

Table of Contents

State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 20-0019

This file contains the following documents in the order listed:

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



Medicaid and CHIP Operations Group

12/21/2020

Matt Anderson, Medicaid Director
Minnesota Department of Human Services
540 Cedar Street
PO Box 64983
St. Paul, MN 55164

RE: TN 20-0019 Housing Stabilization and Consultation Services §1915(i) Home and Community Based Services (HCBS) State Plan Amendment (SPA)

Dear Mr. Anderson:

The Centers for Medicare and Medicaid Services (CMS) is approving the state's request to amend its 1915(i) state plan HCBS benefit, transmittal number 20-0019. The effective date for this amendment is July 1, 2020. With this amendment, the state clarifies the involvement of managed care organizations with housing support services.

Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 3.1-i, pages 1, 2, 3, 18, 38
- Attachment 3.1-f, page 20

Since the state has elected to target the population who can receive these §1915(i) state plan HCBS services, the §1915(i) benefit was approved for a five-year period expiring June 30, 2025, in accordance with §1915(i)(7) of the Social Security Act. To renew the §1915(i) state plan HCBS benefit for an additional five-year period, the state must submit a renewal application to CMS at least 180 days prior to the end of the approval period, by January 1, 2025. CMS' approval of a renewal request is contingent upon state adherence to federal requirements and the state meeting its objectives with respect to quality improvement and beneficiary outcomes.

It is important to note that CMS' approval of this change to the state's §1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, §504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning

compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

If you have any questions concerning this information, please contact me at (206) 615-3814, or your staff may contact Justyna Redlinski at Justyna.Redlinski@cms.hhs.gov or (312) 353-7370.

Sincerely,





Wendy Hill Petras, Deputy Director
Division of HCBS Operations and Oversight

Enclosure

cc:

Sandra Porter, CMS
Jessica Loehr, CMS
Debi Benson, CMS
Cynthia Nanes, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 20-0019	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 July 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: 1915(i); 1932(a)		7. FEDERAL BUDGET IMPACT: a. FFY \$0 b. FFY \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-I 3.1-i, pages 1, 2, 3, 18, 38 Attachment 3.1-F 3.1-f, page 20		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): same	
10. SUBJECT OF AMENDMENT: Clarification of managed care interaction with 1915(i) housing supports			
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: 9/30/2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/30/2020		18. DATE APPROVED: 12/21/2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Wendy Hill Petras		22. TITLE: Deputy Director, Division of HCBS Operations and Oversight	
23. REMARKS: 12/17/2020-State authorized P&I change to block #8 to change "I" to "i" and "F" to "f".			

1915(i) State plan Home and Community-Based Services

The state implements the optional 1915(i) State plan Home and Community-Based Services (HCBS) benefit for elderly and disabled individuals as set forth below.

1. **Services.** (Specify the state's service title(s) for the HCBS defined under "Services" and listed in Attachment 4.19-B):

Housing Stabilization Services - Transition; Housing Stabilization Services – Sustaining ; Housing Consultation Services

2. **Concurrent Operation with Other Programs.** (Indicate whether this benefit will operate concurrently with another Medicaid authority):

Select one:

