

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 26-0007**

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**

March 24, 2026

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

RE: TN 26-0007

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota State Plan Amendment (SPA) to Attachment 4.19-B 26-0007, which was submitted to CMS on February 13, 2026. This amendment moves Residential Substance Use Disorder (SUD) services provided by Indian Health Services or a Tribal 638 facilities to the rehabilitative services benefit on the reimbursement pages within the state plan.

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 March 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,

A solid 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 6 — 0 0 0 7

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

March 1, 2026

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 \$ 0  
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 45e-2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B Page 45e-2(25-33)

9. SUBJECT OF AMENDMENT

Residential SUD treatment services provided by IHS or Tribal 638 facilities receive the AIR rate.

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

2/13/26

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

February 13, 2026

17. DATE APPROVED

March 24, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

March 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Approved: March 24, 2026

Supersedes: 25-33, 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)

**Substance Use Disorder ADULT Service Rates (Effective January 1, 2026)**

Adult Service Rates		Complexity			
Treatment Setting Descriptions	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)	\$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 (min. 9 hours counseling 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)	\$294.67	\$13.77	\$18.36	\$151.50	\$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)	\$216.90	\$10.11	\$13.49		\$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 included in the rates above as it is ineligible for medical assistance payment as substance use disorder treatment.

\*Effective March 1, 2026, substance use disorder services for adults provided through the Indian Health Service or a Tribal 638 facility receive the outpatient All Inclusive Rate as described in supplement 2 to Attachment 4.19-B.