

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 15-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Chicago Regional Office  
233 N. Michigan  
Suite 600  
Chicago, Illinois 60601

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October 4, 2016

Marie Zimmerman, State Medicaid Director  
Minnesota Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is a revised copy of the following State Plan Amendment (SPA):

Transmittal #15-0016 --Revises the payment rates for chemical dependency services.

--Effective Date: July 1, 2015

This approval package has been revised to reflect the state's correction made to Box 8 of CMS Form 179. The state's initial submission of Form 179, omitted a required reference to state plan Attachments 3.1-A, page 54q.1 and Attachment 3.1-B, page 53q.1. The state recently provided CMS with a revised version of Form 179 reflecting the appropriate Attachments. We have incorporated the state's corrected Form 179 into this revised approval package.

The official approval date of this SPA remains August 16, 2016.

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at [Sandra.Porter@cms.hhs.gov](mailto:Sandra.Porter@cms.hhs.gov).

Sincerely,

/s/

Ruth Hughes  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

cc: Ann Berg, MDHS  
Sean Barrett, MDHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:

15-16

2. STATE

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2015

TO: REGIONAL ADMINISTRATOR  
CENTER FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR § 440.130

7. FEDERAL BUDGET IMPACT (in thousands):

a. FFY '16 \$6,837

b. FFY '17 \$7,757

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, pages: 54q, 54q.1

Attachment 3.1-B, pages: 53q, 53q.1

Attachment 4.19-B, pages: 45d, 45e, 45e-2, 45e-3, and 45f

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
Same

10. SUBJECT OF AMENDMENT:

Chemical Dependency Services

11. GOVERNOR'S REVIEW (*Check One*):

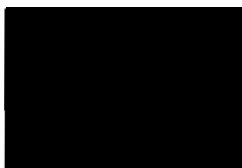
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Sean Barrett  
Minnesota Department of Human Services  
Federal Relations Unit  
PO Box 64983  
St. Paul, MN 55164-0983

13. TYPED NAME:

Ann Berg

14. TITLE:

Deputy Medicaid Director

15. DATE SUBMITTED:

September 30, 2015

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 30, 2015

18. DATE APPROVED:

August 16, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Alan Freund

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: July 1, 2015

Page 54q

TN: 15-16

Approved: 8/16/16

~~Supersedes: 10-20 (08-06, 05-01, 04-08, 03-26)~~

13.d. Rehabilitative services. (continued)

**Chemical Dependency Rehabilitative Services** are provided according to an individual recipient's treatment plan by:

- 1) A chemical dependency entity licensed by the Minnesota Department of Human Services; or
- 2) A chemical dependency entity licensed by American Indian tribal governments.

**Chemical dependency rehabilitative services** include:

1. ~~Individual and group therapy counseling provided in either individual or group settings. This service to identify problems and implements strategies to address, minimize, or reduce the inappropriate use and effects of chemicals through a combination of skills therapy, counseling, and service coordination. Therapy may also include consultation with relatives, guardians, close friends, and other treatment providers. The consultation is directed exclusively to the treatment of the recipient.~~
- 2) ~~Redevelopment and restoration of basic living skills necessary to independently function in the community;~~
- 3) ~~Redevelopment and restoration of social skills necessary to independently function in the community;~~
- 4) ~~Consultation with relatives, guardians, close friends, and other treatment providers. The consultation must be provided to, or directed exclusively toward, the treatment of the recipient. Presence of the recipient in the counseling sessions is not necessarily required. When the recipient is present, reimbursement for relationship counseling and individual or group counseling for the same session is not allowed;~~
2. Medication assisted therapy. This service ~~uses~~ using medication as a therapeutic support in conjunction with individual and group therapy ~~other treatment services~~. This includes but is not limited to methadone, naltrexone, and buprenorphine.