	Not applicable				
X	Applicable				
	Check the applicable authority or authorities:				
X	<p>Services furnished under the provisions of §1915(a)(1)(a) of the Act. The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of 1915(i) State plan HCBS. Participants may <i>voluntarily</i> elect to receive <i>waiver</i> and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. <i>Specify:</i></p> <p>(a) <i>the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1);</i> Special Needs Basic Care contracts & Minnesota Senior Health Options contracts; The MCOs that furnish services under the provisions of §1915(a)(1) are: Blue Plus, HealthPartners, Itasca Medical Care, Medica, PrimeWest Health, South Country Health Alliance, Ucare Minnesota</p> <p>(b) <i>the geographic areas served by these plans;</i> Statewide</p> <p>(c) <i>the specific 1915(i) State plan HCBS furnished by these plans;</i> Housing Stabilization Services - Transition; Housing Stabilization Services – Sustaining ; Housing Consultation Services</p> <p>(d) <i>how payments are made to the health plans;</i> Capitation payments</p> <p>(e) <i>whether the 1915(a) contract has been submitted or previously approved.</i> Submitted</p>				
X	<p>Waiver(s) authorized under §1915(b) of the Act.</p> <p><i>Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:</i></p> <p>Minnesota Senior Care Plus contracts. Changes to this amendment TN 20-0019 associated with the concurrent 1915(b) MSC+ program will have an effective date of 1/01/21.</p> <p><i>Specify the §1915(b) authorities under which this program operates (check each that applies):</i></p>				
X	<table style="width: 100%; border: none;"> <tr> <td style="width: 5%; border: none;"><input checked="" type="checkbox"/></td> <td style="width: 55%; border: none;">§1915(b)(1) (mandated enrollment to managed care)</td> <td style="width: 5%; border: none;"><input type="checkbox"/></td> <td style="width: 35%; border: none;">§1915(b)(3) (employ cost savings to furnish additional services)</td> </tr> </table>	<input checked="" type="checkbox"/>	§1915(b)(1) (mandated enrollment to managed care)	<input type="checkbox"/>	§1915(b)(3) (employ cost savings to furnish additional services)
<input checked="" type="checkbox"/>	§1915(b)(1) (mandated enrollment to managed care)	<input type="checkbox"/>	§1915(b)(3) (employ cost savings to furnish additional services)		

	<input type="checkbox"/>	§1915(b)(2) (central broker)	<input type="checkbox"/>	§1915(b)(4) (selective contracting/limit number of providers)
X	A program operated under §1932(a) of the Act. <i>Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:</i>			
	Family and Children Managed Care Plans. Attachment 3.1-F describes operation of a managed care program under Section 1932 of the Act. The Attachment was originally approved as TN 05-03.			
<input type="checkbox"/>	A program authorized under §1115 of the Act. <i>Specify the program:</i>			

3. State Medicaid Agency (SMA) Line of Authority for Operating the State plan HCBS Benefit. *(Select one):*

<input checked="" type="checkbox"/>	The State plan HCBS benefit is operated by the SMA. Specify the SMA division/unit that has line authority for the operation of the program <i>(select one)</i> :		
<input checked="" type="checkbox"/>	The Medical Assistance Unit <i>(name of unit)</i> :	Health Care Administration	
<input type="checkbox"/>	Another division/unit within the SMA that is separate from the Medical Assistance Unit		
	<i>(name of division/unit)</i> This includes administrations/divisions under the umbrella agency that have been identified as the Single State Medicaid Agency.		
<input type="checkbox"/>	The State plan HCBS benefit is operated by <i>(name of agency)</i>		
	a separate agency of the state that is not a division/unit of the Medicaid agency. In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the State plan HCBS benefit and issues policies, rules and regulations related to the State plan HCBS benefit. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this delegation of authority is available through the Medicaid agency to CMS upon request.		

4. Distribution of State plan HCBS Operational and Administrative Functions.

(By checking this box the state assures that): When the Medicaid agency does not directly conduct an administrative function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. When a function is performed by an agency/entity other than the Medicaid agency, the agency/entity performing that function does not substitute its own judgment for that of the Medicaid agency with respect to the application of policies, rules and regulations. Furthermore, the Medicaid Agency assures that it maintains accountability for the performance of any operational, contractual, or local regional entities. In the following table, specify the entity or entities that have responsibility for conducting each of the operational and administrative functions listed (*check each that applies*):

(Check all agencies and/or entities that perform each function):

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non-State Entity
1 Individual State plan HCBS enrollment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Eligibility evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Review of participant service plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Prior authorization of State plan HCBS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Utilization management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 Qualified provider enrollment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Execution of Medicaid provider agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Establishment of a consistent rate methodology for each State plan HCBS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Rules, policies, procedures, and information development governing the State plan HCBS benefit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Quality assurance and quality improvement activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Specify, as numbered above, the agencies/entities (other than the SMA) that perform each function):

