

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 14-009**

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

March 27, 2015

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 #14-009     - Children's Mental Health Services  
                                      --Effective Date: April 1, 2014

If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at [Courtenay.Savage@cms.hhs.gov](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely,

/s/

Alan Freund  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: Sean Barrett, MDHS

Enclosure

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

1. TRANSMITTAL NUMBER:  
14-09

2. STATE  
Minnesota

FOR: CENTER FOR MEDICARE & MEDICAID SERVICES

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

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

4. PROPOSED EFFECTIVE DATE  
April 1, 2014

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:  
42 CFR §§ 440.60, 440.130

7. FEDERAL BUDGET IMPACT (in thousands):  
a. FFY '14: \$ 2,384  
b. FFY '15: \$ 2,554

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 3.1-A, pages ~~17xx & 25~~ 17ww & 25  
Attachment 3.1-B, pages ~~16xx & 24~~ 16ww & 24  
Attachment 4.19-B, pages 8e and 8f.  
ces, 3/12/15

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
Attachment 3.1-A, pages 25.  
Attachment 3.1-B, pages 24.  
Attachment 4.19-B, pages 8e and 8f.

10. SUBJECT OF AMENDMENT:  
Mental Health

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:

13. TYPED NAME:

Ann Berg

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

14. TITLE:

Deputy Medicaid Director

15. DATE SUBMITTED:

June 30, 2014

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
June 30, 2014

18. DATE APPROVED:  
March 27, 2015

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
April 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME:

Alan Freund

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

STATE: MINNESOTA  
Effective: April 1, 2014  
TN: 14-09  
Approved: 3/27/15  
Supersedes: New

Attachment 3.1-A  
Page 17ww

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

9. **Certified Family Peer Specialists** provide services within an existing mental health community provider setting to recipients diagnosed with emotional disturbance, or severe emotional disturbance. Services may be provided to the child's parents or legal guardians if those services are directed exclusively toward the benefit of the child.

**Provider Qualifications and Training:** a certified peer specialist must:

- A. Be at least 21 years of age;
- B. Have a high school degree or its equivalent;
- C. Have raised, or are currently raising a child with a mental illness;
- D. Have experience navigating the children's mental health system;
- E. Successfully complete peer specialist certification training approved by the Department that teaches participating consumers specific skills relevant to providing peer support to other parents.

**Components of Family Peer Specialist Services**

Certified family peer specialists provide the following services that are recommended by a mental health professional, as defined in item 6.d.A, or a physician:

- A. nonclinical family peer support counseling;
- B. collaboration with other care providers;
- C. non-adversarial advocacy;
- D. promotion of the individual family culture in the milieu;
- E. initiation of interaction amongst parents in the community;
- F. support and guidance to promote resiliency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services;
- G. education to parents in developing coping mechanisms, problem-solving skills, availability of community resources, and mental illness in general; and
- H. establishment of peer led parent support groups;

STATE: MINNESOTA  
Effective: April 1, 2014  
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ATTACHMENT 3.1-A  
Page 25

Approved: 3/27/15

Supersedes: 12-20 (11-04, 09-15, 09-18, 06-03, 04-10, 03-10, 01-14)

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6.d. Other practitioners' services.

A. **Mental health** services are limited to those provided by the following mental health professionals within the applicable scope of licensure:

1. licensed psychologist;
2. ~~licensed psychological practitioner;~~
3. licensed independent clinical social worker;
4. an advanced practice registered nurse who is licensed and is certified as a clinical nurse specialist in mental health, or is certified as a nurse practitioner in pediatric or family or adult mental health nursing by a national nurse certification organization;
5. licensed marriage and family therapists with at least two years of post-master's supervised experience. Covered Medicaid mental health services do not include marriage counseling; and
6. effective January 1, 2010, licensed professional clinical counselor with at least 4,000 hours of post-master's supervised experience.

Mental health services are subject to the same limitations as psychiatric services described under Item 5.a., Physicians' services.

Under the supervision of an enrolled psychiatrist or other mental health professional listed in this item, the following may provide diagnostic assessment, explanation of findings or psychotherapy:

1. A mental health practitioner working as a clinical trainee in compliance with requirements for licensure or board certification as a psychiatrist or other mental health professional listed in this item; and
2. A student in a field placement or internship under a program leading to the completion of licensure requirements as psychiatrist or other mental health professional listed in this item.

A mental health practitioner working as a clinical trainee in compliance with requirements for licensure or board certification may provide psychological testing under the supervision of a licensed psychologist.

A licensed physician assistant working in an inpatient hospital under the supervision of a psychiatrist, or physician eligible to be licensed as a psychiatrist, may provide medication management and training in medication self-administration.

Services by mental health professionals include developing individual treatment plans to promote good mental health and self-management of mental health conditions, and directing and

STATE: MINNESOTA  
Effective: April 1, 2014  
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Approved: 3/27/15  
Supersedes: New

Attachment 3.1-B  
Page 16ww

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

9. **Certified Family Peer Specialists** provide services within an existing mental health community provider setting to recipients diagnosed with emotional disturbance, or severe emotional disturbance. Services may be provided to the child's parents or legal guardians if those services are directed exclusively toward the benefit of the child.

**Provider Qualifications and Training:** a certified peer specialist must:

- A. Be at least 21 years of age;
- B. Have a high school degree or its equivalent;
- C. Have raised, or are currently raising a child with a mental illness;
- D. Have experience navigating the children's mental health system;
- E. Successfully complete peer specialist certification training approved by the Department that teaches participating consumers specific skills relevant to providing peer support to other parents.

