

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 21`-0032**

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  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

January 31, 2022

Cynthia McDonald  
Assistant Commissioner and Medicaid Director  
Health Care Administration  
State of Minnesota, Department of Human Services  
540 Cedar Street PO Box 64983  
ST. Paul, MN 55167-0983

RE: TN 21-0032

Dear Ms. McDonald:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, MN 21-0032, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 5, 2022. This plan amendment updates the rates for Youth Assertive Community Treatment (ACT).

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst name at 1-312-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 1 — 0 0 3 2</u>	2. STATE <u>MN</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>January 1, 2022</u>
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5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR § 440.345</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>27,000</u> b. FFY <u>2023</u> \$ <u>45,000</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>4.19-B page 8e, 45c</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>same</u>
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9. SUBJECT OF AMENDMENT

Youth ACT service rates and per diem payment rate for crisis stabilization services.

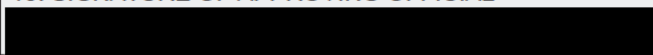
10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Alley Zoellner Minnesota Department of Human Services Federal Relations Unit 540 Cedar Street, PO Box 64983 Saint Paul, MN 55164
12. TYPED NAME Patrick Hultman	
13. TITLE Deputy Medicaid Director	
14. DATE SUBMITTED January 5, 2022	

FOR CMS USE ONLY	
16. DATE RECEIVED <u>January 5, 2022</u>	17. DATE APPROVED <u>January 31, 2022</u>

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2022</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>

22. REMARKS

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2022

Page 45c

TN: 21-32

Approved: January 31, 2022

Supersedes: 19-01, (15-14, 14-17, 11-02, 07-16, 04-15(a), 04-08)

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13.d. Rehabilitative services. (continued)

**Crisis assessment, crisis intervention, and crisis stabilization**

provided as part of mental health crisis response services are paid:

- As described in item 4.b. when provided by mental health professionals or mental health practitioners;
- when provided by mental health rehabilitation workers, the lower of the submitted charge or \$18.59 per 15- minute unit;
- in a group setting (which does not include short-term services provided in a supervised, licensed residential setting that is not an IMD), regardless of the provider, the lower of the submitted charge or \$9.29 per 15-minute unit. For the purposes of mental health crisis response services, "group" is defined as two to 10 recipients;

For a supervised, licensed residential setting with four or fewer beds, and does not provide intensive residential treatment services, payment is based on a historical calculation of the average cost of providing the component services of crisis assessment, crisis intervention and crisis stabilization in a residential setting, exclusive of costs related to room and board or other unallowable facility costs, and is equal to the lower of the submitted charge or \$484.80 ~~\$262.00~~ per day.