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State/Territory Name: MN

State Plan Amendment (SPA) #:16-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



June 21, 2016

Marie Zimmerman, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #16-0002 --Expands coverage of Medicaid services provided via
telemedicine.

--Effective Date: January 1, 2016

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at Sandra.Porter@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures

cc: Ann Berg, MDHS
 Sean Barrett, MDHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
16-02

2. STATE
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
January 1, 2016

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902(a)(30)(A) of the Act

7. FEDERAL BUDGET IMPACT (*in thousands*):
FFY '16: \$64
FFY '17: \$197

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A: pages 17h, 17l, 17xx-10, 19, 25a, 33, 54a-2, 54b,
54j, 54p, 76, and 80.
Attachment 3.1-A, Supplement 6, page 1.
Attachment 3.1-B: pages 16h, 16l, 16xx-10, 18, 24a, 32, 53a-2, 53b,
53j, 53p, 75, and 79.
Attachment 3.1-B, Supplement 6, page 1.

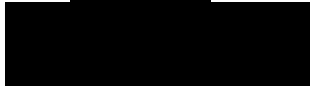
9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 3.1-A: pages 17h, 17l, 17xx-10, 19, 25a, 33, 54a-2,
54b, 54j, 54p, 76, and 80.
Attachment 3.1-B: pages 16h, 16l, 16xx-10, 18, 24a, 32, 53a-2,
53b, 53j, 53p, 75, and 79.

10. SUBJECT OF AMENDMENT:
Telemedicine

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Sean Barrett
Minnesota Department of Human Services
Federal Relations Unit
P.O. Box 64983
St. Paul, MN 55164-0983

13. TYPED NAME:
Ann Berg

14. TITLE:
Deputy Medicaid Director

15. DATE SUBMITTED:
March 31, 2016

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 31, 2016

18. DATE APPROVED:
June 21, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Ruth A. Hughes

22. TITLE:
Associate Regional Administrator

23. REMARKS:

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

~~**Telemedicine services.** Children's therapeutic services and supports that are otherwise covered as direct face to face services may be provided via two way, interactive video if medically appropriate to the condition and needs of the recipient.~~

2. **Crisis response services** for children are services recommended by a physician, mental health professional as defined for **children's therapeutic services and support** or a mental health practitioner as defined for **children's therapeutic services and supports**. For purposes of item 4.b., a child eligible for crisis response services means a child under age 21 who:

- A. is screened as possibly experiencing a mental health crisis where a crisis assessment is needed; and
- B. is assessed as experiencing a mental health crisis and mobile crisis intervention or crisis stabilization services are necessary.

The following are eligible to provide crisis response services:

- A. An entity operated by a county.
- B. An entity under contract with a county.
- C. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

STATE: MINNESOTA
Effective: January 1, 2016
TN:
Approved: 6/21/16
Supersedes: 13-14 (06-12, 04-10, 02-22)

ATTACHMENT 3.1-A
Page 171

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- e) documentation of the participants involved in the service planning;
- f) planned frequency and type of services initiated;
- g) the crisis response action plan should a crisis occur; and
- h) clear progress noted on the outcome of the goals.

~~**Telemedicine services.** Crisis response services for children that are otherwise covered as direct face to face services may be provided via two way, interactive video if medically appropriate to the condition and needs of the recipient.~~

The services specified in items A through I below are **not** eligible for Medical Assistance payment:

- A. Recipient transportation services.
- B. Services provided by a nonenrolled Medical Assistance provider.
- C. Room and board.
- D. Services provided to a recipient admitted to an inpatient hospital.
- E. Services provided by volunteers.
- F. Direct billing of time spent "on call" when not providing services.
- G. Provider service time paid as part of case management services.
- H. Outreach services, which are services identifying potentially eligible people in the community, informing potentially eligible people of the availability of mental health crisis response services, and assisting potentially eligible people with applying for these services.
- I. A mental health service that is not medically necessary.

