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State/Territory Name: MN

State Plan Amendment (SPA) #: 15-0014

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
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



December 7, 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 #15-0014 --Technical revisions to Children's Therapeutic Services and Supports, and increases the payment rate for mental health crisis response services.

--Effective Date: July 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

Enclosure

cc: Ann Berg, MDHS
 Sean Barrett, MDHS

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

1. TRANSMITTAL NUMBER:
15-14

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
July 1, 2015

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 '16: \$496
b. FFY '17: \$804

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, pages 17a-2, 17d, and 19.
Attachment 3.1-B, pages 16a-2, 16d, and 18.
Attachment 4.19-B, pages 8a and 45c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:
Children's Mental Health and Crisis Response Services

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
14. TITLE:
Deputy Medicaid Director
15. DATE SUBMITTED:
September 28, 2015

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:
September 28, 2015

18. DATE APPROVED:
December 7, 2015

PLAN APPROVED – ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Ruth A. Hughes

22. TITLE:
Associate Regional Administrator

23. REMARKS:

Approved: 12/7/15

Supersedes: 13-14 (11-04, 09-22, 08-02, 06-12, 04-10, 02-22)

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

1. **Children's therapeutic services and supports** for children is a ~~flexible~~ package of mental health services for children ~~requiring that includes varying therapeutic and rehabilitative levels of therapeutic and rehabilitative intervention~~ provided by mental health professionals, and mental health practitioners under the clinical supervision of mental health professionals, in order to treat a diagnosed emotional disturbance or mental illness. ~~The services are time limited interventions that~~ are delivered using various treatment modalities and combinations of services designed to realize treatment outcomes identified in a recipient's individual treatment plan.

A diagnostic assessment by a mental health professional or mental health practitioner clinical trainee as described in item 6.d.A, must have determined that the child is in need of children's therapeutic services and supports to address an identified disability and functional impairment.

Qualified children's therapeutic services and supports providers can provide diagnostic assessment, explanation of findings, psychological testing and neuropsychological services.

The following are eligible to provide children's therapeutic services and supports:

- A. A county-operated or non-county operated entity certified by the Department
- B. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility. A facility of the Indian Health Service or a 638 facility must be certified by the Department.

Provider Qualifications and Training

- A. A mental health professional is an individual defined in item 6.d.A.
- B. A mental health practitioner working under the direction of a mental health professional:
 - 1) holds a bachelor's degree in one of the behavior sciences or related fields from an accredited college or university and:
 - a) has at least 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbances; or

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TN: 15-14
Approved: 12/7/15

ATTACHMENT 3.1-A
Page 17d

Supersedes: 13-14 (11-04, 09-22, 06-12, 04-10, 02-22)

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

- a) meet the preservice and continuing education requirements as a Level I mental health behavioral aide.

D. A day treatment multidisciplinary team that includes at least one mental health professional and one mental health practitioner.

Components of Children's Therapeutic Services and Supports

Persons providing children's therapeutic services and support must be capable of providing the following components:

- A. Psychotherapy: patient and/or family~~individual~~, family, and group. Family psychotherapy services must be directed exclusively to the treatment of the child. Psychotherapy services require prior authorization.
- B. I~~individual~~, family, or group skills training designed to facilitate the acquisition of psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate developmental trajectory that was disrupted by psychiatric illness.

5.a. Physicians' services:

- **Psychiatric services** may require prior authorization as specified in the Minnesota Health Care Program Provider Manual and on the agency's website. Coverage includes: diagnostic assessment, psychological testing, neuropsychological services, individual psychotherapy, family psychotherapy, multiple family group psychotherapy, group psychotherapy, medication management, electroconvulsive therapy single seizure, explanation of findings, unlisted psychiatric service or procedure, and biofeedback training.
- **Sterilization procedures:** Physicians must comply with all requirements of 42 CFR Part 441, Subpart F concerning informed consent for voluntary sterilization procedures.
- **Abortion services:** These services are covered when due to a physical condition, the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.
- **Telemedicine consultation services:** These services must be made via two-way, interactive video or store-and-forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week. Consultations made between psychiatrists and primary care physicians and other providers authorized to bill for physician services via two-way, interactive video or store-and-forward technology are covered under physician services as psychiatric consultations.
- **Psychiatric consultations:** Consultations with psychiatrists, psychologists, licensed independent clinical social workers, licensed marriage and family therapists, and advanced practice registered nurses certified in psychiatric mental health by primary care physicians and other providers authorized to bill for physician services are covered services. If the recipient consents, consultation may occur without the recipient present. Payment for the consultation is made pursuant to Attachment 4.19-B, item 5.a.
- **Optometry services:** Physician services include services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist.
- **Early Intensive Developmental and Behavioral Intervention (EIDBI) services:** A physician with at least 2,000 hours of experience and/or training in the examination and/or treatment of children with autism spectrum disorder (ASD) or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development may act as the qualified supervising professional and provide EIDBI services as described in item 4.b.

