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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, and peer recovery support 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.
- 6) Hospitals, Federally Qualified Health Centers, and Rural Health Centers are qualified to provide comprehensive assessments.

**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.

Where identified in a client treatment plan, individual and group therapy may include relationship counseling to help the client identify the impact of their substance use disorder and to help the client and persons in their support structure identify and change behaviors that contribute to substance use disorder, therapeutic recreation to allow the client to participate in recreation without the inappropriate use of chemicals, stress management and physical well being counseling to help the client reach and maintain an appropriate level of health, living skills development, employment or educational services, and socialization skills development.

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.~~

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13.d. Rehabilitative services. (continued)

**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.

**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.

Up to four hours of individual or group treatment, two hours of treatment coordination, and two hours of peer support services may be covered prior to the comprehensive assessment and treatment plan, based on a positive result of a Screening, Brief Intervention, and Referral to Treatment (SBIRT).

### **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, 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, 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, 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, and treatment coordination.

13.d. Rehabilitative services. (continued)

1) 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.

2) 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.

3) 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)

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- 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.
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13.d. Rehabilitative services. (continued)

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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, and treatment coordination.

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13.d. Rehabilitative services. (continued)

- 4) 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.
- 5) 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.
- 6) 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.

13.d. Rehabilitative services. (continued)

**Substance Use Disorder ADULT Service Rates (Effective January 1, 2023~~2~~)**

Adult Service Rates			Complexity			
Treatment Setting Descriptions	Addiction Only Basic Rate	1115 Waiver Base 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)	\$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
<b>Residential Treatment Rates - acuity addressed in intensity</b>						
High Intensity (Minimum daily individual/group therapy 30 hours/week)	<del>\$179.25</del> \$224.06	<del>\$224.06</del>	+\$10.76	\$14.34	\$151.50	+\$10.76
Medium Intensity (Minimum 15 hours/week)	<del>\$132.90</del>	<del>\$166.13</del>	+\$7.97	\$10.63		+\$11.96
Low Intensity (Minimum 5 hours/week of individual/group therapy)	<del>\$63.87</del> \$79.84	<del>\$79.84</del>	+\$3.83	\$5.11		+\$11.49
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. Room and board is not eligible for medical assistance payment as substance use disorder treatment.

Approved:

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.



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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 therapy services as directed by individual treatment plans.

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 therapy 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 therapy 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.