4.b. Early and periodic screening, diagnosis, and Treatment services.
(continued)

The child and family's primary spoken language, culture and values must be considered throughout EIDBI services, including the diagnosis, CMDE, individual treatment plan development, progress monitoring, parent education and support services and coordination of care. A language interpreter must be provided when needed.

~~Telemedicine services. The following EIDBI services that are otherwise covered as direct face to face services may be provided via two way, interactive video if medically appropriate to the condition and needs of the recipient: comprehensive multi disciplinary evaluation (CMDE), observation and direction, coordinated care conference and family/caregiver training and counseling.~~

EIDBI is not intended to replace services provided in school or other settings. Each child's CMDE summary and recommendations must document that EIDBI services coordinate with, but do not include or replace special education and related services defined in the child's individualized educational plan (IEP), or individualized family service plan (IFSP), when the service is available under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) through a local education agency. This provision does not preclude EIDBI treatment during school hours.

EIDBI is provided in the most integrated and inclusive setting possible that supports, promotes, and allows:

- inclusion and participation in the child's home and community life to the fullest extent possible as desired by and determined medically appropriate to the age, condition, and needs of the child by their legal representative in collaboration with a QSP and through the CMDE process;
- opportunities for self-sufficiency, developing and maintaining social relationships and natural supports, and generalization of targeted skills across people and environments; and
- a balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible.

EIDBI does not include services provided by a parent, legal guardian or legally responsible person.

5.a. Physicians' services:

- **Psychiatric services** may require prior authorization as specified in the Minnesota Health Care Program Provider Manual and on the agency's website. Coverage includes: diagnostic assessment, psychological testing, neuropsychological services, individual psychotherapy, family psychotherapy, multiple family group psychotherapy, group psychotherapy, medication management, electroconvulsive therapy single seizure, explanation of findings, unlisted psychiatric service or procedure, and biofeedback training.
- **Sterilization procedures:** Physicians must comply with all requirements of 42 CFR Part 441, Subpart F concerning informed consent for voluntary sterilization procedures.
- **Abortion services:** These services are covered when due to a physical condition, the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.
- ~~**Telemedicine consultation services:** These services must be made via two-way, interactive video or store and forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week. Consultations made between psychiatrists and primary care physicians and other providers authorized to bill for physician services via two way, interactive video or store and forward technology are covered under physician services as psychiatric consultations.~~
- **Psychiatric consultations:** Consultations with psychiatrists, psychologists, licensed independent clinical social workers, licensed marriage and family therapists, and advanced practice registered nurses certified in psychiatric mental health by primary care physicians and other providers authorized to bill for physician services are covered services. If the recipient consents, consultation may occur without the recipient present. Payment for the consultation is made pursuant to Attachment 4.19-B, item 5.a.
- **Optometry services:** Physician services include services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist.
- **Early Intensive Developmental and Behavioral Intervention (EIDBI) services:** A physician with at least 2,000 hours of experience and/or training in the examination and/or treatment of children with autism spectrum disorder (ASD) or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development may act as the qualified supervising professional and provide EIDBI services as described in item 4.b.

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: January 1, 2016

Page 25a

TN: 16-02

Approved: 6/21/16

Supersedes: 12-10 (11-04, 09-15, 09-18, 06-03, 04-10, 03-10, 01-14)

6.d.a. Other practitioner's services, (continued)

overseeing the implementation of the individual treatment plans by community health workers.

~~**Telemedicine services.** Mental health services that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.~~

In-reach care coordination services:

Services by mental health professionals include supervision of an in-reach care coordinator who documents and assesses a recipient's emergency room use, develops and implements short-term plans to reduce the recipient's too-frequent (three or more times in the previous four consecutive months) or non-urgent emergency room use, and when appropriate, develops and implements a plan to transition the recipient to a more permanent care coordination or case management relationship so that the recipient's continuum of care needs can continue to be met outside of the emergency room. Recipients may receive up to 80 hours of in-reach care coordination in a sixty-day period twice per calendar year.

