TN: 21-10

Supplement 7 to Attachment 3.1-A

Page 1

Approved: July 26, 2021

Supersedes: New

# State of Minnesota

# 1905(a)(29) Medication-Assisted Treatment (MAT)

3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy Citation:

(Continued)

1905(a)(29) \_\_\_X\_MAT as described and limited in Supplement \_\_7\_ to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to

the categorically needy.

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Approved: July 26 2021 Supersedes: New

### 1905(a)(29) Medication-Assisted Treatment (MAT)

#### i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

#### ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

### iii. Service Package

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

a. The state covers the following counseling services and behavioral health therapies as part of MAT.

### Individual and Group Therapy

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This service assists the beneficiary with achieving the goals developed in an individual opioid use disorder treatment plan and with the establishment of an individual 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. Participation of non-Medicaid eligible persons is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary is individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

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### 1905(a)(29) Medication-Assisted Treatment (MAT) (continued)

- b. The following practitioners are qualified to provide this service within their scope of practice:
- x Licensed alcohol and drug counselors; x
  counselor supervisors of licensed alcohol and drug counselors; x
  licensed social workers x licensed marriage and family
  therapists; and \* licensed professional counselors.
- c. The following is a brief summary of qualifications for each practitioner identified above:

Counselor supervisors of licensed alcohol and drug counselors must have three years of work experience as a licensed alcohol and drug counselor. Licensed professional counselors must have a master's degree which included 120 hours of a specified course of study in addition studies with 440 hours of post-degree supervised experience in the provision of alcohol and drug counseling.

Counseling and behavioral health therapies delivered as part of medication assisted treatment services are provided according to an individual recipient's treatment plan by an entity licensed by the Minnesota Department of Human Services to provide substance use disorder services or by a licensed professional in private practice.

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#### 1905(a)(29) Medication-Assisted Treatment (MAT) (continued)

#### iv. Utilization Controls

X The state has drug	g utilization controls in place. (Check each of the following that	
apply)		
X Ge	eneric first policy	
X Pr	X Preferred drug lists	
X_ Cl	X_ Clinical criteria	
X Qu	uantity limits	
The state does not have drug utilization controls in place.		

v. Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

There are no limitations on the amount, duration, or scope of MAT counseling and behavioral therapies. Oral buprenorphine is subject to quantity limits, and certain products and brands are included on the state's Preferred Drug List. Injectable and implantable buprenorphine are covered through the medical benefit with prior authorization.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection

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of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn:

Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland

212441850.

STATE: MINNESOTA

Effective: October 1, 2020

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Approved: July 26, 2021

Supersedes: New

Supplement 7 to Attachment 3.1-B

Page 1

## State of Minnesota

## 1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy

(Continued)

1905(a)(29) \_\_\_X\_MAT as described and limited in Supplement \_\_7\_ to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

## 1905(a)(29) Medication-Assisted Treatment (MAT)

#### i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

#### ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

### iii. Service Package

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

a. The state covers the following counseling services and behavioral health therapies as part of MAT.

### Individual and Group Therapy

This service assists the beneficiary with achieving the goals developed in an individual opioid use disorder treatment plan with the establishment of an individual 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. Participation of non-Medicaid eligible persons is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

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Supplement 7 to Attachment 3.1-B

Page 3

## 1905(a)(29) Medication-Assisted Treatment (MAT) (continued)

b. The following practitioners are qualified to provide this service within their scope of practice:

X Licensed alcohol and drug counselors; x counselor supervisors of licensed alcohol and drug counselors; x licensed social workers x licensed marriage and family therapists; and x licensed professional counselors.

c. The following is a brief summary of qualifications for each practitioner identified above:

Counselor supervisors of licensed alcohol and drug counselors must have three years of work experience as a licensed alcohol and drug counselor. Licensed professional counselors must have a master's degree which included 120 hours of a specified course of study in addition studies with 440 hours of post-degree supervised experience in the provision of alcohol and drug counseling.

Counseling and behavioral health therapies delivered as part of medication assisted treatment services are provided according to an individual recipient's treatment plan by an entity licensed by the Minnesota Department of Human Services to provide substance use disorder services or by a licensed professional in private practice.

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iv.	Utilizat	ion Controls				
	_X_apply)	The state has o	drug utilization cont	trols in place. (Check each of the following that		
		X	Generic first policy	V		
			Preferred drug lists			
			Clinical criteria			
		X	Quantity limits			
	_	The state	e does not have drug	g utilization controls in place.		

v. Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

There are no limitations on the amount, duration, or scope of MAT counseling and behavioral therapies. Oral buprenorphine is subject to quantity limits, and certain products and brands are included on the state's Preferred Drug List. Injectable and implantable buprenorphine are covered through the medical benefit with prior authorization.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of

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Supplement 3 to Attachment 4.19-B Page 1

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### 1905(a)(29) Medication-Assisted Treatment (MAT)

Payment methods and rates for MAT services provided in opiate treatment programs, licensed substance use disorder treatment programs, or by licensed professionals in private practice are authorized under the Rehabilitative Services (§ 13d.) benefit in Attachment 4.19-B of the state plan. All enrolled SUD treatment providers are reimbursed as described in this attachment. IHS and Tribal 638 facilities are reimbursed in accordance with Supplement 2 in this attachment.

Reimbursement for unbundled MAT prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for prescribed drugs in Attachment 4.19-B, Item 12a., pages 37 through 37(d), for prescribed drugs that are dispensed or administered