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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 25-0036

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 10, 2026

John Connolly
Assistant Commissioner and State Medicaid Director
Minnesota Department of Human Services
540 Cedar Street
P.O. Box 64983
St. Paul, MN 55164-0983

Re: Minnesota State Plan Amendment (SPA) 25-0036

Dear State Medicaid Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted in the CMS template under transmittal number (TN) 25-0036. The SPA removes the end date for the Medication Assisted Treatment (MAT) services in accordance with the Consolidated Appropriations Act of 2023 and adds recovery peers and treatment coordinators as qualified providers.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(29) of the Social Security Act and implementing regulations. This letter informs you that Minnesota's Medicaid SPA 25-0036 was approved on March 10, 2026, with an effective date of October 1, 2025.

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.

Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

cc: Patrick Hultman
Alexandra Zoellner
Leah Montgomery

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 3 6

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

October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440 and Title 1905(a)(29) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supplement 7 Page 1 (21-10), Page 2 (21-10),
Page 3 (21-10), Page 4 (21-10), Page 5 (21-10) **NEW**
Attachment 3.1-B Supplement 7 Page 1 (21-10), Page 2 (21-10),
Page 3 (21-10), Page 4 (21-10), Page 5 (21-10) **NEW**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A Supplement 7 Page 1 (21-10), Page 2 (21-10),
Page 3 (21-10), Page 4 (21-10), ~~Page 5 (21-10)~~
Attachment 3.1-B Supplement 7 Page 1 (21-10), Page 2 (21-10),
Page 3 (21-10), Page 4 (21-10), ~~Page 5 (21-10)~~

9. SUBJECT OF AMENDMENT

Implements the Medication Assisted Treatment template in accordance with SMD letter 24-0004.

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
12/24/2025

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

December 24, 2025

17. DATE APPROVED

March 10, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

MN State Medicaid Agency authorized CMS to make the following pen/ink changes to Box 7 and 8
Box 7: Add the word "NEW" after Attachment 3.1-A and 3.1-B Supplement 7 Page 5 (21-10)
Box 8: Delete (strike through) the references to Attachment 3.1-A and 3.1-B Supplement 7 Page 5 (21-10)
S. Porter, CMS 03/06/2026

State Plan under Title XIX of the Social Security Act
State/Territory: Minnesota

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

Citation: 3.1-A Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

1905(a)(29) MAT as described and limited in Supplement 7 to Attachment 3.1-A.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Transmittal Number: MN-25-0036
Supersedes Transmittal Number: MN-21-10

Approval Date: March 9, 2026
Effective Date: October 1, 2025

State Plan under Title XIX of the Social Security Act
State/Territory: Minnesota

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

General Assurances

[Select all three checkboxes below.]

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Opioid Treatment Program (OTP): Individual and group therapy services assist the beneficiary with achieving the goals developed in an individual opioid use disorder treatment plan. With the establishment of an individual treatment 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 treatment coordination. Therapy may also include consultation with relatives, guardians, close friends, and other treatment providers.

Participation of non-Medicaid eligible persons is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service. Office Based Opioid Treatment (OBOT): Additional counseling services and behavioral health therapies may be provided in office-base settings by physician and non-physician practitioners.

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Please include each practitioner and provider entity that furnishes each service and component service.

Click or tap here to enter text.

Opioid Treatment Program

Services	Credentials
Therapy	Licensed alcohol and drug counselors; counselor supervisors of licensed alcohol and drug counselors; licensed social workers; licensed marriage and family therapists; and licensed professional counselors.
Peer Services	Recovery Peers
Medication management	Licensed practitioners, including nursing staff
Treatment coordination	Treatment coordinators

Office-Based Opioid Treatment

Services	Credentials
Medication management	Licensed practitioners

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Supersedes Transmittal Number: MN-21-10

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Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

OTP- Provider entity

Must be licensed under State of Minnesota DHS and meet State Licensing requirements

Monitored by: DEA Registration, Accreditation body(ex. CARF, JCAHO), certification by Division of Pharmacological Therapy/SAMHSA

Counselors working with an OTP are required to be licensed as an alcohol and drug counselor or meet one of the following:

Counselor supervisors of licensed alcohol and drug counselors must have three years of work experience as a licensed alcohol and drug counselor.

Licensed professional counselors must have a master's degree which included 120 hours of a specified course of study in addition studies with 440 hours of post-degree supervised experience in the provision of alcohol and drug counseling.

All counseling and behavioral health therapies delivered as part of medication assisted treatment services are provided according to an individual recipient's treatment plan.

Additional training requirements for ongoing education and applicable statutory training must be met.

OBOT/Licensed practitioners

Have to have current license and DEA registration.

Recovery Peers

Provider qualifications are described in section 13.d. Rehabilitative Services, Page 54q.4.

Treatment Coordinators

Provider qualifications are described in section 13.d. Rehabilitative Services, Page 54q.4

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Utilization Controls

[Select all applicable checkboxes below.]

- The state has drug utilization controls in place. (Check each of the following that apply)
 - Generic first policy
 - Preferred drug lists
 - Clinical criteria
 - Quantity limits

- The state does not have drug utilization controls in place.

Limitations

[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]

For OTPs: No more than 30 weekly nondrug bundle charges are eligible for coverage in the first calendar year that an enrollee is being treated by an opioid treatment provider and no more than 15 weekly nondrug bundle charges are eligible for coverage in subsequent calendar years. For OBOT: Pre-Authorization is required. Buprenorphine is subject to quantity limits, and certain products and brands are included on the state's Preferred Drug List. Injectable and implantable buprenorphine are covered through the medical benefit with prior authorization.

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