7. Home health services.

- Covered home health services are those provided by a Medicare certified home health agency that complies with 42 CFR §§484.4 and 440.70, that are: (a) medically necessary health services; (b) ordered by a physician; (c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and (d) provided to the recipient at his or her own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR Part 483, subpart I.

"Professional nurse" refers to registered nurses and licensed practical nurses, all licensed under the Minnesota Nurse Practice Act.

- Home health services include the following: skilled nurse visits; home health aide visits; medical supplies, equipment and appliances; physical therapy; occupational therapy; speech pathology; and audiology ~~and skilled nurse visits provided via telehomecare. Telehomecare is the use of live, two-way interactive audiovisual technology that can be augmented using store and forward technologies. Department authorization is required for telehomecare.~~
- Department authorization is required for home health aide visits or skilled nurse visits. Department authorization is based on medical necessity, physician's orders, the recipient's needs, diagnosis, and condition, the plan of care, and cost-effectiveness when compared with other care options.

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ATTACHMENT 3.1-A

Effective: January 1, 2016

Page 54a-2

TN: 16-02

Approved: 6/21/16

Supersedes: 11-04 (06-12, 05-01, 04-08, 03-26)

13.d. Rehabilitative services. (continued)

Eligible providers of clinical neuropsychological services must meet one of the following:

- Have a diploma from one of the following:
 - American Board of Clinical Neuropsychology (ABCN)
 - American Board of Professional Neuropsychology (ABPN)
 - American Board of Pediatric Neuropsychology (ABPdN)

- Have been enrolled as an eligible provider of neuropsychological assessment prior to December 31, 2010;

- Earned a doctoral degree in psychology from an accredited university training program:
 1. completed an internship, or its equivalent, in a clinically relevant area of professional psychology;
 2. completed the equivalent of two full-time years of experience and specialized training, at least one which is at the postdoctoral level, in the study and practices of clinical neuropsychology and related neurosciences supervised by a clinical neuropsychologist or
 3. have been credentialed by another state's board of psychology examiners in the specialty of clinical neuropsychology utilizing equivalent requirements to those specified by one of the above-named Boards.

~~Telemedicine services. CMHC services, except adult day treatment services and partial hospitalization for mental illness, that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.~~

The community mental health center must provide 24-hour emergency care or demonstrate the capacity to assist recipients in need of such services on a 24-hour basis.

Approved: 6/21/16

Supersedes: 14-17 (11-04, 09-15, 09-18, 06-12, 05-01, 04-08, 03-26)

13.d. Rehabilitative services. (continued)

- **Community health worker services** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment. They provide culturally relevant patient education and care coordination services pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional.
- **Adult rehabilitative mental health services (ARMHS)** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional. The services are provided on a one-to-one basis or in a group in a recipient's home, a relative's home, school, place of employment, or other community setting.

~~**Telemedicine services.** Adult rehabilitative mental health services, except adult day treatment services and intensive residential treatment services, that are otherwise covered as direct face to face services may be provided via two way, interactive video if medically appropriate to the condition and needs of the recipient.~~

Adult rehabilitative mental health services are provided by:

1. A county-operated or non-county operated entity certified by the Department.
2. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

13.d. Rehabilitative services. (continued)

4. **Community intervention** is the consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

~~**Telemedicine services. Crisis response services,** except residential crisis stabilization services, that are otherwise covered as direct face to face services may be provided via two way, interactive video if medically appropriate to the condition and needs of the recipient.~~

The services below are not eligible for medical assistance payment as mental health crisis response services:

1. Recipient transportation services.
 2. Services provided by a nonenrolled Medicaid provider.
 3. Room and board.
 4. Services provided to a recipient admitted to an inpatient hospital.
 5. Services provided by volunteers.
 6. Direct billing of time spent "on call" when not providing services.
 7. Provider service time paid as part of case management services.
 8. Outreach services, defined on page 54g.
- **Intensive outpatient program dialectical behavior therapy services** are approved by a mental health professional as defined in item 6.d.A, with specialized skill in dialectical behavior therapy, following a comprehensive evaluation which includes a diagnostic assessment, functional assessment and review of prior treatment history. A comprehensive evaluation completed by a mental health practitioner working as a clinical trainee must be reviewed and signed by the mental health professional who is the clinical supervisor. Services are provided pursuant to an individual treatment plan.

