

Table of Contents

State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 20-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 12, 2020

Matt Anderson, Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Re: Minnesota State Plan Amendment (SPA) Transmittal Number 20-0010

Dear Mr. Anderson:

We have reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under Transmittal Number (TN) 20-0010. This SPA revises state plan language to modify the requirements for delivery of case management services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Minnesota Medicaid SPA TN 20-0010 was approved on February 12, 2021 with an effective date of October 1, 2020.

If you have any questions, please contact Sandra Porter at 312-353-8310, or via email at Sandra.Porter@cms.hhs.gov.

Sincerely,

Ruth A Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Patrick Hultman, DHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 20-0010	2. STATE Minnesota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 440.169(b)		7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0 b. FFY 2022 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Supplement 1, pg. 4 Attachment 3.1-A, Supplement 1c, pg. 3 Attachment 3.1-B, Supplement 1, pg. 4 Attachment 3.1-B, Supplement 1c, pg. 3 Attachment 4.19-B, pages 58a, 59, and 60		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Case management services			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Patrick Hultman Minnesota Department of Human Services 540 Cedar Street, PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Patrick Hultman			
14. TITLE: Interim Deputy Medicaid Director			
15. DATE SUBMITTED: 11/17/2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: November 17, 2020		18. DATE APPROVED: February 12, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2020		20. SIGNATURE OF	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Acting Director, Division of Program Operations	
23. REMARKS:			

D. Definition of Services: (continued)

The monthly payment is limited to the following components of case management services:

1. At a minimum, in order to receive payment+

A. _____ for an adult, the case management service provider, must document at least a+

~~(1) face to face contact with the client or the client's legal representative, which may occur via telephone, interactive video, or in person.;~~ or

~~(2) telephone contact with the client or the client's legal representative if a face to face contact with the client or the client's legal representative occurred within the preceding two months.~~

~~Interactive video may be used in lieu of a face to face contact if the client resides in a hospital, nursing facility, residential mental health facility, or an intermediate care facility for persons with developmental disabilities. The use of interactive video may substitute for no more than 50 percent of the required face to face contacts.~~

B. _____ for a child, the case management service provider must document at least a ~~face-to-face contact with the client or the client's parents or legal representative.~~

2. Contacts between the case manager or case manager associate and their clinical supervisor concerning the client.
3. Development, review, and revision of the client's Individual community support plan and functional assessment.
4. Time spent by the case manager or case manager associate traveling to meet face-to-face with a client who resides outside of the county of financial responsibility, or to meet face-to-face with the client's family, legal representative, or primary caregiver.
5. Time spent by the case manager or case manager associate traveling within the county of financial responsibility to meet face-to-face with the client or the client's family, legal representative, or primary caregiver.

D. **Definition of services:** (continued)

3. Routine communication with the recipient and the recipient's family, legal representative, caregivers, service providers, and other relevant people identified as necessary to the development or implementation of the goals of the individual service plan.
4. Coordinating referrals for, and the provision of, targeted case management services for the recipient with appropriate service providers.
5. Coordinating and monitoring the overall service delivery to ensure quality of services, appropriateness, effectiveness, and continued need.
6. Assistance to the recipient and the recipient's legal representative to help make an informed choice of services.
7. Advocating on behalf of the recipient when service barriers are encountered, or referring the recipient and the recipient's legal representative to an independent advocate.
8. Meeting ~~face to face~~ with the recipient at least twice a year- ~~The use of interactive video may substitute for no more than 50 percent of the required face to face meetings.~~, which may occur via telephone, interactive video, or in person.
9. Completing and maintaining necessary documentation supporting and verifying targeted case management activities.
10. If a recipient is a resident or inpatient of an inpatient hospital, nursing facility, or intermediate care facility for persons with ~~developmental~~ intellectual disabilities (ICF/~~DDID~~), coordinating with the facility discharge planner in the 180-day period before the recipient's discharge. Institutions for mental diseases (IMDs) are not included in this facility list.

The above components of targeted case management services must fall within the following parameters to be eligible for medical assistance payment:

D. Definition of Services: (continued)

The monthly payment is limited to the following components of case management services:

1. At a minimum, in order to receive payment-

A. ~~_____ for an adult,~~ the case management service provider, must document at least a-

~~(1) face-to-face contact with the client or the client's legal representative, which may occur via telephone, interactive video, or in person. - or~~

~~(2) telephone contact with the client or the client's legal representative if a face to face contact with the client or the client's legal representative occurred within the preceding two months.~~

~~Interactive video may be used in lieu of a face-to-face contact if the client resides in a hospital, nursing facility, residential mental health facility, or an intermediate care facility for persons with developmental disabilities. The use of interactive video may substitute for no more than 50 percent of the required face to face contacts.~~

B. ~~_____ for a child,~~ the case management service provider must document at least a face to face contact with the client or the client's parents or legal representative.

