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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 22-0001

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 15, 2022

Cynthia McDonald
Assistant Commissioner and Medicaid Director
Health Care Administration
State of Minnesota, Department of Human Services
540 Cedar Street PO Box 64983
ST. Paul, MN 55167-0983

RE: TN 22-0001

Dear Ms. McDonald:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, MN 22-0001 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 7 2022. This plan amendment updates the Substance Use Disorder (SUD) Mental Health rates for 2022.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst name at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 1

2. STATE

MN

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 686,000

b. FFY 2023 \$ 2,414,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Pages 45e, 45e-2, 45e-3, 45e-4, 45f, 45f-1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

same

9. SUBJECT OF AMENDMENT

Substance Use Disorder (SUD) treatment payment rates

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

January 7, 2022

15. RETURN TO

Alley Zoellner
Minnesota Department of Human Services
Federal Relations Unit
540 Cedar Street, PO Box 64983
Saint Paul, MN 55164

FOR CMS USE ONLY

16. DATE RECEIVED

January 7, 2022

17. DATE APPROVED

March 15, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Effective: January 1, 2022

Page 45e

TN: 22-01

Approved: March 15, 2022

Supersedes: 21-01 (17-22, 15-16, 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

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 January 1, 2022)

Treatment Setting Descriptions	Adolescent Service Rates		Complexity		
	Addiction- only Basic Rate	1115 Waiver Base Rate	Co-occurring	Special- Populations Specific	Medical Services
Outpatient Treatment Rates					
Individual (one hour increments)	\$72.11	\$70.32 <u>\$86.53</u>	+\$6.49	+\$4.32 <u>\$7.93</u>	+\$17.31
Group (one hour increments)	\$35.03	\$38.53 \$42.04	+\$3.15	+\$2.00 <u>\$3.85</u>	+\$8.40
Residential Treatment Rates - acuity addressed in intensity					
High Intensity (Minimum 15 hours/week)	\$216.34		+\$12.98	+\$6.40 <u>\$12.98</u>	+\$12.98
Hospital-Based Residential Per Diem Rates					
	\$309.06		+\$18.55	+\$8.27 <u>\$24.72</u>	

13.d. Rehabilitative services. (continued)

Substance Use Disorder ADULT Service Rates (Effective January 1, 2022)

Adult Service Rates			Complexity			
Treatment Setting Descriptions	Addiction Only Basic Rate	1115 Waiver Base Rate	Co-occurring	Special Populations Specific	Civilly Committed	Medical Services
Assessment						
Comprehensive Assessment (per session)	\$162.24					
Outpatient Treatment Rates						
Individual (one hour increments)	\$72.11	\$79.32 \$86.53	+\$6.49	+\$4.32 \$7.93		+\$17.31
Group (one hour increments)	\$35.03	\$38.53 \$42.04	+\$3.15	+\$2.10 \$3.85		+\$8.40
Treatment Coordination (per 15 minutes)	\$11.71					
Peer Recovery Support (per 15 minutes)	\$15.02					
Medication Assisted Therapy-Methadone-per diem	\$13.39	\$14.73 \$16.07	+\$1.20	+\$0.94 \$1.47		+\$3.21
Medication Assisted Therapy-all other-per diem	\$22.66	\$24.03 \$27.19	+\$2.04	+\$1.36 \$2.49		+\$5.44
Medication Assisted Therapy-Methadone-PLUS-per diem (minimum 9 hours counseling services per week)	\$48.42	\$53.26 \$58.10	+\$4.35	+\$0.94 \$5.33		+\$11.63
Medication Assisted Therapy-all other-PLUS (same as above) per diem	\$57.69	\$63.46 \$69.23	+\$5.19	+\$0.49 \$6.35		+\$13.85
Residential Treatment Rates - acuity addressed in intensity						
High Intensity (Minimum 30 hours/week)	\$179.25	\$206.14 \$224.06	+\$10.76	+\$0.27 \$14.34	\$151.50	+\$10.76
Medium Intensity (Minimum 15 hours/week)	\$132.90 \$132.90	\$162.83 \$166.13	+\$7.97	+\$2.00 \$10.63		+\$11.96
Low Intensity (Minimum 5 hours/week)	\$63.87	\$73.46 \$79.84	+\$3.83	+\$4.32 \$5.11		+\$11.49
Hospital-Based Residential Per Diem Rates	\$309.06		+\$18.54	+\$0.27 \$24.72		
Withdrawal Management						
Clinically Managed (per diem)	\$400					
Medically Monitored (per diem)	\$515					

All programs maintain data documenting the nature and extent, or number of service units provided to each recipient. Room and board is not eligible for medical assistance payment as substance use disorder treatment.