Limited functions 5 & 8, managed care organizations under contract with DHS, the state Medicaid Agency

- Housing Benefits 101 (helps people who need affordable housing, and supports to maintain that housing, understand the range of housing options and support services available)
- Disability Linkage Line (referral and assistance service for people with disabilities)
- Veterans Linkage Line, LinkVet (referral and assistance service for veterans)

7. Informed Choice of Providers. *(Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the 1915(i) services in the person-centered service plan):*

Case managers and providers of housing consultation services will assist the recipient in developing a person-centered plan by providing information regarding service options and choice of providers. Case managers and consultation services providers offer information regarding:

- 1) Service types that would meet the level of need and frequency of services required by the recipient and the location of services;
- 2) Enrolled service providers listed in the on-line, MinnesotaHelp.Info directory and, as needed, additional local providers qualified to deliver Housing Stabilization Services;
- 3) Provider capacity to meet assessed needs and preferences of the recipient, or to develop services if they are not immediately available; and,
- 4) Other community resources or services necessary to meet the recipient’s needs.

8. Process for Making Person-Centered Service Plan Subject to the Approval of the Medicaid Agency. *(Describe the process by which the person-centered service is made subject to the approval of the Medicaid agency):*

The State Medicaid Agency will review a sample of approved service plans to assess whether the needs of the participants are being addressed, identify best practices and quality improvement opportunities, and identify areas of technical assistance. A sample of each provider’s service plans will be reviewed at least once every three years. Additional reviews will occur as needed to address issues of quality improvement that develop.

9. Maintenance of Person-Centered Service Plan Forms. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §74.53. Service plans are maintained by the following *(check each that applies)*:

X	Medicaid agency	<input type="checkbox"/>	Operating agency	<input type="checkbox"/>	Case manager
X	Other <i>(specify)</i> :	Managed care organizations under contract with the state Medicaid Agency			

Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of claims paid to active providers during the review period in accordance with the published rate on the date of service. <ul style="list-style-type: none"> • Numerator: Number of claims paid to active providers at the correct rate. • Denominator: Number of housing stabilization service claims paid in the sample. • Performance Review: 90%
Discovery Activity <i>(Source of Data & sample size)</i>	Department staff will review a sample of paid claims from MMIS/MCO data. Data Source: MMIS Claims data; and MCO data Sample Size: 8/30 file methodology for file review.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	State Medicaid Agency
Frequency	Ongoing

Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	The Department will engage in continuous and on-going review and development of MMIS claims edits/MCO claims payments to ensure claims are properly paid.
Frequency <i>(of Analysis and Aggregation)</i>	Semi-annual reports of MMIS claims/MCO claims and edit development

Requirement	<i>The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints</i>
--------------------	---

Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Percentage of providers who complete training on child protection, maltreatment of vulnerable adults, and responsibilities as mandated reporters. <ul style="list-style-type: none"> • Numerator: Number of providers who have completed training on child protection, maltreatment of vulnerable adults, and responsibilities as mandated reporters. • Denominator: Number of enrolled providers of housing stabilization services. • Performance Review: 100%

State: MINNESOTA

<p>All services listed in Attachments 3.1-A, 3.1-B and 3.1-I are included, with the following exceptions:</p> <ul style="list-style-type: none"> • Abortions • Child welfare targeted case management • Targeted case management services for persons not receiving services pursuant to a § 1915(c) waiver who are vulnerable adults, adults with developmental disabilities or related conditions, or adults without a permanent residence. • Services provided pursuant to an individualized education plan (IEP) or individual family service plan (IFSP). • Nursing facility services • Relocation coordination services • Officer-involved, community-based care coordination. • FQHC services • Services provided by an IHS or 638 facility. 	<p>3.1-A, 3.1-B, and 3.1-I</p>		
--	--------------------------------	--	--

1932(a)(5)(D)(b)(4) J. The state assures that each MCO has established an internal grievance and