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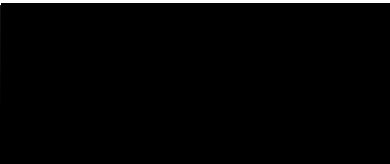
State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 19-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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

1. TRANSMITTAL NUMBER: 19-02		2. STATE Minnesota	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>		4. PROPOSED EFFECTIVE DATE July 1, 2019	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 440.130		7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '19 \$1,401 b. FFY '20 \$17,630	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pages:54q - 54q.5 Attachment 3.1-B, pages: 53q - 53q.5 Attachment 4.19-B, pages: 45e-2 - 45e-3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 3.1-A, pages:54q - 54q.2 Attachment 3.1-B, pages: 53q - 53q.2	
10. SUBJECT OF AMENDMENT: Services to Treat Substance Use Disorder			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Sean Barrett Minnesota Department of Human Services Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: April 15, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: April 15, 2019		18. DATE APPROVED: July 23, 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>	
21. TYPED NAME: Todd McMillion		22. TITLE: Deputy Director	
23. REMARKS:			

Approved: 7/23/19

Supersedes: 18-05 (15-16, 10-20, 08-06, 05-01, 04-08, 03-26)

13.d. Rehabilitative services. (continued)

Substance Use Disorder Services are provided according to an individual recipient's treatment plan by:

- 1) An entity licensed by the Minnesota Department of Human Services to provide substance use disorder services. This provider is qualified to provide all substance use disorder services.
- 2) An entity licensed by American Indian tribal governments to provide substance use disorder services. This provider is qualified to provide all substance use disorder services.
- 3) A Recovery Community Organization certified by the Department. This provider is qualified to provide peer recovery services.
- 4) A county entity certified by the Department. This provider is qualified to provide comprehensive assessments and treatment coordination services.
- 5) A licensed professional, as described below, in private practice is qualified to provide all substance use disorder services with the exception of peer recovery support services and withdrawal management.

Substance Use Disorder services include:

1. **Comprehensive assessment.** A face-to-face assessment performed by a qualified professional according to the American Society of Addiction Medicine's multidimensional assessment criteria. The assessment incorporates information describing the scope of a recipient's substance use, need for treatment services, and personal strengths that support recovery. The assessment is the basis for the recipient's individualized, person-centered treatment plan.
2. **Individual and group therapy.** This service assists the beneficiary with achieving the goals developed in the treatment plan and with the establishment of a personal recovery 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 service coordination. Therapy may also include consultation with relatives, guardians, close friends, and other treatment providers. The consultation is directed exclusively to the treatment of the recipient.
3. **Medication assisted therapy.** This service uses medication as a therapeutic support in conjunction with individual and group therapy. This includes but is not limited to methadone, naltrexone, and buprenorphine.

13.d. Rehabilitative services. (continued)

4. **Treatment coordination.** Treatment coordinators synchronize health services with identified patient needs, to facilitate the aims of the care plan. Activities include treatment follow-up, on-going needs assessments, life skills advocacy, education, service referral, and documentation.
5. **Peer recovery support services.** Recovery peers provide mentoring, education, advocacy and nonclinical recovery support to the recipient.
6. **Withdrawal Management** is the reduction of the physiological and psychological features of withdrawal through short-term medical services on a 24-hour basis for the purpose of stabilizing intoxicated patients, managing their withdrawal, and facilitating access to substance use disorder treatment. Coverage of withdrawal management is limited to clinically managed and medically monitored programs. Services are provided to persons who are impaired as a result of intoxication, or are experiencing physical, mental or emotional problems due to intoxication or withdrawal from alcohol or other drugs. Withdrawal management services are provided as part of either a clinically managed or medically monitored program.

A clinically managed program is an organized service that meets the ASAM level III.2.D level of care criteria by providing 24-hour structure, support, supervision, and observation for individuals who are intoxicated or experiencing withdrawal symptoms. Services are supervised by a qualified medical professional who must be available by telephone or in person 24 hours per day. A licensed practical nurse must be on site 24 hours per day.

Additionally, a clinically managed program must meet the following staffing requirements:

- The program director, the medical director, or a licensed nurse must be present and awake at all times.
- A licensed alcohol and drug counselor is required for every 16 patients served by the program.
- A technician must be awake and on duty at all times for every ten patients served by the program. All staff whose qualifications meet or exceed those for a technician and who are performing the duties of a technician may be counted as a technician for purposes of this requirement. The same individual may not be counted as both a licensed alcohol and drug counselor and a technician.

