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State/Territory Name: MN

State Plan Amendment (SPA) #: 15-0003

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES

November 20, 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 #15-0003 --Revises the description of children's mental health service plan and also makes technical changes to the children's therapeutic services and supports day treatment package.

--Effective Date: January 1, 2015

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

Attachments

cc: Ann Berg, MDHS
Sean Barrett, MDHS
Brandon Smith, CMSC

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTER FOR MEDICARE & MEDICAID SERVICES

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

1. TRANSMITTAL NUMBER: 15-03

2. STATE: Minnesota

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

4. PROPOSED EFFECTIVE DATE: January 1, 2015

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

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X 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 '15: $ 1,356
b. FFY '16: $ 1,356

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, page 17f.
Attachment 3.1-B, page 16f.
Attachment 4.19-B, pages 8 and 8.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same

10. SUBJECT OF AMENDMENT:
Children's Mental Health

11. GOVERNOR'S REVIEW *(Check One)*:
X GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME:
Ann Berg

14. TITLE:
Deputy Medicaid Director

15. DATE SUBMITTED:
March 31, 2015

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 31, 2015

18. DATE APPROVED:
November 20, 2015

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Ruth A. Hughes

22. TITLE:
Associate Regional Administrator

23. REMARKS:

FORM HCFA-179 (07-92)

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

E. direction of a mental health behavioral aide by a mental health professional who assumes full professional responsibility, or direction of a mental health behavioral aide by a mental health practitioner working under the clinical supervision of a mental health professional who assumes full professional responsibility. Direction is based on the child's individualized treatment plan and means:

~~1) on-site observation by a mental health professional during the first 12 hours of service;~~

2) ongoing, on-site observation by a mental health professional or mental health practitioner for at least one hour during every 40 hours of service; and

3) immediate accessibility of the mental health professional or mental health practitioner to the mental health behavioral aide when the services are provided.

F. mental health service plan development includes the development, review, and revision of a child's individual treatment plan;

G. Functional assessment. A functional assessment is ~~and~~ the administration and reporting of standardized outcome measurement instruments.

Components A-B~~F~~, above, may be combined to constitute a mental health day treatment program, provided by a multidisciplinary staff under the clinical supervision of a mental health professional.~~,~~ A day treatment program consists~~ing~~ of psychotherapy for three or more recipients and individual or group skills training. It is provided by an outpatient hospital accredited by the Joint Commission on the Accreditation of Healthcare Organizations, a community mental health center, or a county contracted day treatment provider. Day treatment is provided at least one day a week for a minimum two-hour time block (of which one hour, is individual or group psychotherapy), but no more than three hours per day. A child may receive less than two hours per day of day treatment if the child is transitioning in or out of day treatment.

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

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

EPSDT (in Minnesota, Child & Teen Checkup) services are paid the lower of the submitted charge or the 75th percentile of screening charges submitted by providers of the service during the period of July 1 to June 30, 2010. The adjustment necessary to reflect the 75th percentile is effective on October 1, 2010.

Effective January 1, 2002, provider travel time is covered if a recipient's individual treatment plan requires the provision of mental health services outside of the provider's normal place of business. Travel time is paid as a supplement to the payment for the associated covered service. Travel time is paid at the lower of the submitted charge or 45 cents per minute. This does not include travel time included in other billable services.

A. With the exceptions listed below, children's therapeutic services and supports not provided by IHS/638 facilities are paid the lower of the submitted charge or the Resource Based Relative Value Scale rate.

~~Effective January 1, 2012, t~~The children's therapeutic services and supports below are paid the lower of the submitted charge or the listed rate.

H0031 UA UD Functional Assessment: $19.81 per 15 minute unit

H0032 UA UD Service Plan Development: $19.81 per 15 minute unit

H2014 UA CTSS Skills Training, Individual: $12.80 per 15 minute unit

H2014 UA HQ CTSS Skills Training, Group: $8.60 per 15 minute unit

H2014 UA HR CTSS Skills Training, Family: $16.67 per 15 minute unit

H2015 UA CTSS Crisis Assistance: $13.65 per 15 minute unit

H2019 UA CTSS Mental Health Behavioral Aide-level 1: $6.03 per 15 minute unit

H2019 UA HE CTSS Direction of Mental Health Behavioral Aide by Mental Health Professional or Mental Health Practitioner: $8.80 per 15 minute unit

H2019 UA HM CTSS Mental Health Behavioral Aide-level 2:$7.89 per 15 minute unit

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

H2012 UA HK Behavioral Health Day Treatment: $48.30 per one hour unit

H2012 UA U6 HK Behavioral Health Day Treatment (Interactive):$56.81 per one hour unit

Payment for behavioral health day treatment is based on a calculation of the average historical cost of providing the component services of psychotherapy and skills training.

The Department monitors the provision of day treatment services via site reviews at re-certification, and when an allegation of improper billing or maltreatment is received. Provider data is compared to MMIS data to ensure adequate service provision.