**Components of Family Peer Specialist Services**

Certified family peer specialists provide the following services that are recommended by a mental health professional, as defined in item 6.d.A, or a physician:

- A. nonclinical family peer support counseling;
- B. collaboration with other care providers;
- C. non-adversarial advocacy;
- D. promotion of the individual family culture in the milieu;
- E. initiation of interaction amongst parents in the community;
- F. support and guidance to promote resiliency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services;
- G. education to parents in developing coping mechanisms, problem-solving skills, availability of community resources, and mental illness in general; and
- H. establishment of peer led parent support groups;

STATE: MINNESOTA  
Effective: April 1, 2014  
TN: 14-09

ATTACHMENT 3.1-B  
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Approved: 3/27/15

Supersedes: 12-20 (11-04, 09-15, 09-18, 06-03, 04-10, 03-10, 01-14)

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6.d. Other practitioners' services.

A. **Mental health** services are limited to those provided by the following mental health professionals within the applicable scope of licensure:

1. licensed psychologist;
2. ~~licensed psychological practitioner;~~
3. licensed independent clinical social worker;
4. an advanced practice registered nurse who is licensed and is certified as a clinical nurse specialist in mental health, or is certified as a nurse practitioner in pediatric or family or adult mental health nursing by a national nurse certification organization;
5. licensed marriage and family therapists with at least two years of post-master's supervised experience. Covered Medicaid mental health services do not include marriage counseling; and
6. effective January 1, 2010, licensed professional clinical counselor with at least 4,000 hours of post-master's supervised experience.

Mental health services are subject to the same limitations as psychiatric services described under Item 5.a., Physicians' services.

Under the supervision of an enrolled psychiatrist or other mental health professional listed in this item, the following may provide diagnostic assessment, explanation of findings or psychotherapy:

1. A mental health practitioner working as a clinical trainee in compliance with requirements for licensure or board certification as a psychiatrist or other mental health professional listed in this item; and
2. A student in a field placement or internship under a program leading to the completion of licensure requirements as psychiatrist or other mental health professional listed in this item.

A mental health practitioner working as a clinical trainee in compliance with requirements for licensure or board certification may provide psychological testing under the supervision of a licensed psychologist.

A licensed physician assistant working in an inpatient hospital under the supervision of a psychiatrist, or physician eligible to be licensed as a psychiatrist, may provide medication management and training in medication self-administration.

Services by mental health professionals include developing individual treatment plans to promote good mental health and self-management of mental health conditions, and directing and

STATE: Minnesota  
Effective: April 1, 2014  
TN: 14-09  
Approved: 3/27/15  
Supersedes: 12-13

ATTACHMENT 4.19-B  
Page 8e

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

**Youth ACT services** provided by entities with contracts with the Department are paid a regional per diem rate per provider as indicated by the table below. The Department will set rates inclusive of all intensive nonresidential rehabilitative services identified in Attachments 3.1-A and B, section 4.b., item 5, using statewide parameters with assigned values based on regional costs of providing care. To determine this rate, the Department will include and document:

- A. the cost for similar services in the geographic region;
- B. actual costs incurred by entities providing the services;
- C. the intensity and frequency of services to be provided to each client;
- D. the degree to which clients will receive services other than services under this section; and
- E. the costs of other services that will be separately reimbursed.

The chart below identifies the per diem rate for youth ACT services provided on or after the effective date July 1, 2012. The rate is based on the five criteria above. Rates are recalculated annually based on the submitted charges for the individual service components within the geographical regions.

Region	Rate	Rate
	Eff. 7/1/2012	Eff. 6/1/2014
Central	\$138.36	\$190.66
Metro	\$137.33	\$192.65
Northeast	\$137.38	\$178.60
Northwest	\$149.67	\$185.28
Southeast	\$122.92	\$149.63
Southwest	\$136.92	\$170.01

Travel time, as described in item 6.d.A., is paid separately.



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4.b. Early and periodic screening, diagnosis, and treatment services.

Effective for services provided on or after July 1, 2013, Family Psychoeducation services are paid in 15 minute units using the same methodology that applies to psychotherapy services in item 5.a. Physicians' services.

In-reach Care Coordination services are paid using the same methodology that applies to in-reach care coordination services in item 5.a., Physicians' services.

Effective for services provided on or after July 1, 2013, **Clinical Care Consultation** services are paid the lower of:

1. the submitted charge, or
2. the state established rate of:
  - 90899U8 (5 - 10 min) \$14.10
  - 90899U9 (11 - 20 min) \$29.14
  - 90899UB (21 - 30 min) \$47.94
  - 90899UC (>30 min) \$76.02

If the service is provided over the phone, the state established rate is equal to 75% of the amount listed above.

Effective for services provided on or after July 1, 2013, an entity of the type described in item 4.b, section 1, of Attachment 3.1-A and 3.1-B, may employ a mental health professional, and a mental health practitioner working as a clinical trainee, as described in item 6.d.A. of Attachments 3.1-A and 3.1-B, to provide psychotherapy, psychoeducation, crisis assistance, and clinical care consultation as part of an intensive treatment program. Services are paid the lower of:

- 1) submitted charge, or
- 2) the payment rate otherwise specified for the component service under item 4.b. of Attachment 4.19-B, except when an intensive level of therapeutic interventions are provided to foster children at least three days per week for two hours per encounter (or during a subsequent period when reduced units of service are specified in the treatment plan as part of transition, or pursuant to a discharge plan to another service or level of care), the payment rate of \$322.61 per child per diem.

Effective for services provided on or after April 1, 2014, **Certified Family Peer Specialist** services are paid the lower of:

1. the submitted charge, or
2. the state established rate of:
  - H0038 HA (individual) \$13.75 per 15 minutes
  - H0038 HA HQ (group) \$6.87 per 15 minutes