A recipient appropriate for dialectical behavior therapy must have mental health needs that cannot be met with other available community-based services or that must be provided concurrently with other community based services and:

1. have a diagnosis of borderline personality disorder; or

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ATTACHMENT 3.1-A

Effective: January 1, 2016

Page 54p

TN: 16-02

Approved: 6/21/16

Supersedes: 15-18 (14-17, 08-06, 05-01, 4-08, 03-26)

13.d. Rehabilitative services. (continued)

3. Services provided by volunteers.
4. Direct billing of days spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Provider service time eligible for payment as case management services.
8. Outreach activities, as defined for adult rehabilitative mental health services on page 54g.
9. Inpatient hospital services. This includes services provided by an institution for mental disease.

~~**Telemedicine services.** Physicians' services provided to recipients through the intensive residential treatment services benefit, which are otherwise covered as direct face to face services, may be provided via two way, interactive video if medically appropriate to the condition and needs of the recipient.~~

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ATTACHMENT 3.1-A

Effective: January 1, 2016

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TN: 16-02

Approved: 6/21/16

Supersedes: 01- 14, 00-11

24.e. Emergency Hospital Services:

- Emergency services means those medical services required for the immediate diagnosis and treatment of medical conditions that, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death or are necessary to alleviate severe pain. ~~Emergency hospital services includes telemedicine consultation services as described in item 5.a., Physicians' services (but only via two way interactive video).~~
- An outpatient hospital service that is not an emergency but is provided in an area that is designated, equipped, and staffed for emergency services is not eligible for payment as an emergency outpatient hospital service.
- An outpatient hospital service that is not an emergency and which is provided in an area of an outpatient hospital which is advertised, represented, or held out to the public as providing acute, episodic care similar to services provided by a physician-directed clinic is not eligible for payment as an emergency outpatient hospital service.
- Medical records must document that an emergency existed at the time the service was rendered.

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Supersedes: 07-08 (06-12, 05-08, 01-14, 01-13)

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SUPPLEMENTARY NOTES

The following services are not covered under the Medical Assistance program:

1. a health service paid for directly by any other source, including third-party payers and recipients, unless the recipient's eligibility is retroactive and the provider bills the Medical Assistance program for the purpose of repaying the recipient;
2. drugs that are not in the Drug Formulary or, which have not received prior authorization;
3. a health service for which the required prior authorization was not obtained;
4. autopsies;
5. missed or canceled appointments;
6. telephone calls or other communications that were not face-to-face between the provider and the recipient. This does not apply to ~~skilled nurse visits via telehome care and telemedicine services,~~ or oral language interpreter services to persons with limited English proficiency;
7. reports required solely for insurance or legal purposes unless requested by the local agency or the Department;
8. an aversive procedure, including cash penalties from recipients, unless provided according to state rules;
9. a health service that does not comply with Minnesota Rules, parts 9505.0170 to 9505.0475
10. separate charges for the preparation of bills;
11. separate charges for mileage for purposes other than medical transportation of a recipient;
12. a health service that is not provided directly to the recipient, unless the service is a covered service;

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Supplement 6 to ATTACHMENT 3.1-A
Page 1

Medical assistance covers medically necessary services and consultations delivered by a licensed health care provider via telemedicine 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 licensed health care provider is at a distant site. A communication between licensed health care providers, or a licensed 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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ATTACHMENT 3.1-B

Effective: January 1, 2016

Page 16h

TN: 16-02

Approved: 6/21/16

Supersedes: 13-14 (09-29, 06-12, 04-10, 02-22)

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

~~**Telemedicine services.** Children's therapeutic services and supports that are otherwise covered as direct face to face services may be provided via two way, interactive video if medically appropriate to the condition and needs of the recipient.~~

2. **Crisis response services** for children are services recommended by a physician, mental health professional as defined for **children's therapeutic services and support** or a mental health practitioner as defined for **children's therapeutic services and supports**. For purposes of item 4.b., a child eligible for crisis response services means a child under age 21 who:

- A. is screened as possibly experiencing a mental health crisis where a crisis assessment is needed; and
- B. is assessed as experiencing a mental health crisis and mobile crisis intervention or crisis stabilization services are necessary.