A clinically managed program must offer the following services as medically appropriate:

- Individual and group therapy;
- Treatment coordination;

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13.d. Rehabilitative services. (continued)

- Peer recovery support services;
- A health assessment;
- Nursing care provided 24 hours per day, including daily medical evaluation;
- Medication administration; and
- A comprehensive assessment.

A medically monitored program meets the ASAM level III.7.D level of care criteria by providing 24-hour medically supervised evaluation and withdrawal management. This level of care is for individuals whose withdrawal signs and symptoms are sufficiently severe to require medical professionals but not an inpatient hospital level of care. Services are supervised by a medical director who must be on site seven days a week and available for consultation or onsite recipient monitoring 24 hours per day. A registered nurse must be on site 24 hours a day.

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A medically monitored program must provide the following services as medically appropriate:

- Individual and group therapy;
- Treatment coordination;
- Peer recovery support services;
- A health assessment with the ability for a consultation with a qualified medical professional if the assessment indicates it is medically necessary;
- Nursing care provided 24 hours per day, including daily medical evaluation;
- Onsite monitoring seven days per week by a qualified medical professional;
- Medication administration and
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13.d. Rehabilitative services. (continued)

Provider Qualification and Training

The following personnel can provide substance use disorder services:

- 1) A licensed alcohol and drug counselor is qualified to provide the comprehensive assessment, individual and group therapy, medication assisted therapy, withdrawal management, and treatment coordination.

- 2) A counselor supervisor of licensed alcohol and drug counselors must have three years of work experience as a licensed drug and alcohol counselor and is qualified to provide the comprehensive assessment, individual and group therapy, medication assisted therapy, withdrawal management, and treatment coordination.

- 3) Licensed Social workers, licensed marriage and family therapists, and licensed professional counselors who have a master's degree, which included 120 hours of a specified course of study in addiction studies with 440 hours of post-degree supervised experience in the provision of alcohol and drug counseling. This provider is qualified to provide the comprehensive assessment, individual and group therapy, medication assisted therapy, withdrawal management, and treatment coordination.

- 4) Personnel providing substance use disorder services at programs licensed by American Indian tribal governments must be credentialed according to the standards set by the individual tribal governing body, and are qualified to provide the comprehensive assessment, individual and group therapy, medication assisted therapy, peer recovery support services, withdrawal management, and treatment coordination.

13.d. Rehabilitative services. (continued)

5) Treatment coordinators that meet the following requirements, and working under the clinical supervision of a licensed professional described above, are qualified to provide treatment coordination services:

- skilled in identifying and assessing a wide range of client needs,
- knowledgeable about local community resources and how to use them,
- have successfully completed 30 hours of classroom instruction on treatment coordination for an individual with substance use disorder,
- have at least 2,000 hours of supervised experience working with individuals with substance use disorder, and
- have a bachelor's degree in one of the behavioral sciences or a related field, or be certified as a Level I alcohol and drug counselor by the upper Midwest Indian Council on Addictive Disorders.

6) Recovery peers that meet the following requirements, and working under the clinical supervision of a licensed professional described above, are qualified to provide peer recovery support services:

- have a high school diploma or equivalent;
- a minimum of one year in recovery from substance use disorder;
- credentialed by a certification body approved by the Commissioner;
- successfully complete peer specialist certification training, approved by the Department that teaches specific skills relevant to providing peer support to other consumers; and
- complete 20 hours of relevant continuing education every two years in topics such as ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support.

7) Technicians, working under the clinical supervision of a licensed professional in a withdrawal management program, perform basic medical activities such as checking vitals, performing screenings, and managing basic patient care. A technician must:

- Have a current first aid certification from the American Red Cross, or equivalent organization;
- Have a current CPR certification from the American Red Cross, the American Heart Association, or equivalent organization, and
- The knowledge and ability to perform basic medical screening procedures, first aid, and basic activities of daily living and personal hygiene.

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13.d. Rehabilitative services. (continued)

8) A person licensed to practice practical or professional nursing in the state of Minnesota may provide services as part of a withdrawal management program.