#### **Provider Qualification and Training**

The following personnel can provide all Chemical Dependency Rehabilitative Services described above:

- 1) A licensed alcohol and drug counselor ~~must have an associate's degree or equivalent number of credit hours, and a certificate in alcohol and drug counseling. Education must include 18 semester credits or 270 hours of academic~~

STATE: MINNESOTA

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~~Supersedes: 10-20 (08-06, 05-01, 04-08, 03-26)~~

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13.d. Rehabilitative services. (continued)

~~course work specified in state law, 880 hours of supervised alcohol and drug counseling practicum, and satisfactory completion of 2,000 hours of supervised post degree equivalent professional practice; or~~

~~2) A licensed alcohol and drug counselor must have a bachelor's degree to include 18 semester credits or 270 hours of academic course work as specified in state law, and 880 hours of supervised alcohol and drug counseling practicum.~~

2) A clinical supervisor of licensed alcohol and drug counselors described in numbers 1, 2 and 4, must meet the criteria for licensed alcohol and drug counselor described above in items 1 or 2, plus have three years of work experience as a licensed drug and alcohol counselor.

3) Social workers, licensed marriage and family therapists, and licensed professional counselors who have a master's degree, which included 120 hours of a specified course of study in addiction studies with 440 hours of post-degree supervised experience in the provision of alcohol and drug counseling.

4) Personnel providing chemical dependency rehabilitation services at programs licensed by American Indian tribal governments must be credentialed according to the standards set by the individual tribal governing body.

~~Services provided in institutions for mental diseases are not eligible for medical assistance payment as chemical dependency rehabilitative services.~~

~~Room and board is not eligible for medical assistance payment as chemical abuse treatment.~~

STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: July 1, 2015

Page 53q

TN: 15-16

Approved: 8/16/16

~~Supersedes: 10-20 (08-06, 05-01, 04-08, 03-26)~~

13.d. Rehabilitative services. (continued)

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- 5) ~~Redevelopment and restoration of basic living skills necessary to independently function in the community;~~
- 6) ~~Redevelopment and restoration of social skills necessary to independently function in the community;~~
- 7) ~~Consultation with relatives, guardians, close friends, and other treatment providers. The consultation must be provided to, or directed exclusively toward, the treatment of the recipient. Presence of the recipient in the counseling sessions is not necessarily required. When the recipient is present, reimbursement for relationship counseling and individual or group counseling for the same session is not allowed;~~
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#### **Provider Qualification and Training**

The following personnel can provide all Chemical Dependency Rehabilitative Services described above:

- 1) A licensed alcohol and drug counselor ~~must have an associate's degree or equivalent number of credit hours, and a certificate in alcohol and drug counseling. Education must include 18 semester credits or 270 hours of academic~~

STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: July 1, 2015

Page 53q.1

TN: 15-16

Approved: 8/16/16

~~Supersedes: 10-20 (08-06, 05-01, 04-08, 03-26)~~

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13.d. Rehabilitative services. (continued)

~~course work specified in state law, 880 hours of supervised alcohol and drug counseling practicum, and satisfactory completion of 2,000 hours of supervised post degree equivalent professional practice; or~~

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2) A clinical supervisor of licensed alcohol and drug counselors described in numbers 1, 2 and 4, must meet the criteria for licensed alcohol and drug counselor described above in items 1 or 2, plus have three years of work experience as a licensed drug and alcohol counselor.

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~~Services provided in institutions for mental diseases are not eligible for medical assistance payment as chemical dependency rehabilitative services.~~

~~Room and board is not eligible for medical assistance payment as chemical abuse treatment.~~

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13.d. Rehabilitative services. (continued)

**Assertive community treatment (ACT) services and residential rehabilitative services** provided by IHS/638 facilities are paid according to the encounter rate specified on page 1 of this Attachment.

ACT services include case management services. Therefore, ACT services providers do not receive payment for the following case management services in the same month ACT services are provided, except for the first and last months of ACT services:

1. mental health targeted case management services under item 19.a.
2. relocation service coordination services under item 19.c.
3. case management services for persons not on a §1915(c) waiver who are vulnerable adults or adults with MR/RC under item 19.d.

Effective January 1, 2002, provider travel time is covered if a recipient's individual treatment plan requires the provision of mental health services outside of the provider's normal place of business. This does not include travel time included in other billable services.

Payment for **EPSDT rehabilitative services identified in IFSPs/IEPs** under the Individuals with Disabilities Education Act (IDEA) and provided by school districts to children with IFSPs/IEPs during the school day is pursuant to a cost-based, per child encounter rate. Each school district has separate per encounter rates for the EPSDT rehabilitative services listed in Attachments 3.1-A/B, item 13.d and for personal care assistant services in Attachments 3.1-A/B, item 4.b. Payment is made when there is an encounter by a Medical Assistance child for the service category. No more than one payment in each service category can be made per child, per day, by a school district.

