

STATE: MINNESOTA
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ATTACHMENT 3.1-A
Page 54q

Approved: August 13, 2018

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

13.d. Rehabilitative services. (continued)

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

1) An ~~chemical dependency~~ 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.
or

2) An ~~chemical dependency~~ 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.

~~Chemical dependency rehabilitative~~ 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 ~~identifies~~ 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.

Provider Qualification and Training

The following personnel can provide ~~all Chemical Dependency Rehabilitative S~~ substance use disorder services described above:

- 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 ~~clinical~~ 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 ~~chemical dependency rehabilitation~~ 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)

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.

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)

Final Rate Formula:

1. salaries and fringe benefits ÷ total employment hours
2. item 1 x direct medical assistance direct service hours
3. item 2 ÷ medical assistance encounters
4. item 3 x the cognizant agency's unrestricted indirect cost percentage for the school district

final rate = item 3 + item 4

Payment for ~~chemical dependency treatment~~ substance use disorder services is pursuant to statewide, graduated rate and complexity standards, as reflected on the following charts:

Chemical-Dependency Substance Use Disorder Rates-Adolescent Services Rates (Effective July 1, 2017-2018)

Adolescent Service Rates		Complexity		
Treatment Setting Descriptions	Addiction-only Basic Rate	Co-occurring	Special Populations	Medical Services
<u>Assessment</u>				
Comprehensive Assessment (per session)	\$162.24			
<u>Outpatient Treatment Rates</u>				
Individual (one hour increments)	\$72.11	+\$6.49	+\$4.32	+\$17.31
Group (one hour increments)	\$35.03	+\$3.15	+\$2.08	+\$8.40
Treatment Coordination (per 15 minutes)	\$11.71			
Peer Recovery Support (per 15 minutes)	\$15.02			
<u>Residential Treatment Rates - acuity addressed in intensity</u>				
High Intensity (Minimum 15 hours/week)	\$216.34	+\$12.98	+\$6.49	+\$12.98
<u>Hospital-Based Residential Per Diem Rates</u>				
Hospital-Based Residential Per Diem Rates	\$309.06	+\$18.54	+\$9.27	

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13.d. Rehabilitative services. (continued)

Chemical Dependency Substance Use Disorder Rates-ADULT Service Rates (Effective July 1, 2017/2018)

Adult Service Rates		Complexity			
Treatment Setting Descriptions	Addiction Only Basic Rate	Co-occurring	Special Populations	Civilly Committed	Medical Services
Assessment					
<u>Comprehensive Assessment (per session)</u>	<u>\$162.24</u>				
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
<u>Treatment Coordination (per 15 minutes)</u>	<u>\$11.71</u>				
<u>Peer Recovery Support (per 15 minutes)</u>	<u>\$15.02</u>				
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
<i>Hospital-Based Residential Per Diem Rates</i>	\$309.06	+\$18.54	+\$9.27		

All ~~chemical dependency~~ programs maintain data documenting the nature and extent, or number of service units of the services provided to each recipient. Room and board is not eligible for medical assistance payment as ~~chemical dependency~~ substance use disorder treatment.

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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 ~~one~~ 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 ~~methadone~~ 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 ~~rehabilitative chemical dependency treatment substance use disorder services provided in a hospital-based residential program~~ are provided on a per diem basis at a rehabilitative service rate are based on an averaging of historical rates for these programs.

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:

13.d. Rehabilitative services. (continued)

Co-occurring services address both the client's identified ~~chemical dependency~~ 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
- ff. Professional services rate increase effective September 1, 2014