UM process and ASAM Criteria

Acentra staff review documentation for clinical and medical necessity and ASAM criteria

Acentra staff have a legal obligation to report suspected fraud, waste and abuse to the DHS Program Integrity Oversight Division (PIO)

The Provider Process

Provider becomes eligible to provide ASAM level(s) of care

Contact MinnesotaASAM@acentra.com to register an Atrezzo Portal Account

Provider receives email from Acentra identifying recipients for review (automatic case creation)

Provider creates a case in the Atrezzo Portal

Provider completes questionnaire and uploads documentation demonstrating compliance

Follow-up requests for additional information about documents submitted are through Atrezzo Portal

Upon Case Review

> Acentra clinical staff make initial determination

> Acentra Medical Director reviews cases referred by clinical staff

> Case rejections:

- Email sent to provider relating to administrative denial due to not meeting ASAM requirements based on missing ASAM documentation/information (provider given 15 days to respond)
- Consult provided via phone or MS Teams (involving provider clinical teams and billing specialists as needed) if not resolved via email
- If no further response, the case is rejected, and information is provided through the Atrezzo Portal for requesting reconsideration

Referrals to Program Integrity Oversight Division



Referrals are made to PIO for reasons including, but not limited to, the following:

Provider does not engage in UM;
Not meeting medical necessity;
Continued stay criteria not met; and/or
Documentation does not support the level of care



What to expect once a referral is made to PIO:

PIO coordinates with Acentra and BHA SUD Unit throughout the entire process

Tiered System of Review

Opportunity for a reduced percentage of reviews based on “High Compliance”

Review categories to be determined based on performance over the previous three months

Standard reviews to include:

- 5% of client files for ASAM level of care services 1.0
- 10% of client files for ASAM levels of care services 2.1, 2.5, 3.1, 3.2, 3.3, 3.5 and 3.7
- 2% of client files for Opioid Treatment Program services
- 5% of client files for PRSS services

High Compliance reviews to include:

- 2% of client files for ASAM level of care services 1.0
- 5% of client files for ASAM levels of care services 2.1, 2.5, 3.1, 3.2, 3.3, 3.5 and 3.7
- 1% of client files for Opioid Treatment Program services
- Not applicable for PRSS services

Providers default to the “Standard” review category

Newly certified providers will start in the “Standard” review category

ASAM Level of Care Requirements - Outpatient

- Certified providers must provide treatment services as defined in MN Statute 254B.19
- Highlights:
 - ASAM does not recognize a level of care in which 30 hours of outpatient services a week are provided on a consistent basis
 - Level 1.0 Outpatient = Up to 8 hours per week of skilled treatment services
 - Level 2.1 Intensive Outpatient = 9-19 hours per week of skilled treatment services
 - Level 2.5 Partial Hospitalization = 20 or more hours of intensive, multidisciplinary care
 - Visit Enroll to Provide ASAM Level of Care 2.5 and complete the steps to comply with requirements

Support and Collaboration

DHS will continue to collaborate and support programs in meeting requirements by way of:

- Peer Review processes
- Clinical Virtual Office Hours – ASAM Certification
- ASAM trainings
- Data distributions from UM
- On-the Spot trainings with Acentra
- Technical assistance provided by Acentra

Celebrating Achievements!

UM successfully implemented to meet CMS and statutory requirements

Percent of a provider's cases reviewed has decreased from 100% to 10%-15%

Approval for sole source

UM process refined for provider ease-of-use

Increased ASAM education and technical assistance from Acentra

ASAM Levels of Care adopted by MN



If there are any questions about registering an account, please reach out to MinnesotaASAM@acentra.com



If there is a need for clinical assistance, please reach out to ASAM.DHS@state.mn.us



SUD Data Snapshots

SUD Reform & Redesign Team | Behavioral Health Division

1115 SUD Waiver

- 1115 SUD waiver
- Implementation phase
- Maintenance phase
- Metrics and data
- NORC SUD data graphic

NORC SUD data graphic

Impact on Emergency Department Utilization

Background

Minnesota's Substance Use Disorder System Reform Section 1115(a) Demonstration (the Demonstration) was approved by the Centers for Medicare & Medicaid Services (CMS) in July 2020, for a demonstration period of July 1, 2019, through June 30, 2025. The Demonstration supports a full continuum of care with a focus on ensuring that individuals are appropriately matched to a level of care, based on the requirements established by the American Society of Addiction Medicine (ASAM).¹ The Demonstration was designed to achieve progress towards several goals, including the goal of reduced utilization of emergency departments (EDs) and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services. For more information on the demonstration and preliminary findings, please see the [Interim Evaluation Report](#).

MN SUD Waiver Goals

1. Increase rates of identification, initiation, and engagement in treatment for SUD
2. Increase rates of adherence to and retention in treatment
3. Reduce readmissions to the same/higher level of care that are preventable or medically inappropriate
4. Improve access to care for physical health conditions
5. Reduce the number of opioid-related overdoses and deaths within the state.
6. Allow patients to receive a wider array of evidence-based services that are focused on a holistic approach to treatment
7. Reduce avoidable ED and inpatient hospital utilization

Measures of Success

The state anticipated that the Demonstration would reduce ED utilization, avoidable hospitalizations, and intensive inpatient services; however, NORC's analysis found no significant improvement across these measures to date.

