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 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.

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.

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.

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)

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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.
Medical assistance covers medically necessary services and consultations delivered via telemedicine when performed by a licensed health care provider, or a mental health practitioner working under the supervision of a mental health professional, or a provider qualified in accordance with par. 13(d) of Attachment 3.1-A to provide a comprehensive assessment for substance use disorder services, in the same manner as if the service or consultation was delivered in person. Coverage is limited to three telemedicine services per enrollee per calendar week.

Telemedicine is the delivery of health care services while the patient is at an originating site and the health care provider is at a distant site. A communication between health care providers, or a health care provider and a patient that consists solely of a telephone conversation, e-mail, or facsimile does not constitute telemedicine services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing, or store-and-forward technology. Providers utilizing telemedicine must comply with criteria established by the Department in order to demonstrate that a quality assurance process and established protocols for patient safety have been addressed before, during, and after a particular service is delivered via telemedicine.
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