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State Territory Name: MINNESOTA

State Plan Amendment (SPA) #: 24-0024

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



Financial Management Group

September 10, 2024

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

RE: TN 24-0024

Dear Director Connolly:

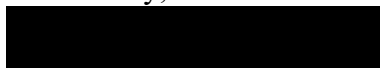
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota state plan amendment (SPA) to Attachment 4.19-B 24-0024, which was submitted to CMS on July 24, 2024. This plan amendment implements a three percent increase for Partial Hospitalization services.

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 July 1, 2024. 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 312-886-0360 or via email at Deborah.Benson@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**

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 4

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

July 1, 2024

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 2025 2024 \$ 0
b. FFY 2026 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

4.19-B Page 45e-2, 45e-3, 45e-4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

This amendment implements a three percent increase for partial hospitalization services.

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

July 24, 2024

15. RETURN TO

Alley Zoellner
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

July 24, 2024

17. DATE APPROVED

September 10, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

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

STATE AUTHORIZED PEN AND INK CHANGE

Effective: July 1, 2024

Page 45e-2

TN: 24-24

Approved: September 10, 2024

Supersedes: 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, 2023~~4~~)**

Adult Service Rates			Complexity			
Treatment Setting Descriptions	Addiction Only Basic Rate	1115 Waiver Base Rate	Co-occurring	Populations Specific	Civilly Committed	Medical Services
Assessment						
Comprehensive Assessment (per session)	\$162.24					
Outpatient Treatment Rates						
Individual (one hour increments)	\$72.11	\$86.53	+\$6.49	\$7.93		+\$17.31
Group (one hour increments)	\$35.03	\$42.04	+\$3.15	\$3.85		+\$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	\$16.07	+\$1.20	\$1.47		+\$3.21
Medication Assisted Therapy-all other-per diem	\$22.66	\$27.19	+\$2.04	\$2.49		+\$5.44
Medication Assisted Therapy-Methadone-PLUS-per diem (minimum 9 hours counseling services per week)	\$48.42	\$58.10	+\$4.35	\$5.33		+\$11.63
Medication Assisted Therapy-all other-PLUS (same as above) per diem	\$57.69	\$69.23	+\$5.19	\$6.35		+\$13.85
Residential Treatment Rates - acuity addressed in intensity						
High Intensity (Minimum daily individual/group therapy 30 hours/week-)	\$179.25 \$224.06	\$224.06	+\$10.76	\$14.34	\$151.50	+\$10.76
Medium-Low Intensity (Minimum 15 hours/week individual/group therapy)	\$132.90 \$166.13	\$166.13	+\$7.97	\$10.63		+\$11.96
Low Intensity (Minimum 5 hours/week individual/group therapy)	\$63.87 \$79.84	\$79.84	+\$3.83	\$5.11		+\$11.49
Hospital-Based Residential Per Diem Rates	\$309.06		+\$18.54	\$24.72		
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. 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.

Approved: September 10, 2024

Supersedes: 22-01 (21-01, 20-15-A, 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. Reimbursement for any combination of individual and group therapy services in excess of 6 hours per day or 30 hours per week per beneficiary requires prior authorization.

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 outpatient services rendered by SUD providers certified by the Commissioner as meeting the standards of Minnesota's substance use disorder 1115 waiver demonstration. 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 25 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.~~

Payment is increased by 20 percent for outpatient SUD treatment services including individual and group therapy services in licensed adult and adolescent programs and medication assisted therapy in adult programs. Eligible providers must have medical, psychological, laboratory, toxicology, and pharmacological services available through consultation and referral in accordance with standards published by the Commissioner.

Effective: July 1, 2024

Page 45e-4

TN: 24-24

Approved: September 10, 2024

Supersedes: 22-01

13.d. Rehabilitative services. (continued)

~~Providers enrolling in the 1115 waiver demonstration between July 1, 2021 and June 30, 2022 will receive the increases described in pages 45e, 45e 2, and 45e 3 by providing evidence of the meaningful steps taken to satisfy 1115 waiver demonstration requirements. Meaningful steps is defined as: 1115 waiver demonstration enrollees who provide evidence, showing implementation of policy, procedure or clinical documentation supporting the core areas of the 1115 waiver demonstration listed below:~~

- ~~▲ Treatment services, consultation and referral;~~
- ~~▲ Assessment and placement;~~
- ~~▲ Individual treatment plan;~~
- ~~▲ Documentation of treatment services;~~
- ~~▲ Treatment plan review;~~

~~Additionally, a provider will be determined to have met the meaningful step threshold if they have received clinical case approval from the 1115 demonstration waiver clinical review agent.~~

Payment for **ASAM level 3.1 clinically managed low-intensity residential services** is a daily per-diem rate based on an average of historical costs for this intensity. Programs must provide clients at least 5 hours per week of individual or group counseling services as directed by individual treatment plans. Programs providing clients at least 15 hours per week of individual or group counseling services as directed by individual treatment plans may use the corresponding 15 hour per week per-diem rate.

Payment for **ASAM level 3.3 clinically managed population specific high-intensity residential services** is a daily per-diem rate based on an average of historical costs for this intensity. Programs must be enrolled as a disability responsive program and specialize serving participants with traumatic brain injuries or other cognitive impairments. Programs must provide clients daily individual or group counseling services as directed by individual treatment plans.

Payment for **ASAM level 3.5 clinically managed high-intensity residential services** is a daily per-diem rate based on an average of historical costs for this intensity. Programs must have a 24 hour staffing coverage and provide clients daily individual or group counseling services as directed by individual treatment plans.

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.

Residential SUD providers must have medical, psychological, laboratory, toxicology, and pharmacological services available through consultation and referral in accordance with standards published by the Commissioner.