

Rule 25 Process

Revised: [June 27, 2022](#)

The Rule 25 process to receive funding and access to [substance use disorder services \(SUD\)](#) ends June 30, 2022.

Fee-for-service claims with a date of service before July 1, 2022, that have service agreements before July 1, 2022, will follow the [timely billing](#) rule and pay up to one year from the date of service.

Rule 25 Assessment and Eligibility

A person must have a Rule 25 assessment and meet clinical and financial eligibility requirements to access services through Rule 25.

Access

Refer a person to the Rule 25 assessment number or use the [Rule 25 Referral Numbers \(DHS-5685\) \(PDF\)](#) list to refer a social service agency in the person's county or tribal nation of residence. The county agency or tribal nation determines the person's need for treatment by conducting a Rule 25 chemical use assessment, and determines whether the person is eligible to have his or her treatment paid using public funds.

- MA or MinnesotaCare members who are receiving services through an MCO should contact their MCO for a Rule 25 assessment. The MCO will instruct them how to access this assessment and the appropriate treatment services.
- MA or MinnesotaCare members who are not currently enrolled with an MCO should contact the Rule 25 assessment number at their county or tribal nation of residence to determine Behavioral Health Fund (BHF) eligibility.

Non-public fund members may be eligible for the Behavioral Health Fund (BHF). BHF is based on two criteria: clinical need and financial eligibility. If a person is determined to have both a clinical need for treatment and be financially eligible for the BHF, then the BHF can pay for the person's SUD treatment services.

Clinical Eligibility

Clinical eligibility is based on the results of a Rule 25 chemical use assessment. This is a face-to-face interview conducted by a qualified assessor. The assessor gathers information using the Rule 25 Assessment Tool and the [Minnesota Matrix \(DHS-5204B\) \(PDF\)](#) to determine clinical eligibility. A person who scores a severity rating of 2, 3 or 4 in Dimension IV, V or VI meets clinical eligibility requirements for treatment. Peer recovery support and treatment coordination may be authorized with a severity rating of 1 or more in dimensions 4, 5 or 6.

A Rule 25 assessment using the Rule 25 Assessment Tool and Minnesota Matrix is required for any person seeking public payment for SUD treatment services, whether the person is assessed by his or her county or tribal nation of residence.

Financial Eligibility

Financial eligibility has two parts:

- If a person has private insurance that covers 100% of the type and length of treatment he or she needs, he or she is not eligible for the BHF. If a person has less than 100% coverage (that is, has a copay, a deductible or an 80/20 policy), he or she may be eligible.
- The second part of financial eligibility is whether the person meets the BHF financial eligibility guidelines. The BHF financial eligibility guidelines are 133% of the Federal Poverty Guidelines

(FPG) based on the BHF definitions of household size and income. Find financial eligibility guidelines on the [Substance abuse help paying for treatment](#) webpage.

Authorization Requirements

Initial Authorization

Fee-for-service SUD treatment services must be preauthorized by a county or tribal nation until July 1, 2022, when utilizing the Rule 25 process. After the county or tribal nation determines that a person meets both the clinical and financial requirements for BHF eligibility, the county or tribal nation must complete a [Client Placement Authorization \(CPA\) \(DHS-2780\) \(PDF\)](#) form, recording the parameters of the service authorization. The county or tribal nation then authorizes the services by creating a service agreement (SA).

Note: preauthorization by a county or tribal nation is not required for withdrawal management services provided by a licensed withdrawal management program facility provider under the requirements of [Minnesota Statutes 245F](#).

A service agreement letter is generated and sent to your MN-ITS mailbox. A letter is sent to the member authorized to receive the services. The service agreement letter provides documentation about the services that are authorized.

You may request documentation of the completed and signed Client Placement Authorization for each member before admission.

You cannot bill MHCP for BHF-authorized services until you receive an approved service agreement letter. You must contact the authorizing county or tribal nation if you have not received a service agreement letter. Having a copy of the Client Placement Authorization is often helpful in getting the county or tribal nation to process the authorization. Request duplicate letters from the authorizing county or tribal nation.

Midtreatment Authorization

A member may be approved and referred for treatment by one placing authority and then experience a change in his or her eligibility or enrollment status while in treatment. Counties, tribal nations and MCOs are all "placing authorities."

Responsibility for month-to-month changes

Responsibility for assessments, authorizations, continued authorizations and payments may change on a month-to-month basis, depending on the person's status with regard to public health care eligibility, and whether the person is enrolled in an MCO.

When the placing authority changes, the new placing authority must honor the existing placement, at least until the new placing authority completes a Rule 25 assessment update. Only after a Rule 25 assessment update is completed can the new placing authority choose to transfer the member to a different provider. The new placing authority can choose to change providers for clinical reasons (for example, member's clinical needs changed) or because of its preference in providers (for example, the current provider is not in the placing authority's network and the authority prefers to use an in-network provider).

Since the placing authority can change at any time during the assessment, referral and treatment process, you must take several steps to ensure proper authorization for the member's treatment services, as well as to ensure payment from the correct placing authority.

Follow these guidelines to determine who is responsible for each scenario when the placing authority changes at different steps in the assessment, placement and treatment process:

- When the placing authority changes between the request for an assessment and the assessment interview:
 - The existing placing authority refers the person to the new placing authority.
 - The new placing authority is responsible for the assessment.
- When the placing authority changes between the assessment interview and the determination:
 - The existing placing authority completes the determination and referral process.
 - The new placing authority honors the "path" (plan) that the existing placing authority is initiating.
 - The new placing authority is responsible for payment for the referred services.
 - The new placing authority cannot transfer the member to a different provider without first conducting an assessment update.
- When the placing authority changes between the determination and the referral to treatment:
 - The existing placing authority completes the referral process.
 - The new placing authority honors the "path" (plan) that the existing placing authority initiated.
 - The new placing authority is responsible for payment for the referred services.
 - The new placing authority cannot transfer the member to a different provider without first conducting an assessment update.
- When the placing authority changes between the referral to treatment and the admission to treatment:
 - The new placing authority honors the "path" (plan) that the existing placing authority initiated.
 - The new placing authority is responsible for payment for the referred services.
 - The new placing authority cannot transfer the member to a different provider without first conducting an assessment update.
- When the placing authority changes after the admission to treatment:
 - The new placing authority honors the placement.
 - The new placing authority is responsible for payment for the referred services.
 - The new placing authority cannot transfer the member to a different provider without first conducting an assessment update.

Exception: Excluded Time Facility treatment facilities are an exception to the rule governing when a new placing authority is responsible for payment for referred services. The placing authority where the client lived is financially responsible for payment for the referred services when placing authorities change. See the [8.12.1 Excluded Time Facilities](#) webpage for more information about Excluded Time Facilities.

Enrollment and Disenrollment

A person who applies for and receives public health care may be enrolled in a managed care organization (MCO). The MCO becomes responsible for managing the member's health care on the first day of the month the member is enrolled with the MCO. When a person is referred to SUD treatment by a county or tribal nation, and subsequently is enrolled in an MCO, the MCO is responsible for the member's SUD treatment as of the first day of the month that the member is enrolled in the MCO.

A member enrolled in an MCO may become disenrolled from the MCO but keep his or her public health care. The member's health care is then fee-for-service (FFS), and the member is entitled to have his or her SUD treatment services paid for with public funds. Since the member is disenrolled, the MCO is no longer responsible for his or her health care. The county or tribal nation of residence is

responsible for the member and the payments through the BHF (also known as major program "OO"), as of the first day of the month following the member's MCO disenrollment.

If a person loses his or her public health care, the person needs to immediately be referred to the Rule 25 assessment number at the social service agency in his or her county or tribal nation of residence so that the county or tribal nation can determine whether the person is eligible for funding through the BHF. See the [Rule 25 Referral Numbers \(DHS-5685\) \(PDF\)](#) for contact numbers.

Eligibility Verification

Providers are responsible for verifying a person's eligibility at two critical points in time:

- Admission
- Monthly

Verify eligibility using [MN-ITS](#). You must check MN-ITS to see whether:

- The person has any public health care (MA or MinnesotaCare).
- The person is enrolled in an MCO (for example, HealthPartners, Medica, Hennepin Health).

Placing Authority Responsibility

Refer to this table when checking eligibility:

| Is person on MA or MinnesotaCare? | Is person receiving services through an MCO? | Responsible Placing Authority: |
|-----------------------------------|--|--------------------------------------|
| No | No | County or tribal nation of residence |
| Yes | No | County or tribal nation of residence |
| Yes | Yes, at nontribal 638 facilities | MCO |
| Yes | Yes, at tribal 638 facilities | County or tribal nation residence |

Institutions for Mental Disease (IMD)

MCOs, as placing authorities, are responsible for IMD placements that they authorize. A provider, county or other designee may provide assessments; however, all IMD placements for members **must** be coordinated and authorized with the responsible MCO. The MCO is then responsible for the MHCP member and the associated payments until the member is discharged or disenrolls from the MCO, whichever comes first.

Inpatient hospital placements

When a placing authority initiates a placement at an inpatient hospital provider, the placing authority remains responsible for the placement through discharge, regardless of whether the person's eligibility status changes.

Placing Authority and MCO Notification

If, when checking eligibility, you learn that the placing authority currently responsible for the member is different from the previous placing authority, you must immediately take the following steps:

1. Obtain a signed release of information from the member to allow you to share clinical information with the new placing authority.
2. Forward the signed release of information and the most recent [Assessment & Placement Summary \(DHS-2794\) \(PDF\)](#) received from the Rule 25 assessor to the new placing authority. Use the contacts found on the [Health plan member services phone numbers](#) webpage or the [Behavioral Health Fund \(BHF\) Coordinator Directory \(DHS-5685A\) \(PDF\)](#) to locate the appropriate forwarding information.

3. Forward any additional documents as requested by the new placing authority.

Legal References

[Minnesota Statutes 245.461 to 245.468](#) Minnesota Comprehensive Adult Mental Health Act

[Minnesota Statutes 245.462](#) Definitions

[Minnesota Statutes 256B.0625](#), subdivision 20, Mental Health Case Management