

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 25-0033**

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



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**Financial Management Group**

December 19, 2025

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

RE: TN 25-0033

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota State Plan Amendment (SPA) to Attachment 4.19-B 25-0033, which was submitted to CMS on October 29, 2025. This amendment provides increases to the outpatient treatment coordination and residential treatment (high and low intensity) rates for adult Substance Use Disorder (SUD) 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, 2026. 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 Matthew Klein at 214-767-4625 or [matthew.klein@cms.hhs.gov](mailto:matthew.klein@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**

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

1. TRANSMITTAL NUMBER	2. STATE
_____	_____

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT	XIX	XXI
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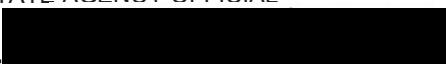
4. PROPOSED EFFECTIVE DATE	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
	a. FFY _____ \$ _____ b. FFY _____ \$ _____
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )

9. SUBJECT OF AMENDMENT

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

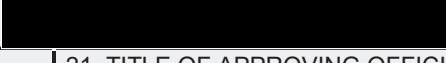
OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	
12. TYPED NAME	
13. TITLE	
14. DATE SUBMITTED	

**FOR CMS USE ONLY**

16. DATE RECEIVED October 29, 2025	17. DATE APPROVED
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2026	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

Effective: January 1, 2026

TN: 25-33

Approved: December 19, 2025

Supersedes: 24-40,24-24, 22-01,21-01, 20-15-A,19-02,18-05,17-22,15-17,15-16,11-10,10-22,09-17,08-06, 04-15(a),04-08

13.d. Rehabilitative services. (continued)

ATTACHMENT 4.19-B

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

Treatment Setting Descriptions	Complexity				
	Addiction Only Basic Rate	Co-occurring	Populations Specific	Civilly Committed	Medical Services
<b>Assessment</b>					
Comprehensive Assessment (per session)	\$162.24				
<b>Outpatient Treatment Rates</b>					
Individual (one hour increments)	\$86.53	+\$6.49	\$7.93		+\$17.31
Group (one hour increments)	\$42.04	+\$3.15	\$3.85		+\$8.40
Treatment Coordination (per 15 minutes)	\$11.71 \$37.13				
Peer Recovery Support (per 15 minutes)	\$15.02				
Medication Assisted Therapy- Methadone-per diem	\$16.07	+\$1.20	\$1.47		+\$3.21
Medication Assisted Therapy-all other-per diem	\$27.19	+\$2.04	\$2.49		+\$5.44
Medication Assisted Therapy- Methadone-PLUS-per diem ( minimum 9 hours counseling services per week)	\$58.10	+\$4.35	\$5.33		+\$11.63
Medication Assisted Therapy- all other-PLUS (same as above) per diem	\$69.23	+\$5.19	\$6.35		+\$13.85
<b>Residential Treatment Rates- acuity addressed in intensity</b>					
High Intensity (daily individual/group therapy)	\$230.78 \$294.67	+\$10.76 \$13.77	\$44.34 \$18.36	\$151.50	+\$10.76 \$13.77
Low Intensity (Minimum 15 hours/week individual/group therapy)	\$171.11	+\$7.97	\$10.63		+\$11.96
Low Intensity  (Minimum 5 hours/week individual/group therapy)	\$82.24 \$216.90	+\$3.83 \$10.11	\$5.11 \$13.49		+\$11.49 \$30.33
Hospital-Based Residential Per Diem Rates	\$309.06	+\$18.54	\$24.72		
<b>Withdrawal Management</b>					
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.