The following are eligible to provide crisis response services:

- A. An entity operated by a county.
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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- e) documentation of the participants involved in the service planning;
- f) planned frequency and type of services initiated;
- g) the crisis response action plan should a crisis occur; and
- h) clear progress noted on the outcome of the goals.

~~**Telemedicine services.** Crisis response services for children that are otherwise covered as direct face to face services may be provided via two way, interactive video if medically appropriate to the condition and needs of the recipient.~~

The services specified in items A through I below are **not** eligible for Medical Assistance payment:

- A. Recipient transportation services.
- B. Services provided by a nonenrolled Medical Assistance provider.
- C. Room and board.
- D. Services provided to a recipient admitted to an inpatient hospital.
- E. Services provided by volunteers.
- F. Direct billing of time spent "on call" when not providing services.
- G. Provider service time paid as part of case management services.
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- I. A mental health service that is not medically necessary.

STATE: MINNESOTA
Effective: January 1, 2016
TN: 16-02
Approved: 6/21/16
Supersedes: 14-08

Attachment 3.1-B
Page 16xx-10

4.b. Early and periodic screening, diagnosis, and Treatment services.
(continued)

The child and family's primary spoken language, culture and values must be considered throughout EIDBI services, including the diagnosis, CMDE, individual treatment plan development, progress monitoring, parent education and support services and coordination of care. A language interpreter must be provided when needed.

~~**Telemedicine services.** The following EIDBI services that are otherwise covered as direct face to face services may be provided via two way, interactive video if medically appropriate to the condition and needs of the recipient: comprehensive multi disciplinary evaluation (CMDE), observation and direction, coordinated care conference and family/caregiver training and counseling.~~

EIDBI is not intended to replace services provided in school or other settings. Each child's CMDE summary and recommendations must document that EIDBI services coordinate with, but do not include or replace special education and related services defined in the child's individualized educational plan (IEP), or individualized family service plan (IFSP), when the service is available under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) through a local education agency. This provision does not preclude EIDBI treatment during school hours.

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- inclusion and participation in the child's home and community life to the fullest extent possible as desired by and determined medically appropriate to the age, condition, and needs of the child by their legal representative in collaboration with a QSP and through the CMDE process;
- opportunities for self-sufficiency, developing and maintaining social relationships and natural supports, and generalization of targeted skills across people and environments; and
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EIDBI does not include services provided by a parent, legal guardian or legally responsible person.

5.a. Physicians' services:

- **Psychiatric services** may require prior authorization as specified in the Minnesota Health Care Program Provider Manual and on the agency's website. Coverage includes: diagnostic assessment, psychological testing, neuropsychological services, individual psychotherapy, family psychotherapy, multiple family group psychotherapy, group psychotherapy, medication management, electroconvulsive therapy single seizure, explanation of findings, unlisted psychiatric service or procedure, and biofeedback training.
- **Sterilization procedures:** Physicians must comply with all requirements of 42 CFR Part 441, Subpart F concerning informed consent for voluntary sterilization procedures.
- **Abortion services:** These services are covered when due to a physical condition, the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.
- ~~**Telemedicine consultation services:** These services must be made via two-way, interactive video or store and forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week. Consultations made between psychiatrists and primary care physicians and other providers authorized to bill for physician services via two-way, interactive video or store and forward technology are covered under physician services as psychiatric consultations.~~
- **Psychiatric consultations:** Consultations with psychiatrists, psychologists, licensed independent clinical social workers, licensed marriage and family therapists, and advanced practice registered nurses certified in psychiatric mental health by primary care physicians and other providers authorized to bill for physician services are covered services. If the recipient consents, consultation may occur without the recipient present. Payment for the consultation is made pursuant to Attachment 4.19-B, item 5.a.
- **Optometry services:** Physician services include services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist.
- **Early Intensive Developmental and Behavioral Intervention (EIDBI) services:** A physician with at least 2,000 hours of experience and/or training in the examination and/or treatment of children with autism spectrum disorder (ASD) or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development may act as the qualified supervising professional and provide EIDBI services as described in item 4.b.

