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STATE/TERRIORITY NAME: MINNESOTA

STATE PLAN AMENDMENT (SPA)#: 21-0010

This file contains the following documents in the order listed:

- 1) Approval Letter**
- 2) CMS 179 Form**
- 3) Approved SPA Pages**
- 4) CMS Technical Correction Letter**



Medicaid and CHIP Operations Group

July 27, 2021

Julie Marquardt
Acting Assistant Commissioner and Medicaid Director
Health Care Administration
Minnesota Department of Human Services
P.O. Box 64984
St. Paul, MN, 55164-0984

Re: Minnesota State Plan Amendment (SPA) 21-0010

Dear Ms. Marquardt,

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0010. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Minnesota's Medicaid SPA Transmittal Number 21-0010 was approved July 26, 2021, and is effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all individuals eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 16, 2021 allowing Minnesota to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a

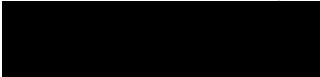
SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Also, pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 16, 2021 allowing Minnesota to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on May 13, 2021.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact Sandra Porter at 312-353-8310 or via email at Sandra.Porter@CMS.hhs.gov.



Sincerely,

 Digitally signed by James
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-05'00'

James G. Scott, Director
Division of Program Operations

Enclosure

cc: Patrick Hultman, DHS

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|---|--|---|---------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER: 21-0010 | 2. STATE Minnesota |
| | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE 10/01/2020 | |
| 5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: Sections 1905(a)(29) of the Social Security Act | | 7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0 b. FFY 2022 \$0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.19-A, Supplement 7, New pages 1-4 Attachment 3.19-B, Supplement 7, New pages 1-4 Attachment 4.19-B, Supplement 3, New page 1 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): N/A | |
| 10. SUBJECT OF AMENDMENT: Medication Assisted Treatment | | | |
| 11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: Patrick Hultman Minnesota Department of Human Services 540 Cedar Street, PO Box 64983 St. Paul, MN 55164-0983 | |
| 13. TYPED NAME: Patrick Hultman | | | |
| 14. TITLE: Deputy Medicaid Director | | | |
| 15. DATE SUBMITTED: April 29, 2021 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: April 29, 2021 | | 18. DATE APPROVED: July 26, 2021 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2020 | | 20. SIGNATURE OF OFFICIAL:  Digitally signed by James G. Scott -S Date: 2021.07.27 13:37:37 -05'00' | |
| 21. TYPED NAME: James G. Scott | | 22. TITLE: Director, Division of Program Operations | |
| 23. REMARKS: | | | |

STATE: MINNESOTA
Effective: October 1, 2020
TN: 21-10
Approved: July 26, 2021
Supersedes: New

Supplement 7 to Attachment 3.1-A
Page 1

State of Minnesota

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) X MAT as described and limited in Supplement 7 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

1905(a)(29) Medication-Assisted Treatment (MAT)

- i. **General Assurance**

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.
- ii. **Assurances**
 - a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
 - b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
 - c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- iii. **Service Package**

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

 - a. The state covers the following counseling services and behavioral health therapies as part of MAT.

Individual and Group Therapy

This service assists the beneficiary with achieving the goals developed in an individual opioid use disorder treatment plan and with the establishment of an individual recovery plan by identifying problems and implementing 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. Participation of non-Medicaid eligible persons is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

1905(a)(29) Medication-Assisted Treatment (MAT) (continued)

b. The following practitioners are qualified to provide this service within their scope of practice:

- Licensed alcohol and drug counselors;
- counselor supervisors of licensed alcohol and drug counselors;
- licensed social workers
- licensed marriage and family therapists; and
- licensed professional counselors.

c. The following is a brief summary of qualifications for each practitioner identified above:

Counselor supervisors of licensed alcohol and drug counselors must have three years of work experience as a licensed alcohol and drug counselor. Licensed professional counselors must have a master's degree which included 120 hours of a specified course of study in addition studies with 440 hours of post-degree supervised experience in the provision of alcohol and drug counseling.

Counseling and behavioral health therapies delivered as part of medication assisted treatment services are provided according to an individual recipient's treatment plan by an entity licensed by the Minnesota Department of Human Services to provide substance use disorder services or by a licensed professional in private practice.

1905(a)(29) Medication-Assisted Treatment (MAT) (continued)

iv. **Utilization Controls**

The state has drug utilization controls in place. (Check each of the following that apply)

Generic first policy

Preferred drug lists

Clinical criteria

Quantity limits

The state does not have drug utilization controls in place.

v. **Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.**

There are no limitations on the amount, duration, or scope of MAT counseling and behavioral therapies. Oral buprenorphine is subject to quantity limits, and certain products and brands are included on the state's Preferred Drug List. Injectable and implantable buprenorphine are covered through the medical benefit with prior authorization.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

STATE: MINNESOTA
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Supplement 7 to Attachment 3.1-B
Page 1

State of Minnesota

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy
(Continued)

1905(a)(29) X MAT as described and limited in Supplement 7 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

1905(a)(29) Medication-Assisted Treatment (MAT)

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1905(a)(29) Medication-Assisted Treatment (MAT) (continued)

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Supplement 3 to Attachment 4.19-B
Page 1

1905(a)(29) Medication-Assisted Treatment (MAT)

Payment methods and rates for MAT services provided in opiate treatment programs, licensed substance use disorder treatment programs, or by licensed professionals in private practice are authorized under the Rehabilitative Services (§ 13d.) benefit in Attachment 4.19-B of the state plan. All enrolled SUD treatment providers are reimbursed as described in this attachment. IHS and Tribal 638 facilities are reimbursed in accordance with Supplement 2 in this attachment.

Reimbursement for unbundled MAT prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for prescribed drugs in Attachment 4.19-B, Item 12a., pages 37 through 37(d), for prescribed drugs that are dispensed or administered