**INTERIM RATE METHODOLOGY EFFECTIVE OCTOBER 1, 2003**

School districts are paid cost-based, interim, per child encounter rates using data collected for the prior two State fiscal years.

*Interim Rate Formula:* The interim rate formula is the same as the final rate formula effective October 1, 2003. At the start of the State fiscal year on July 1, the rate will be reviewed and updated annually, using the most current available data.

**FINAL RATE METHODOLOGY EFFECTIVE OCTOBER 1, 2003**

The Department will settle-up with school districts using actual data reported by school districts for the State fiscal year.



STATE: MINNESOTA  
 Effective: July 1, 2015  
 TN: 15-16

ATTACHMENT 4.19-B  
 Page 45e

Approved: 8/16/16

Supersedes: 11-10 (10-22, 09-17, 08-06, 04-15(a) 04-08)

13.d. Rehabilitative services. (continued)

*Final Rate Formula:*

1. salaries and fringe benefits ÷ total employment hours
2. item 1 x direct medical assistance direct service hours
3. item 2 ÷ medical assistance encounters
4. item 3 x the cognizant agency's unrestricted indirect cost percentage for the school district

final rate = item 3 + item 4

Effective July 1, 2011, payment for chemical dependency treatment services is pursuant to statewide graduated rate and complexity standards, as reflected on the following charts:

**Chemical Dependency Rates-Adolescent Services Rates (Effective July 1, 2014)**

ADOLESCENT Service Rates		COMPLEXITY		
Treatment Settings Descriptions	Addiction Only Basic Rate	Co-occurring	Special Populations	Medical Services
<del>Non-Residential-Outpatient Treatment Rates—acuity addressed in intensity</del>				
Individual (one hour increments)	\$70 \$71.40	+\$6.30 +\$6.43	+\$4.20 +\$4.28	+\$16.80 +\$17.14
Group (one hour increments)	\$34 \$34.68	+\$3.06 +\$3.12	+\$2.04 +\$2.08	+\$8.16 +\$8.32
Residential Treatment Rates - acuity addressed in intensity				
High Intensity (Minimum 15 hours/week )	\$210 \$214.20	+\$12.60 +\$12.85	+\$6.30 +\$6.43	+\$12.60 +\$12.85
Hospital-Based Residential Per Diem Rates	\$300 \$306	+\$18.00 +\$18.36	+\$9.00 +\$9.18	

## 13.d. Rehabilitative services. (continued)

## Chemical Dependency Rates-ADULT Service Rates (Effective July 1, 20145)

ADULT Service Rates		COMPLEXITY		
Treatment Settings Descriptions	Addiction Only Basic Rate	Co-occurring	Special Populations	Medical Services
<del>Non-Residential Outpatient Treatment Rates - acuity addressed in intensity</del>				
Individual (one hour increments)	\$70 \$71.40	+\$6.30 +\$6.43	+\$4.20 +\$4.28	+\$16.80 +\$17.14
Group (one hour increments)	\$34 \$34.68	+\$3.06 +\$3.12	+\$2.04 +\$2.08	+\$8.16 +\$8.32
Medication Assisted Therapy-Methadone-per diem	\$13 \$13.26	+\$1.17 +\$1.19	+\$0.78 +\$0.80	+\$3.12 +\$3.18
Medication Assisted Therapy-all other-per diem	\$22 \$22.44	+\$1.98 +\$2.02	+\$1.32 +\$1.35	+\$5.28 +\$5.39
Medication Assisted Therapy-Methadone-PLUS-per diem ( minimum 9 hours counseling services per week)	\$47 \$47.94	+\$4.23 +\$4.31	+\$2.82 +\$2.88	+\$11.28 +\$11.51
Medication Assisted Therapy-all other-PLUS (same as above) per diem	\$56 \$57.12	+\$5.04 +\$5.14	+\$3.36 +\$3.43	+\$13.44 +\$13.71
Residential Treatment Rates - acuity addressed in intensity				
High Intensity (Minimum 30 hours/week) *	\$174 \$177.48	+\$10.44 +\$10.65	+\$5.22 +\$5.32	+\$10.44 +\$10.65
Medium Intensity (Minimum 15 hours/week)*	\$129 \$131.58	+\$7.74 +\$7.89	+\$3.87 +\$3.95	+\$11.61 +\$11.84
Low Intensity (Minimum 5 hours/week)*	\$62 \$63.24	+\$3.72 +\$3.79	+\$1.86 +\$1.90	+\$11.16 +\$11.38
Hospital-Based Residential Per Diem Rates				
	\$300 \$306	+\$18.00 +\$18.36	+\$9.00 +\$9.18	

All chemical dependency programs maintain data documenting the nature and extent or unit of the services provided to each recipient. Room and board is not eligible for medical assistance payment as chemical dependency treatment.