Approved: 12/7/15

Supersedes: 13-14 (11-04, 09-22, 08-02, 06-12, 04-10, 02-22)

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

1. **Children's therapeutic services and supports** for children is a ~~flexible~~ package of mental health services for children ~~requiring that includes varying therapeutic and rehabilitative levels of therapeutic and rehabilitative intervention~~ provided by mental health professionals, and mental health practitioners under the clinical supervision of mental health professionals, in order to treat a diagnosed emotional disturbance or mental illness. ~~The services are time limited interventions that~~ are delivered using various treatment modalities and combinations of services designed to realize treatment outcomes identified in a recipient's individual treatment plan.

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- A. A mental health professional is an individual defined in item 6.d.A.
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ATTACHMENT 3.1-B
Page 16d

Approved: 12/7/15
Supersedes: 13-14 (11-04, 09-22, 06-12, 04-10, 02-22)

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

- a) meet the preservice and continuing education requirements as a Level I mental health behavioral aide.

D. A day treatment multidisciplinary team that includes at least one mental health professional and one mental health practitioner.

Components of Children's Therapeutic Services and Supports

Persons providing children's therapeutic services and support must be capable of providing the following components:

- A. Psychotherapy: patient and/or family~~individual~~, family, and group. Family psychotherapy services must be directed exclusively to the treatment of the child. Psychotherapy services require prior authorization.
- B. I~~individual~~, family, or group skills training designed to facilitate the acquisition of psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate developmental trajectory that was disrupted by psychiatric illness.

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Supersedes: 14-08 (13-17,13-07,11-04,09-04,08-16,07-08,06-02,03-35,01-21)

5.a. Physicians' services:

- **Psychiatric services** may require prior authorization as specified in the Minnesota Health Care Program Provider Manual and on the agency's website. Coverage includes: diagnostic assessment, psychological testing, neuropsychological services, individual psychotherapy, family psychotherapy, multiple family group psychotherapy, group psychotherapy, medication management, electroconvulsive therapy single seizure, explanation of findings, unlisted psychiatric service or procedure, and biofeedback training.
- **Sterilization procedures:** Physicians must comply with all requirements of 42 CFR Part 441, Subpart F concerning informed consent for voluntary sterilization procedures.
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- **Psychiatric consultations:** Consultations with psychiatrists, psychologists, licensed independent clinical social workers, licensed marriage and family therapists, and advanced practice registered nurses certified in psychiatric mental health by primary care physicians and other providers authorized to bill for physician services are covered services. If the recipient consents, consultation may occur without the recipient present. Payment for the consultation is made pursuant to Attachment 4.19-B, item 5.a.
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ATTACHMENT 4.19-B
Page 8a

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

Crisis response services are paid as follows:

Crisis assessment, intervention and crisis stabilization services are paid:

-for doctoral prepared mental health professionals, the lower of the submitted charge or ~~\$87.00~~ \$148.77 per 60-minute unit;

-for master's prepared mental health professionals, the lower of the submitted charge or ~~\$69.60~~ \$119.01 per 60-minute unit; or

-for mental health practitioners supervised by mental health professionals, the lower of the submitted charge or ~~\$60.46~~ \$104.13 ~~(effective February 18, 2004)~~ per 60-minute unit ~~and \$43.50 (effective January 1, 2004) per 60 minute unit.~~

IHS/638 facility providers of crisis response services are paid according to the encounter rate specified in Supplement 2 of this Attachment for each face-to-face encounter.

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Page 45c

Approved: 12/7/15
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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 ~~\$40.64~~ \$74.38 ~~(effective February 18, 2004)~~ per 60-minute unit ~~(effective January 1, 2004)~~;
- 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 ~~\$22.00~~ \$37.19 per 60-minute unit. For the purposes of mental health crisis response services, "group" is defined as two to 10 recipients;

~~For~~ in a supervised, licensed residential setting, with four or fewer beds, ~~and that~~ 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 \$262.00 per day.