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ATTACHMENT 3.1-B
Page 24a

Approved: 6/21/16

Supersedes: 12-10 (11-04, 09-15, 09-18, 06-03, 04-10, 03-10, 01-14)

6.d.a. Other practitioner's services, (continued)

overseeing the implementation of the individual treatment plans by community health workers.

~~**Telemedicine services.** Mental health services that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.~~

In-reach care coordination services:

Services by mental health professionals include supervision of an in-reach care coordinator who documents and assesses a recipient's emergency room use, develops and implements short-term plans to reduce the recipient's too-frequent (three or more times in the previous four consecutive months) or non-urgent emergency room use, and when appropriate, develops and implements a plan to transition the recipient to a more permanent care coordination or case management relationship so that the recipient's continuum of care needs can continue to be met outside of the emergency room. Recipients may receive up to 80 hours of in-reach care coordination in a sixty-day period twice per calendar year.

7. Home health services.

- Covered home health services are those provided by a Medicare certified home health agency that complies with 42 CFR §§484.4 and 440.70, that are: (a) medically necessary health services; (b) ordered by a physician; (c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and (d) provided to the recipient at his or her own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR Part 483, subpart I.

"Professional nurse" refers to registered nurses and licensed practical nurses, all licensed under the Minnesota Nurse Practice Act.

- Home health services include the following: skilled nurse visits; home health aide visits; medical supplies, equipment and appliances; physical therapy; occupational therapy; speech pathology; and audiology ~~and skilled nurse visits provided via telehomecare. Telehomecare is the use of live, two way interactive audiovisual technology that can be augmented using store and forward technologies. Department authorization is required for telehomecare.~~
- Department authorization is required for home health aide visits or skilled nurse visits. Department authorization is based on medical necessity, physician's orders, the recipient's needs, diagnosis, and condition, the plan of care, and cost-effectiveness when compared with other care options.

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13.d. Rehabilitative services. (continued)

Eligible providers of clinical neuropsychological services must meet one of the following:

- Have a diploma from one of the following:
 - American Board of Clinical Neuropsychology (ABCN)
 - American Board of Professional Neuropsychology (ABPN)
 - American Board of Pediatric Neuropsychology (ABPdN)

- Have been enrolled as an eligible provider of neuropsychological assessment prior to December 31, 2010;

- Earned a doctoral degree in psychology from an accredited university training program:
 1. completed an internship, or its equivalent, in a clinically relevant area of professional psychology;
 2. completed the equivalent of two full-time years of experience and specialized training, at least one which is at the postdoctoral level, in the study and practices of clinical neuropsychology and related neurosciences supervised by a clinical neuropsychologist or
 3. have been credentialed by another state's board of psychology examiners in the specialty of clinical neuropsychology utilizing equivalent requirements to those specified by one of the above-named Boards.

~~Telemedicine services. CMHC services, except adult day treatment services and partial hospitalization for mental illness, that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.~~

The community mental health center must provide 24-hour emergency care or demonstrate the capacity to assist recipients in need of such services on a 24-hour basis.

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13.d. Rehabilitative services. (continued)

- **Community health worker services** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment. They provide culturally relevant patient education and care coordination services pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional.
- **Adult rehabilitative mental health services (ARMHS)** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional. The services are provided on a one-to-one basis or in a group in a recipient's home, a relative's home, school, place of employment, or other community setting.