Payment rates for ~~non-residential chemical dependency individual and group therapy counseling services~~, provided to adults (18 years of age or older) and adolescents (under the age of 18), are based on efficiency standards by which counseling-staff cost are at least 50% of all costs for providing both group and individual therapy ~~counseling~~. Providers can bill up to The maximum number of one hour of individual therapy and ten hours of group therapy counseling service hours that can be billed per day is 1 hour. ~~The maximum number of group counseling therapy service hours that can be billed per day is 10 hours.~~

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: July 1, 2015

Page 45e-3

TN: 15-16

Approved: 8/16/16

Supersedes: 11-10 (10-22, 09-17, 08-06, 04-15(a), 04-08)

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13.d. Rehabilitative services. (continued)

Payment rates for **medication assisted therapy services** and **medication assisted therapy services plus additional counseling services** include ~~dispensing the administration~~ of methadone and other drugs in combination with counseling. Rates are based on standards of efficiency by which counseling staff costs are at least 50% of all service costs to provide the minimum number of treatment hours, to which the methadone drug dosing cost is added. Medication assisted therapy services are generally provided ~~on a daily~~, on an outpatient non-residential basis. For services provided in a residential setting, the daily residential rate is increased by the dosing cost.

Payment rates for **high Intensity residential treatment services** provided on a daily basis to equal a minimum of 30 treatment hours per week, are based on an averaging of historical rates for this intensity.

Payment rates for **medium intensity residential treatment services**, provided on a daily basis to equal a minimum of 15 treatment hours per week, are based on an averaging of historical rates for this intensity.

Payment rates for **low intensity residential treatment services**, provided on a daily basis to equal a minimum of 5 treatment hours per week, are based on an averaging of historical rates for this intensity.

Payment rates for rehabilitative chemical dependency treatment services in a hospital residential program are provided on a per diem basis at a rehabilitative service rate based on averaging of historic rates for these programs.

**The following enhancement services for which additional payment rates apply, address client complexity and may be paid in addition to payment for the services that address client acuity described above:**

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: July 1, 2015

Page 45f

TN: 15-16

Approved: 8/16/16

Supersedes: 04-15(a), 04-08

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13.d. Rehabilitative services. (continued)

**Co-occurring services** address both the client's identified chemical dependency and mental health issues, including standardized mental health screening and appropriate mental health diagnostic assessment, monthly multi-disciplinary case review, and family education addressing both disorders and the interaction between the two. Programs must meet state licensing requirements and program enrollment standards. The rate may be applied to either outpatient, ~~non-residential~~ or residential settings, and is based on the additional cost of mental health professionals.

**Special population services** are specifically designed to address the unique needs of individuals who share a common language, racial, ethnic, or social background. Programs must meet state licensing requirements and program enrollment standards. The rate may be applied to either outpatient, ~~non-residential~~ or residential settings, and is based on the additional cost of program material translation, amending curriculum to address cultural perspectives, and staff training.

**Medical services** include health care, nursing, dietary and emergency physician services that are documented as provided to clients. Programs must be able to meet adequate staffing standards of appropriately credentialed medical staff to assess and address the client's health care needs. The rate is based on additional costs for medical staff.

**The base rate as described in this item is adjusted by the following clauses of Supplement 2 of this Attachment:**

- A. IHS/638 Facilities
- B. Critical Access Hospitals
- C. TPL
- D. MinnesotaCare Tax Rate Adjustment
- E. Modifiers
- G. Community and Public health Clinics
- I. Exceptions to payment methodology and reconstructing a rate
- P. Rate Increase Effective July 1, 2007
- T. Rate Increase July 1, 2010
- bb. Reimbursement for costs of services provided by a non-state, government-operated community mental health center
- ff. Professional services rate increase effective September 1, 2014