

## **Table of Contents**

**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: 24-0014**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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May 29, 2024

Julie Marquardt  
Assistant Commissioner and Minnesota Medicaid Director  
Minnesota Department of Human Services  
540 Cedar Street  
St. Paul, Minnesota 55164-0983

Re: Minnesota State Plan Amendment (SPA) – 24-0014

Dear Medicaid Director Marquardt:

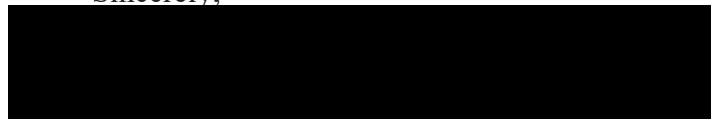
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0014. This amendment proposes several changes related to the coverage of substance use disorder (SUD) treatment services. Specifically, this SPA adds service components for individual and group therapy services, removes the requirement that recovery peers have a high school diploma, allows county human service organizations to provide peer recovery services, and allows hospitals and Federally Qualified Health Centers and Rural Health Centers to provide comprehensive assessments. The amendment also adopts updated standards for residential SUD treatment. (**NOTE:** *The MN State Medicaid Agency withdrew/removed its 4.19-B payment pages from this SPA submission on May 21, 2024.*)

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Minnesota's State Plan Amendment 24-0014 was approved on May 29, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Minnesota State Plan.

If you have any questions, please contact Sandra Porter at (312)353-8310, or via email at [Sandra.Porter@cms.hhs.gov](mailto:Sandra.Porter@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Patrick Hulman  
Alexandria Zoellner  
Melorine Mokri

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 4

2. STATE

MN

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
~~CENTERS FOR MEDICAID & CHIP SERVICES~~  
Pen & ink change  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440 and Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0  
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Page 54q, 54q.1, 54q.4  
Attachment 3.1-B Page 53q, 53q.1, 53q.4  
~~Attachment 4.19-B Page 45e-2, 45e-3, 45e-4~~ (CMS pen & ink change  
see details in Box 22)

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

same

9. SUBJECT OF AMENDMENT

This amendment makes changes to substance use disorder treatment services.

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

March 7, 2024

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

March 7, 2024

17. DATE APPROVED

May 29, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Box 7 contains the following pen and ink change: CMS removal/deletion of all 4.19-B payment pages as authorized by MN State Medicaid Agency - S. Porter, CMS 05/28/24)

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13.d. Rehabilitative services. (continued)

**Substance Use Disorder Services** are provided according to an individual recipient's treatment plan by:

- 1) An entity licensed by the Minnesota Department of Human Services to provide substance use disorder services. This provider is qualified to provide all substance use disorder services.
- 2) An entity licensed by American Indian tribal governments to provide substance use disorder services. This provider is qualified to provide all substance use disorder services.
- 3) A Recovery Community Organization certified by the Department. This provider is qualified to provide peer recovery services.
- 4) A county entity certified by the Department. This provider is qualified to provide comprehensive assessments, ~~and~~ treatment coordination, and peer recovery support services.
- 5) A licensed professional, as described below, in private practice is qualified to provide all substance use disorder services with the exception of peer recovery support services.

**Substance Use Disorder services** include:

1. **Comprehensive assessment.** A face-to-face assessment performed by a qualified professional according to the American Society of Addiction Medicine's multidimensional assessment criteria. The assessment incorporates information describing the scope of a recipient's substance use, need for treatment services, and personal strengths that support recovery. The assessment is the basis for the recipient's individualized, person-centered treatment plan.
2. **Individual and group therapy.** This service assists the beneficiary with achieving the goals developed in the treatment plan and with the establishment of a personal 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. The consultation is directed exclusively to the treatment of the recipient.

Where identified in a client treatment plan; individual and group therapy may include relationship counseling to help the client identify the impact of their substance use disorder. Qualified professionals may also facilitate access to additional services identified in a client's treatment plan which could include therapeutic recreation, stress management, physical well-being, living skills development, employment or educational services, and socialization skills development.

3. ~~**Medication assisted therapy.** This service uses medication as a therapeutic support in conjunction with individual and group therapy. This includes but is not limited to methadone, naltrexone, and buprenorphine.~~

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13.d. Rehabilitative services. (continued)

**3. Medication assisted therapy.** This service uses medication as a therapeutic support in conjunction with individual and group therapy. This includes but is not limited to methadone, naltrexone, and buprenorphine.

**4. Treatment coordination.** Treatment coordinators synchronize health services with identified patient needs, to facilitate the aims of the care plan. Activities include treatment follow-up, on-going needs assessments, life skills advocacy, education, service referral, and documentation.

**5. Peer recovery support services.** Recovery peers provide mentoring, education, advocacy and nonclinical recovery support to the recipient.

Up to four hours of individual or group treatment, two hours of treatment coordination, and two hours of peer support services may be covered prior to the comprehensive assessment and treatment plan, based on a positive result of a Screening, Brief Intervention, and Referral to Treatment (SBIRT).

### **Provider Qualification and Training**

The following personnel can provide substance use disorder services:

1) A licensed alcohol and drug counselor is qualified to provide the comprehensive assessment, individual and group therapy, medication assisted therapy, and treatment coordination.

2) A counselor supervisor of licensed alcohol and drug counselors must have three years of work experience as a licensed drug and alcohol counselor and is qualified to provide the comprehensive assessment, individual and group therapy, medication assisted therapy, and treatment coordination.

3) Licensed 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. This provider is qualified to provide the comprehensive assessment, individual and group therapy, medication assisted therapy, and treatment coordination.

4) Personnel providing substance use disorder services at programs licensed by American Indian tribal governments must be credentialed according to the standards set by the individual tribal governing body, and are qualified to provide the comprehensive assessment, individual and group therapy, medication assisted therapy, peer recovery support services, and treatment coordination.

13.d. Rehabilitative services. (continued)

1) Treatment coordinators that meet the following requirements, and working under the clinical supervision of a licensed professional described above, are qualified to provide treatment coordination services:

- skilled in identifying and assessing a wide range of client needs,
- knowledgeable about local community resources and how to use them,
- have successfully completed 30 hours of classroom instruction on treatment coordination for an individual with substance use disorder,
- have at least 2,000 hours of supervised experience working with individuals with substance use disorder, and
- have a bachelor's degree in one of the behavioral sciences or a related field or be certified as a Level I alcohol and drug counselor by the upper Midwest Indian Council on Addictive Disorders.

2) Recovery peers that meet the following requirements, and working under the clinical supervision of a licensed professional described above, are qualified to provide peer recovery support services:

- ~~• have a high school diploma or equivalent;~~
- a minimum of one year in continuous recovery from substance use disorder;
- credentialed by a certification body approved by the Commissioner;
- successfully complete peer specialist certification training, approved by the Department that teaches specific skills relevant to providing peer support to other consumers; and
- complete 20 hours of relevant continuing education every two years in topics such as ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support.

3) Technicians, working under the clinical supervision of a licensed professional in a withdrawal management program, perform basic medical activities such as checking vitals, performing screenings, and managing basic patient care. A technician must:

- Have a current first aid certification from the American Red Cross, or equivalent organization;
- Have a current CPR certification from the American Red Cross, the American Heart Association, or equivalent organization, and
- The knowledge and ability to perform basic medical screening procedures, first aid, and basic activities of daily living and personal hygiene.



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