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State Territory Name: MINNESOTA

State Plan Amendment (SPA) #: 24-0040

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

December 5, 2024

John Connolly, Assistant Commissioner
State Medicaid Director
State of Minnesota, Department of Human Services
540 Cedar Street PO Box 64983
ST. Paul, MN 55167-0983

RE: TN 24-0040

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota state plan amendment (SPA) to Attachment 4.19-B 24-0040, which was submitted to CMS on November 5, 2024. This plan amendment updates rates for Adult Residential Services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2025. 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 Debi Benson at 312-886-0360 or via email at Deborah.Benson@cms.hhs.gov.

Sincerely,

[Redacted Signature]

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 4 — 0 0 4 0

2. STATE

MN3. 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, 2025

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 2025 \$ 4,950,485b. FFY 2026 \$ 7,590,077

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, pages 45e-2, 45e-3, 45e-4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

same

9. SUBJECT OF AMENDMENT

Adds American Society of Addiction Medicine (ASAM) outpatient levels, and applies one set of existing uniform rates. Adult res

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

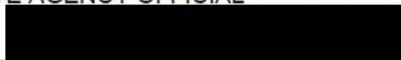


NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

11/5/2024

15. RETURN TO

Patrick Hultman
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

November 5, 2024

17. DATE APPROVED

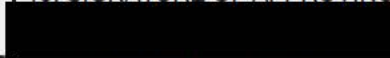
December 5, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

13.d. Rehabilitative services. (continued)

Substance Use Disorder ADULT Service Rates (Effective January 1, 2025)

Adult Service Rates		Complexity				
Treatment Setting Descriptions	Addiction Only Basic Rate	1115 Waiver Base Rate	Co-occurring	Populations Specific	Civilly Committed	Medical Services
Assessment						
Comprehensive Assessment (per session)	\$162.24					
Outpatient Treatment Rates						
Individual (one hour increments)	\$72.44 \$86.53	\$86.53	+\$6.49	\$7.93		+\$17.31
Group (one hour increments)	\$35.03 \$42.04	\$42.04	+\$3.15	\$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	\$13.30 \$16.07	\$16.07	+\$1.20	\$1.47		+\$3.21
Medication Assisted Therapy-all other-per diem	\$22.66 \$27.19	\$27.19	+\$2.04	\$2.49		+\$5.44
Medication Assisted Therapy-Methadone-PLUS-per diem (minimum 9 hours counseling services per week)	\$48.42 \$58.10	\$58.10	+\$4.35	\$5.33		+\$11.63
Medication Assisted Therapy-all other-PLUS (same as above) per diem	\$57.60 \$69.23	\$69.23	+\$5.19	\$6.35		+\$13.85
Residential Treatment Rates - acuity addressed in intensity						
High Intensity (daily individual/group therapy)	\$224.06 \$230.78		+\$10.76	\$14.34	\$151.50	+\$10.76
Low Intensity (Minimum 15 hours/week individual/group therapy)	\$166.43 \$171.11		+\$7.97	\$10.63		+\$11.96
Low Intensity (Minimum 5 hours/week individual/group therapy)	\$79.84 \$82.24		+\$3.83	\$5.11		+\$11.49
Hospital-Based Residential Per Diem Rates	\$309.06		+\$18.54	\$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. Programs remain eligible to bill for a client's intensity level when the client misses services, provided the program documents both the reason the client missed the service(s) and the interventions taken. Effective August 1, 2024, hours in a treatment week may be reduced in observance of federally recognized holidays. Room and board is not eligible for medical assistance payment as substance use disorder treatment.

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. 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 **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 outpatient services rendered by SUD providers certified by the Commissioner as meeting the standards of Minnesota's substance use disorder 1115 waiver demonstration. 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 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.~~

Payment for ASAM Level 1.0 is at the individual or group hourly rate. This level is for outpatient clients. Adults must receive up to eight hours per week of skilled treatment services and adolescents must receive up to five hours per week. Services provided by licensed programs must meet requirements in state law. Peer recovery and treatment coordination are provided beyond the hourly skilled treatment service hours allowable per week.

Payment for ASAM Level 2.1 is at the individual or group hourly rate. This level is for intensive outpatient clients. Adults must receive nine to 19 hours per week of skilled treatment services and adolescents must receive six or more hours per week. Peer recovery services and treatment coordination are provided beyond the hourly skilled treatment service hours allowable per week. Services provided by licensed programs must meet requirements in state law.

Payment for ASAM Level 2.5 (partial hospitalization, now known as High-intensity Outpatient) is at the individual and group hourly rate. For ASAM level 2.5, adults must receive 20 hours or more of skilled treatment services. Services provided by licensed programs must meet state law requirements. Level 2.5 is for clients who need daily monitoring in a structured setting, as directed by the individual treatment plan and in accordance with state law.

Payment for **ASAM level 3.1 clinically managed low-intensity residential services** is a daily per-diem rate based on an average of historical costs for this intensity. Programs must provide clients at least 5 hours per week of individual or group counseling services as directed by individual treatment plans. Programs providing clients at least 15 hours per week of individual or group counseling services as directed by individual treatment plans may use the corresponding 15 hour per week per-diem rate.

Payment for **ASAM level 3.3 clinically managed population specific high-intensity residential services** is a daily per-diem rate based on an average of historical costs for this intensity. Programs must be enrolled as a disability responsive program and specialize serving participants with traumatic brain injuries or other cognitive impairments. Programs must provide clients daily individual or group counseling services as directed by individual treatment plans.

Payment for **ASAM level 3.5 clinically managed high-intensity residential services** is a daily per-diem rate based on an average of historical costs for this intensity.

Programs must have a 24 hour staffing coverage and provide clients daily individual or group counseling services as directed by individual treatment plans. 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.

Residential SUD providers must have medical, psychological, laboratory, toxicology, and pharmacological services available through consultation and referral in accordance with standards published by the Commissioner.