

254B.0505 RATE REQUIREMENTS.

Subdivision 1. **Services rates.** Subject to the requirements of section 254B.0509, the commissioner shall establish rates for the following substance use disorder treatment services funded under this chapter:

(1) those licensed, as applicable, according to chapter 245G or applicable Tribal license and provided according to the following ASAM levels of care:

(i) ASAM level 0.5 early intervention services provided according to section 254B.19, subdivision 1, clause (1);

(ii) ASAM level 1.0 outpatient services provided according to section 254B.19, subdivision 1, clause (2);

(iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19, subdivision 1, clause (3);

(iv) ASAM level 2.5 partial hospitalization services provided according to section 254B.19, subdivision 1, clause (4);

(v) ASAM level 3.1 clinically managed low-intensity residential services provided according to section 254B.19, subdivision 1, clause (5);

(vi) ASAM level 3.1 clinically managed low-intensity residential services provided according to section 254B.19, subdivision 1, clause (5), at 15 or more hours of skilled treatment services each week;

(vii) ASAM level 3.3 clinically managed population-specific high-intensity residential services provided according to section 254B.19, subdivision 1, clause (6); and

(viii) ASAM level 3.5 clinically managed high-intensity residential services provided according to section 254B.19, subdivision 1, clause (7);

(2) comprehensive assessments provided according to section 254A.19, subdivision 3;

(3) treatment coordination services provided according to section 245G.07, subdivision 1b;

(4) peer recovery support services provided according to section 245G.07, subdivision 2a, paragraph (b), clause (2);

(5) withdrawal management services provided according to chapter 245F;

(6) hospital-based treatment services that are licensed according to sections 245G.01 to 245G.17 or applicable Tribal license and licensed as a hospital under sections 144.50 to 144.56;

(7) substance use disorder treatment services with medications for opioid use disorder provided in an opioid treatment program licensed according to sections 245G.01 to 245G.17 and 245G.22, or under an applicable Tribal license;

(8) medium-intensity residential treatment services that provide 15 hours of skilled treatment services each week and are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable Tribal license;

(9) adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18 or as residential treatment programs according to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or applicable Tribal license;

(10) ASAM 3.5 clinically managed high-intensity residential services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable Tribal license, which provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7), and are provided by a state-operated vendor or to clients who have been civilly committed to the commissioner, present the most complex and difficult care needs, and are a potential threat to the community; and

(11) room and board facilities that meet the requirements of section 254B.0503.

[See Note.]

Subd. 2. **Services via telehealth.** Substance use disorder services that are otherwise covered as direct face-to-face services may be provided via telehealth as defined in section 256B.0625, subdivision 3b. The use of telehealth to deliver services must be medically appropriate to the condition and needs of the person being served. Reimbursement shall be at the same rates and under the same conditions that would otherwise apply to direct face-to-face services.

Subd. 3. **Group setting staff ratio.** For the purpose of reimbursement under this section, substance use disorder treatment services provided in a group setting without a group participant maximum or maximum client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one. At least one of the attending staff must meet the qualifications as established under this chapter for the type of treatment service provided. A recovery peer may not be included as part of the staff ratio.

Subd. 4. **Outpatient services.** Payment for outpatient substance use disorder services that are licensed according to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless prior authorization of a greater number of hours is obtained from the commissioner.

Subd. 5. **Payment start date.** Payment for substance use disorder services under this section must start from the day of service initiation, when the comprehensive assessment is completed within the required timelines.

Subd. 6. **Payment for missed services.** A license holder that is unable to provide all residential treatment services because a client missed services remains eligible to bill for the client's intensity level of services under this subdivision if the license holder can document the reason the client missed services and the interventions done to address the client's absence.

Subd. 7. **Holidays.** Hours in a treatment week may be reduced in observance of federally recognized holidays.

Subd. 8. **Peer recovery support services requirements.** Eligible vendors of peer recovery support services must:

(1) submit to a review by the commissioner of up to ten percent of all medical assistance and behavioral health fund claims to determine the medical necessity of peer recovery support services for entities billing for peer recovery support services individually and not receiving a daily rate; and

(2) limit an individual client to 14 hours per week for peer recovery support services from an individual provider of peer recovery support services.

History: 2011 c 86 s 8; 2014 c 228 art 4 s 1; 2014 c 291 art 3 s 7; 2015 c 21 art 1 s 52; 2015 c 78 art 2 s 3; 2016 c 189 art 16 s 7; 1Sp2017 c 6 art 8 s 60; 1Sp2019 c 9 art 6 s 49; 1Sp2021 c 7 art 6 s 8; art 11 s 11; 2022 c 98 art 4 s 30,51; 2023 c 50 art 1 s 22; art 2 s 52; 2024 c 85 s 59; 2024 c 108 art 4 s 23; 2024 c 125 art 3 s 8; 2024 c 127 art 48 s 8; 1Sp2025 c 9 art 4 s 33,55

NOTE: The amendment to subdivision 1, clause (1), by Laws 2023, chapter 50, article 2, section 52, is effective upon federal approval. Laws 2023, chapter 50, article 2, section 52, the effective date.

NOTE: The amendment to subdivision 1 by Laws 2023, chapter 61, article 4, section 10, is effective upon federal approval. The commissioner shall notify the revisor of statutes when federal approval is obtained. Laws 2023, chapter 61, article 4, section 10, the effective date.

NOTE: The amendments to subdivision 1, clauses (1) and (8), by Laws 2024, chapter 108, article 4, section 23, are effective retroactively from January 1, 2024, with federal approval or retroactively from a later federally approved date. The commissioner of human services shall notify the revisor of statutes of the effective date upon federal approval. Laws 2024, chapter 108, article 4, section 23, the effective date.

NOTE: The amendment to subdivision 1, clause (4), by Laws 2025, First Special Session chapter 9, article 4, section 33, is effective July 1, 2026, or upon federal approval, whichever is later. The commissioner of human services must notify the revisor of statutes when federal approval is obtained. Laws 2025, First Special Session chapter 9, article 4, section 33, the effective date.