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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 20-0015-A

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 7, 2020

Patrick Hultman, Acting Deputy Medicaid Director
Minnesota Department of Human Services
Health Care Administration
P.O. Box 64983
St. Paul, MN 55164-0983

RE: TN 20-0015-A

Dear Mr. Hultman:

We have reviewed the proposed Minnesota State Plan Amendment (SPA) to Attachment 4.19-B, MN 20-0015-A, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 23, 2020. This plan amendment updates the payment rates for the adult mental health residential demonstration.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. 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 1-312-886-0360 or Deborah.Benson@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: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 20-0015 A	2. STATE Minnesota
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	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/2020
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5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

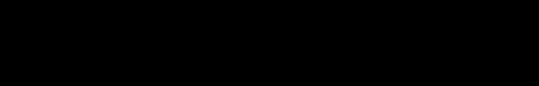
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130	7. FEDERAL BUDGET IMPACT: a. FFY '20 \$ 75,000 b. FFY '21 \$3,493,500
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Pages 45e-2, 45e-3, 45f Attachment 4.19-B, new page 45f-1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):
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10. SUBJECT OF AMENDMENT: Reimbursement rates for residential substance use disorder treatment services.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Patrick Hultman Minnesota Department of Human Services 540 Cedar Street, PO Box 64983 St. Paul, MN 55164-0983
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13. TYPED NAME:
Patrick Hultman

14. TITLE:
Interim Deputy Medicaid Director

15. DATE SUBMITTED:
9/23/2020

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: September 23, 2020	18. DATE APPROVED: December 6, 2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review
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23. REMARKS:

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: July 1, 2020

Page 45e-2

TN: 20-0015-A

Approved: December 6, 2020

Supersedes: 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 July 1, 2020)**

Adult Service Rates			Complexity			
Treatment Setting Descriptions	Addiction Only Basic Rate	1115 Waiver Base Rate	Co-occurring	Special Populations	Civilly Committed	Medical Services
Assessment						
Comprehensive Assessment (per session)	\$162.24					
Outpatient Treatment Rates						
Individual (one hour increments)	\$72.11		+\$6.49	+\$4.32		+\$17.31
Group (one hour increments)	\$35.03		+\$3.15	+\$2.10		+\$8.40
Treatment Coordination (per 15 minutes)	\$11.71					
Peer Recovery Support (per 15 minutes)	\$15.02					
Medication Assisted Therapy-Methadone-per diem	\$13.39		+\$1.20	+\$0.81		+\$3.21
Medication Assisted Therapy-all other-per diem	\$22.66		+\$2.04	+\$1.36		+\$5.44
Medication Assisted Therapy-Methadone-PLUS-per diem (minimum 9 hours counseling services per week)	\$48.42		+\$4.35	+\$2.91		+\$11.63
Medication Assisted Therapy-all other-PLUS (same as above) per diem	\$57.69		+\$5.19	+\$3.46		+\$13.85
Residential Treatment Rates - acuity addressed in intensity						
High Intensity (Minimum 30 hours/week)	\$179.25	\$206.14	+\$10.76	+\$5.37	\$151.50	+\$10.76
Medium Intensity (Minimum 15 hours/week)	\$132.90	\$152.83	+\$7.97	+\$3.99		+\$11.96
Low Intensity (Minimum 5 hours/week)	\$63.87	\$73.45	+\$3.83	+\$1.92		+\$11.49
Hospital-Based Residential Per Diem Rates	\$309.06		+\$18.54	+\$9.27		
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. Room and board is not eligible for medical assistance payment as substance use disorder treatment.

Approved: **December 6, 2020**

Supersedes: 19-02 (18-05, 15-17, 15-16, 11-10, 10-22, 09-17, 08-06, 04-15(a), 04-08)

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. Providers can bill up to three hours of individual therapy and ten hours of group therapy per day.

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 **high Intensity residential treatment services**, provided on a daily basis to equal a minimum of 30 treatment hours per week, are based on an averaging of historical rates for this intensity.

Payment rates for **medium intensity residential treatment services**, provided on a daily basis to equal a minimum of 15 treatment hours per week, are based on an averaging of historical rates for this intensity.

Payment rates for **low intensity residential treatment services**, provided on a daily basis to equal a minimum of five treatment hours per week, are based on an averaging of historical rates for this intensity.

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.

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 services rendered by SUD providers certified by the Commissioner as meeting the standards of Minnesota's substance use disorder demonstration waiver. 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 15 percent for low, medium, and high intensity residential treatment services. Eligible providers must have medical, psychological, laboratory, toxicology, and pharmacological services available through consultation and referral in accordance with standards published by the Commissioner.

Approved: December 6, 2020

Supersedes: 19-02 (18-05, 17-12, 15-17, 15-16, 04-15(a), 04-08)

13.d. Rehabilitative services. (continued)

The following enhancement services for which additional payment rates apply, address client complexity and may be paid in addition to payment for the services that address client acuity described above:

Co-occurring services address both the client's identified substance use disorder and mental health issues, including standardized mental health screening and appropriate mental health diagnostic assessment, monthly multi-disciplinary case review, and family education addressing both disorders and the interaction between the two. Programs must meet state licensing requirements and program enrollment standards. The rate may be applied to either outpatient, or residential settings, and is based on the additional cost of mental health professionals.

Special population services are specifically designed to address the unique needs of individuals who share a common language, racial, ethnic, or social background. Programs must meet state licensing requirements and program enrollment standards. The rate may be applied to either outpatient, or residential settings, and is based on the additional cost of program material translation, amending curriculum to address cultural perspectives, and staff training.

Civilly committed recipients present some of the most difficult and complex care needs. They receive high-intensity residential services, have been civilly committed to the care of the Commissioner, and are a potential threat to themselves or others. The rate is based on the increased costs for additional staff attention and monitoring.

Medical services include health care, nursing, dietary and emergency physician services that are documented as provided to clients. Programs must be able to meet adequate staffing standards of appropriately credentialed medical staff to assess and address the client's health care needs. The rate is based on additional costs for medical staff.

The base rate as described in this item is adjusted by the following clauses of Supplement 2 of this Attachment:

- A. IHS/638 Facilities
- B. Critical Access Hospitals
- C. TPL
- D. MinnesotaCare Tax Rate Adjustment
- E. Modifiers
- G. Community and Public health Clinics
- I. Exceptions to payment methodology and reconstructing a rate
- P. Rate Increase Effective July 1, 2007
- T. Rate Increase July 1, 2010
- bb. Reimbursement for costs of services provided by a non-state, government-operated community mental health center
- cc. Supplemental payment for medical education

STATE: MINNESOTA
Effective: July 1, 2020
TN: 20-0015-A
Approved: **December 6, 2020**
Supersedes: NEW

ATTACHMENT 4.19-B
Page 45f-1

13.d. Rehabilitative services. (continued)

ff. Professional servies rate increase effective September 1, 2014