Measures Examined	Summary of Findings
ED Utilization	<ul style="list-style-type: none">• ED utilization patterns among beneficiaries remained stable.• About one-third of beneficiaries with an SUD diagnosis had at least one ED visit annually.• Among beneficiaries with multiple visits, the average was 3.8 visits annually.
ED Visits Following	<ul style="list-style-type: none">• Readmissions and ED visits following discharge from treatment increased

Level	Percent All or Most of the Time	Percent Some	Percent never
3.5 Clinically Managed Residential Services	96%	0.00%	4%
3.7 Medically Managed Withdrawal Management	68%	20%	12%

Initial Research on referrals/OD care/emergency department visits: Research demonstrates that providing individuals with substance use disorder a full continuum of care tailored to the appropriate ASAM level of care reduces avoidable ED visits. However, several external factors affected the impact of the Demonstration, including the effects of the COVID-19 public health emergency (PHE) on resource and staffing shortages and increased SUD diagnoses and demands for services during the PHE that mirrored national trends.^{3, 4, 5} While the Demonstration did not yield significant improvements in avoidable ED visits, we will further examine these challenges associated with the PHE and their potential impact on measures of success in the Summative Evaluation Report. Research conducted outside of the Medicaid population in Minnesota continues to support the hypothesis that there is a positive association between comprehensive substance use disorder treatment and reduced ED visits. This research includes:

- A study of the impact of interdisciplinary primary care – where SDOH and SUD prevention, assessment and treatment are central components of service delivery – found that IPC enrollment was associated with reductions in ED visits, even for those with histories of high ED use prior to enrollment. ED visits for patients with histories of homelessness and SUDs stabilized following IPC enrollment.⁶
- Integrated addiction pharmacotherapy and recovery coaching in primary care was linked with fewer hospital days and fewer ED visits for inpatients with SUD compared to individuals receiving care in practices without those services.⁷



Key Takeaways

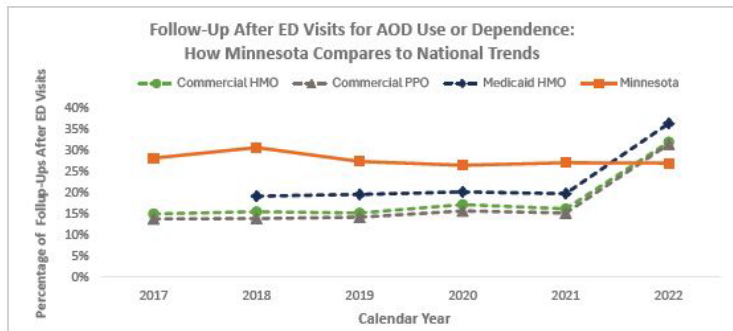
- Minnesota saw its highest follow-up rates after ED visits for AOD use in 2018 (30.7%), followed by a decline. However, they have maintained stable rates in subsequent years, consistently outperforming national rates from 2017-2021. Although national rates surpassed Minnesota from 2021-2022, Minnesota's strong historical performance and sustained follow-up rates suggest the potential to match or exceed national rates in the future.
- Minnesota treatment providers surveyed in 2023 reported their organizations were able to refer Medicaid patients to the appropriate level of care most or all of the time suggesting Medicaid beneficiaries were able to access services across the continuum of care.

About the Study Team

This study was conducted by NORC at the University of Chicago on behalf of the Minnesota Department of Human Services. NORC at the University of Chicago is an objective, nonpartisan research organization that delivers insights and analysis decision-makers trust.

the Demonstration period; however, Minnesota's rates of follow-up remained higher than national averages through 2021 (see Exhibit 1).

Exhibit 1. Follow-Up after ED Visits for AOD Use or Dependence, National Benchmarks by Payor and among Minnesota Medicaid Beneficiaries, 2017 through 2022



Provider Perspectives

The following presents survey findings to provide additional context beyond the claims-based measures outlined above. In 2023, NORC completed an online survey of all certified provider organizations on the implementation of the Demonstration. Survey respondents included twenty-five providers, representing all but one of the ASAM critical Levels of Care² and 97 facility locations. One focus of the provider survey was the ability of a provider organization to provide Medicaid patients with access to a specific ASAM Level of Care through referral. Most providers reported their organizations were able to refer Medicaid patients to the appropriate level of care most or all of the time.

Level	Percent All or Most of the Time	Percent Some	Percent never
1.0 Outpatient	88%	8%	4%
2.1 Intensive Outpatient	92%	0.00%	8%
3.1 Clinically managed low-intensity residential treatment	76%	12%	12%
3.3 Clinically Managed High-Intensity and Population-Specific Services	80%	3%	2%

Thank you!

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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](#).