9) A medical director is either a physician as described in item 5.a., a clinical nurse specialist as described in in item 6.d.H., or a nurse practitioner as described in item 6.d.E.

10) A qualified medical professional is either a physician as described in item 5.a., a clinical nurse specialist as described in in item 6.d.H., or a nurse practitioner as described in item 6.d.E.

Rehabilitative physical therapy, occupational therapy, and speech, language and hearing therapy services.

Coverage is limited to services within the limitations provided under Items 11.a. to 11.c., Physical therapy services, Occupational therapy services, and Speech, language and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist), except:

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13.d. Rehabilitative services. (continued)

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13.d. Rehabilitative services. (continued)

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13.d. Rehabilitative services. (continued)

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- Medication administration and
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13.d. Rehabilitative services. (continued)

Provider Qualification and Training

The following personnel can provide substance use disorder services:

- 1) A licensed alcohol and drug counselor is qualified to provide the comprehensive assessment, individual and group therapy, medication assisted therapy, withdrawal management, and treatment coordination.

- 2) A counselor supervisor of licensed alcohol and drug counselors must have three years of work experience as a licensed drug and alcohol counselor and is qualified to provide the comprehensive assessment, individual and group therapy, medication assisted therapy, withdrawal management, and treatment coordination.

- 3) Licensed Social workers, licensed marriage and family therapists, and licensed professional counselors who have a master's degree, which included 120 hours of a specified course of study in addiction studies with 440 hours of post-degree supervised experience in the provision of alcohol and drug counseling. This provider is qualified to provide the comprehensive assessment, individual and group therapy, medication assisted therapy, withdrawal management, and treatment coordination.

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13.d. Rehabilitative services. (continued)

5) Treatment coordinators that meet the following requirements, and working under the clinical supervision of a licensed professional described above, are qualified to provide treatment coordination services:

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- have successfully completed 30 hours of classroom instruction on treatment coordination for an individual with substance use disorder,
- have at least 2,000 hours of supervised experience working with individuals with substance use disorder, and
- have a bachelor's degree in one of the behavioral sciences or a related field, or be certified as a Level I alcohol and drug counselor by the upper Midwest Indian Council on Addictive Disorders.

6) Recovery peers that meet the following requirements, and working under the clinical supervision of a licensed professional described above, are qualified to provide peer recovery support services:

- have a high school diploma or equivalent;
- a minimum of one year in recovery from substance use disorder;
- credentialed by a certification body approved by the Commissioner;
- successfully complete peer specialist certification training, approved by the Department that teaches specific skills relevant to providing peer support to other consumers; and
- complete 20 hours of relevant continuing education every two years in topics such as ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support.

7) Technicians, working under the clinical supervision of a licensed professional in a withdrawal management program, perform basic medical activities such as checking vitals, performing screenings, and managing basic patient care. A technician must:

- Have a current first aid certification from the American Red Cross, or equivalent organization;
- Have a current CPR certification from the American Red Cross, the American Heart Association, or equivalent organization, and
- The knowledge and ability to perform basic medical screening procedures, first aid, and basic activities of daily living and personal hygiene.

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13.d. Rehabilitative services. (continued)

8) A person licensed to practice practical or professional nursing in the state of Minnesota may provide services as part of a withdrawal management program.

9) A medical director is either a physician as described in item 5.a., a clinical nurse specialist as described in in item 6.d.H., or a nurse practitioner as described in item 6.d.E.

10) A qualified medical professional is either a physician as described in item 5.a., a clinical nurse specialist as described in in item 6.d.H., or a nurse practitioner as described in item 6.d.E.

Rehabilitative physical therapy, occupational therapy, and speech, language and hearing therapy services.

Coverage is limited to services within the limitations provided under Items 11.a. to 11.c., Physical therapy services, Occupational therapy services, and Speech, language and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist), except:

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13.d. Rehabilitative services. (continued)

Substance Use Disorder ADULT Service Rates (Effective July 1, 2018~~2019~~)

Adult Service Rates		Complexity			
Treatment Setting Descriptions	Addiction Only Basic 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	+\$10.76	+\$5.37	\$151.50	+\$10.76
Medium Intensity (Minimum 15 hours/week)	\$132.90	+\$7.97	+\$3.99		+\$11.96
Low Intensity (Minimum 5 hours/week)	\$63.87	+\$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.

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Approved: 7/23/19

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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 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: