

## **Table of Contents**

**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: MN-15-0017**

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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December 5, 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 #15-0017 --Revises the payment rates for chemical dependency services.

--Effective Date: October 1, 2015

A correction to Attachment 4.19-B pages 45e-2 and 45e-3 was required to ensure that certain language on these pages mirrors language that is currently reflected in a different (but related) previously approved SPA (MN 15-0016). On November 10, 2016, CMS received the state's submission of revised Attachment 4.19-B pages 45e-2 and 45e-3, and have incorporated the pages into this revised approval package.

The official approval date of this SPA remains September 6, 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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  15-17	2. STATE  Minnesota
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		4. PROPOSED EFFECTIVE DATE  October 1, 2015	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 440.130	7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '16 \$2,100 b. FFY '17 \$2,100		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, pages: 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): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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: December 31, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:  December 31, 2015	18. DATE APPROVED:  September 6, 2016		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  October 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL:  /s/		
21. TYPED NAME:  Ruth A. Hughes	22. TITLE:  Associate Regional Administrator		
23. REMARKS:			



STATE: MINNESOTA  
Effective: October 1, 2015  
TN: 15-17

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Page 45e-2

Approved: 9-6-16

Supersedes: 15-16 (11-10, 10-22, 09-17, 08-06, 04-15(a), 04-08)

13.d. Rehabilitative services. (continued)

**Chemical Dependency Rates-ADULT Service Rates (Effective October July-1, 2015)**

ADULT Service Rates		COMPLEXITY			
Treatment Settings Descriptions	Addiction Only Basic Rate	Co-occurring	Special Populations	<u>Civilly Committed</u>	Medical Services
<b>Outpatient Treatment Rates</b>					
Individual (one hour increments)	\$71.40	+\$6.43	+\$4.28		+\$17.14
Group (one hour increments)	\$34.68	+\$3.12	+\$2.08		+\$8.32
Medication Assisted Therapy-Methadone-per diem	\$13.26	+\$1.19	+\$0.80		+\$3.18
Medication Assisted Therapy-all other-per diem	\$22.44	+\$2.02	+\$1.35		+\$5.39
Medication Assisted Therapy-Methadone-PLUS-per diem ( minimum 9 hours counseling services per week)	\$47.94	+\$4.31	+\$2.88		+\$11.51
Medication Assisted Therapy-all other-PLUS (same as above) per diem	\$57.12	+\$5.14	+\$3.43		+\$13.71
<b>Residential Treatment Rates - acuity addressed in intensity</b>					
High Intensity (Minimum 30 hours/week) *	\$177.48	+\$10.65	+\$5.32	<u>+\$150</u>	+\$10.65
Medium Intensity (Minimum 15 hours/week)*	\$131.58	+\$7.89	+\$3.95		+\$11.84
Low Intensity (Minimum 5 hours/week)*	\$63.24	+\$3.79	+\$1.90		+\$11.38
Hospital-Based Residential Per Diem Rates	\$306	+\$18.36	+\$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 **individual and group therapy services** are based on efficiency standards by which counseling-staff cost are at least 50% of all costs for providing both group and individual therapy. Providers can bill up to one hour of individual therapy and ten hours of group therapy per day.

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Effective: October 1, 2015

Page 45e-3

TN: 15-17

Approved: 9-6-16

Supersedes: 15-16 (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 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 daily, on an outpatient 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:**



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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, 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, or residential settings, and is based on the additional cost of program material translation, amending curriculum to address cultural perspectives, and staff training.

**Civilly committed** recipients present some of the most difficult and complex care needs. They receive high-intensity residential services, have been civilly committed to the care of the Commissioner, and are a potential threat to themselves or others. The rate is based on the increased costs for additional staff attention and monitoring.

**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