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State Territory Name: MINNESOTA

State Plan Amendment (SPA) #: 24-0041

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 24-0041

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota state plan amendment (SPA) to Attachment 4.19-B 24-0041, which was submitted to CMS on October 10, 2024. This plan amendment establishes rates for Medication Assisted Treatment (MAT) for Opioid Treatment Programs (OTP).

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 page.

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,

A black rectangular box redacting the signature of Todd McMillion.

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 1

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 2026 \$ 1,856,000b. FFY 2027 \$ 2,202,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Supplement 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

same

9. SUBJECT OF AMENDMENT

Establishes payment methods and rates for Medication Assisted Treatment for Opioid Treatment Programs.

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



12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

October 10, 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

October 10, 2024

17. DATE APPROVED

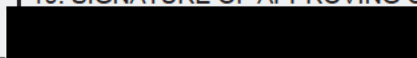
December 5, 2024

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

STATE: MINNESOTA

Supplement 3 to Attachment 4.19-B

Effective: January 1, 2025

TN: 24-41

Approved: December 5, 2024

Supersedes: 21-10

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

Effective October 1, 2020 through December 31, 2025, Ppayment methods and rates for MAT services provided in ~~opioid treatment programs (OTP), licensed substance use disorder treatment programs, or by licensed professionals in private practice~~ are authorized under the 1905(a)(29) Medication-Assisted Treatment (MAT) Rehabilitative Services (§ 13d.) benefit in Attachment 4.19-B of the state plan. All enrolled ~~OTP 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.

Effective January 1, 2026, reimbursement for MAT services provided in OTP is the Minnesota-specific, locality-adjusted Medicare rate for OTP services. Payment rates are updated annually each January 1 for the full calendar year following the publication of the Medicare rates. OTPs are limited to the bundled rates for the provision of MAT services and drugs may not be billed separately. These rates do not apply to federally qualified health centers, rural health centers, certified community mental health centers, or IHS and Tribal 638 facilities. 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 ~~in~~ disorder in office based settings 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 by physician and non-physician practitioners.

Except as otherwise noted in the state plan, fee schedule rates are the same for both governmental and private providers. All rates are published at <https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/billing/fee-schedule/mhcp.jsp>.