2. Contacts between the case manager or case manager associate and their clinical supervisor concerning the client.
3. Development, review, and revision of the client's Individual community support plan and functional assessment.
4. Time spent by the case manager or case manager associate traveling to meet face-to-face with a client who resides outside of the county of financial responsibility, or to meet face-to-face with the client's family, legal representative, or primary caregiver.
5. Time spent by the case manager or case manager associate traveling within the county of financial responsibility to meet face-to-face with the client or the client's family, legal representative, or primary caregiver.

D. Definition of services: (continued)

3. Routine communication with the recipient and the recipient's family, legal representative, caregivers, service providers, and other relevant people identified as necessary to the development or implementation of the goals of the individual service plan.
4. Coordinating referrals for, and the provision of, targeted case management services for the recipient with appropriate service providers.
5. Coordinating and monitoring the overall service delivery to ensure quality of services, appropriateness, effectiveness, and continued need.
6. Assistance to the recipient and the recipient's legal representative to help make an informed choice of services.
7. Advocating on behalf of the recipient when service barriers are encountered, or referring the recipient and the recipient's legal representative to an independent advocate.
8. Meeting face-to-face with the recipient at least twice a year. The use of interactive video may substitute for no more than 50 percent of the required face-to-face meetings.
9. Completing and maintaining necessary documentation supporting and verifying targeted case management activities.
10. If a recipient is a resident or inpatient of an inpatient hospital, nursing facility, or intermediate care facility for persons with ~~mental retardation~~ developmental disabilities (ICF/~~MR~~DD), coordinating with the facility discharge planner in the 180-day period before the recipient's discharge. Institutions for mental diseases (IMDs) are not included in this facility list.

The above components of targeted case management services must fall within the following parameters to be eligible for medical assistance payment:

19.b. Child welfare-targeted case management services as defined in. and to the group specified in. Supplement 1a to Attachments 3.1-A/B (in accordance with section 1905{a) (19) or section 1915(9) of the Act. (continued)

An encounter is defined as a face-to-face contact or a telephone contact occurring within a 24-hour period ending at midnight, as follows:

- a. A face-to-face contact between the case manager and the recipient or recipient's family, primary caregiver, legal representative, or other relevant person identified as necessary to the development or implementation of the goals of the individual service plan in regard to the status of the recipient, the individual service plan, or goals for the recipient.
- b. A telephone contact between the case manager and the recipient or recipient's family, primary caregiver legal-representative, or other relevant person identified as necessary to the development or implementation of the goals of the individual service plan in regard to the status of the recipient, the individual service plan, or goals for the recipient.

This applies to a recipient placed outside the county of financial responsibility or to a recipient served by tribal social services placed outside the reservation, in an excluded time facility under Minnesota Statutes, section 256G.02, subdivision 6, or through the Interstate Compact on the Placement of Children under Minnesota Statutes, section 260.851. The placement must be more than 60 miles beyond the county or reservation boundaries.

To be eligible for payment, there must be at least one contact per month ~~and not more than two consecutive months without a face to face contact.~~

Only one contact within a 24-hour period will be paid, except that encounters with more than one case manager in the same 24-hour period are payable if one case manager from a tribe and one case manager from the county of financial responsibility or a tribal-contracted vendor

19.c. **Relocation service coordination services** as defined in, and to the group specified in, Supplement 1b to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Providers bill for relocation service coordination services, including face-to-face, interactive video, and telephone contacts, for the last 180 consecutive days before a recipient's discharge from an institution.

The payment allowed is:

- \$15.53/unit when provided by a county, a federally recognized American Indian tribe providing services to recipients through Indian Health service or 638 facilities, or a private vendor.
- A negotiated rate, with a cap of \$15.53/unit, for a provider under contract with a county or federally recognized American Indian tribe providing services to recipients through Indian Health Service or 638 facilities.

One unit = 15 minutes.

19.d. **Targeted case management services for persons not receiving services pursuant to a §1915(c) waiver who are vulnerable adults** or adults with developmental disabilities or related conditions as defined in, and to the group specified in, Supplement 1e, to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

1. Payment is made on a monthly basis. Payment is based on:

- a) ~~At least one telephone contact per month between the case manager and the recipient or the recipient's family, primary caregiver, legal representative, or other relevant person identified as necessary to the development or implementation of the goals of the individual service plan. This contact may occur via telephone, interactive video, or in person.~~
 - b) ~~A face to face contact at least every three months between the case manager and the recipient or the recipient's family, primary caregiver, legal representative, or other relevant person identified as necessary to the development or implementation of the goals of the individual service plan. Interactive video may be used in lieu of a face to face contact if the client resides in a hospital, nursing facility, residential mental health facility, or an intermediate care facility for persons with developmental disabilities~~
2. The monthly rate for targeted case management services provided by entities under contract with a county is based on the monthly rate negotiated by the county. The negotiated rate must not exceed the rate charged by the entity for the same service to other payers.
- a) If the service is provided by a team of contracted vendors, the county may negotiate a team rate with the vendor who is a member of the team. The team must determine how to distribute the rate amongst its members. No payment received by contracted vendors will be returned to the county except to pay the county for advance funding provided by the county to the vendor.