Approved: **March 15, 2022**

Supersedes: 21-01 (20-15-A, 19-02, 18-05, 15-17, 15-16, 11-10, 10-22, 09-17, 08-06, 04-15(a), 04-08)

13.d. Rehabilitative services.

(continued)

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 three hours of individual therapy and ten hours of group therapy per day.~~ Reimbursement for any combination of individual and group therapy services in excess of 6 hours per day or 30 hours per week per beneficiary requires prior authorization.

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 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 five treatment hours per week, are based on an averaging of historical rates for this intensity.

Payment rates for substance use disorder services provided in a hospital-based residential program are based on an averaging of historical rates for these programs.

Payment rates for **withdrawal management** are based on historical costs of direct and indirect services and account for variation in the intensity of the treatment and the required staffing levels.

The following adjustments to the base rates apply to services rendered by SUD providers certified by the Commissioner as meeting the standards of Minnesota's substance use disorder demonstration waiver. Providers eligible for this adjustment must offer Medication Assisted Treatment (MAT) services onsite or facilitate access to MAT services offsite and maintain formal referral arrangements with other demonstration providers offering step up and step down levels of care. Adjustments under this section are contingent on provider certification and Minnesota's continued participation in the federal demonstration waiver.

Payment is increased by ± 25 percent for low, medium, and high intensity residential treatment services. Eligible providers must have medical, psychological, laboratory, toxicology, and pharmacological services available through consultation and referral in accordance with standards published by the Commissioner.

Payment is increased by ± 20 percent for outpatient SUD treatment services including individual and group therapy services in licensed adult and adolescent programs and medication assisted therapy in adult programs. Eligible providers must have medical, psychological, laboratory, toxicology, and pharmacological services available through consultation and referral in accordance with standards published by the Commissioner.

STATE: MINNESOTA
Effective: January 1, 2022
TN 22-01
Approved: March 15, 2022
Supersedes: New

ATTACHMENT 4.19-B
Page 45e-4

13.d. Rehabilitative services. (continued)

Providers enrolling in the demonstration between July 1, 2021 and June 30, 2022 may receive the increases described above by providing evidence of the meaningful steps taken to satisfy demonstration requirements.

Approved: **March 15, 2022**

Supersedes: 20-15A (19-02,18-05, 17-12, 15-17, 15-16, 04-15(a), 04-08)

13.d. Rehabilitative services. (continued)

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:

Co-occurring services address both the client's identified substance use disorder 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~~

~~cc. Supplemental payment for medical education~~

13.d. Rehabilitative services. (continued)

~~ff. Professional services rate increase effective September 1, 2014~~

The following enhancements for which additional payment rates apply are for programs specializing in population specific treatment. Providers will receive an enhanced payment for satisfying each of the population specific criteria described below.

Disability responsive program means a program that is designed to serve people with disabilities including individuals with traumatic brain injuries, developmental disabilities, cognitive disabilities, and physical disabilities. Disability responsive programs must employ people with the necessary professional training to serve individuals with the specific disabilities that the program is designed to serve. The rate is based on the additional cost of hiring qualified staff and for specific training activities.

Culturally specific or culturally responsive programs are designed to address the unique needs of individuals who share a common language, racial, ethnic, or social background. Programs must be governed with significant input from individuals with the same background as the people receiving treatment. At least 50 percent of the employees providing treatment services must be members of the specific community served.

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

- F. IHS/638 Facilities
- G. Critical Access Hospitals
- H. TPL
- I. MinnesotaCare Tax Rate Adjustment
- J. Modifiers
- H. 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
- cc. Supplemental payment for medical education
- ff. Professional services rate increase effective September 1, 2014.