~~**Telemedicine services.** Adult rehabilitative mental health services, except adult day treatment services and intensive residential treatment services, that are otherwise covered as direct face to face services may be provided via two way, interactive video if medically appropriate to the condition and needs of the recipient.~~

Adult rehabilitative mental health services are provided by:

1. A county-operated or non-county operated entity certified by the Department.
2. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

13.d. Rehabilitative services. (continued)

4. **Community intervention** is the consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

~~**Telemedicine services. Crisis response services,** except residential crisis stabilization services, that are otherwise covered as direct face to face services may be provided via two way, interactive video if medically appropriate to the condition and needs of the recipient.~~

The services below are not eligible for medical assistance payment as mental health crisis response services:

1. Recipient transportation services.
 2. Services provided by a nonenrolled Medicaid provider.
 3. Room and board.
 4. Services provided to a recipient admitted to an inpatient hospital.
 5. Services provided by volunteers.
 6. Direct billing of time spent "on call" when not providing services.
 7. Provider service time paid as part of case management services.
 8. Outreach services, defined on page 53g.
- **Intensive outpatient program dialectical behavior therapy services** are approved by a mental health professional as defined in item 6.d.A, with specialized skill in dialectical behavior therapy, following a comprehensive evaluation which includes a diagnostic assessment, functional assessment and review of prior treatment history. A comprehensive evaluation completed by a mental health practitioner working as a clinical trainee must be reviewed and signed by the mental health professional who is the clinical supervisor. Services are provided pursuant to an individual treatment plan.

A recipient appropriate for dialectical behavior therapy must have mental health needs that cannot be met with other available community-based services or that must be provided concurrently with other community based services and:

1. have a diagnosis of borderline personality disorder; or

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13.d. Rehabilitative services. (continued)

3. Services provided by volunteers.
4. Direct billing of days spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Provider service time eligible for payment as case management services.
8. Outreach activities, as defined for adult rehabilitative mental health services on page 53g.
9. Inpatient hospital services. This includes services provided by an institution for mental disease.

~~**Telemedicine services.** Physicians' services provided to recipients through the intensive residential treatment services benefit, which are otherwise covered as direct face to face services, may be provided via two way, interactive video if medically appropriate to the condition and needs of the recipient.~~

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24.e. Emergency Hospital Services:

- Emergency services means those medical services required for the immediate diagnosis and treatment of medical conditions that, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death or are necessary to alleviate severe pain. ~~Emergency hospital services includes telemedicine consultation services as described in item 5.a., Physicians' services (but only via two way interactive video).~~
- An outpatient hospital service that is not an emergency but is provided in an area that is designated, equipped, and staffed for emergency services is not eligible for payment as an emergency outpatient hospital service.
- An outpatient hospital service that is not an emergency and which is provided in an area of an outpatient hospital which is advertised, represented, or held out to the public as providing acute, episodic care similar to services provided by a physician-directed clinic is not eligible for payment as an emergency outpatient hospital service.
- Medical records must document that an emergency existed at the time the service was rendered.

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SUPPLEMENTARY NOTES

The following services are not covered under the Medical Assistance program:

1. a health service paid for directly by any other source, including third-party payers and recipients, unless the recipient's eligibility is retroactive and the provider bills the Medical Assistance program for the purpose of repaying the recipient;
2. drugs that are not in the Drug Formulary or, which have not received prior authorization;
3. a health service for which the required prior authorization was not obtained;
4. autopsies;
5. missed or canceled appointments;
6. telephone calls or other communications that were not face-to-face between the provider and the recipient. This does not apply to ~~skilled nurse visits via telehome care and telemedicine services,~~ or oral language interpreter services to persons with limited English proficiency;
7. reports required solely for insurance or legal purposes unless requested by the local agency or the Department;
8. an aversive procedure, including cash penalties from recipients, unless provided according to state rules;
9. a health service that does not comply with Minnesota Rules, parts 9505.0170 to 9505.0475
10. separate charges for the preparation of bills;
11. separate charges for mileage for purposes other than medical transportation of a recipient;
12. a health service that is not provided directly to the recipient, unless the service is a covered service;

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Medical assistance covers medically necessary services and consultations delivered by a licensed health care provider via telemedicine 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 licensed health care provider is at a distant site. A communication between licensed health care providers, or a licensed 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.