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State/Territory Name: MN

State Plan Amendment (SPA) #: 16-0013

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
Chicago Regional Office
233 N. Michigan
Suite 600
Chicago, Illinois 60601



November 22, 2016

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 a revised copy of the following State Plan Amendment (SPA):

Transmittal #16-0013 --Revises the rates for personal care services.

--Effective Date: July 1, 2016

A correction was required to add the approval date of the SPA to the CMS 179 form. This revision has been incorporated into this corrected approval package.

The official approval date of this SPA remains November 15, 2016.

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 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
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:

16-13

2. STATE

Minnesota

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

4. PROPOSED EFFECTIVE DATE

July 1, 2016

TO: REGIONAL ADMINISTRATOR
CENTER FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 § 440.167

7. FEDERAL BUDGET IMPACT (in thousands):

a. FFY '17: \$497

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 74

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Same

10. SUBJECT OF AMENDMENT:

Personal Care Assistant Rates

11. GOVERNOR'S REVIEW (*Check One*):

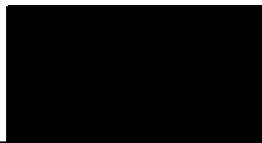
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ 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:

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

13. TYPED NAME:

Ann Berg

14. TITLE:

Deputy Medicaid Director

15. DATE SUBMITTED:

September 29, 2016

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 29, 2016

18. DATE APPROVED:

November 15, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

STATE: MINNESOTA

Effective: July 1, 2016

TN: 16-13

Approved: 11/15/16

Supersedes: 15-11 (13-23,11-18,09-28,08-17,07-08,06-19,06-08,05-21,04-22,02-20)

ATTACHMENT 4.19-B

Page 74

26. Personal care services.

Payment is the lower of the submitted charge or the rate from the chart below.

Service provided on or after	7/1/2013	4/1/2014	7/1/2014	7/1/2015*	<u>7/1/2016</u>
Personal Care 1:1 unit	\$3.92	\$3.96	\$4.16	\$4.27	<u>\$4.28</u>
Personal Care 1:2 unit	\$2.94	\$2.97	\$3.12	\$3.20	<u>\$3.21</u>
Personal Care 1:3 unit	\$2.58	\$2.61	\$2.74	\$2.81	<u>\$2.82</u>
Supervision of Personal Care unit	\$6.89	\$6.96	\$7.31	\$7.50	<u>\$7.52</u>

NOTE: 1 unit = 15 minutes

* The Department will reduce payment by .5% for providers that fail to submit a quality improvement plan.

Shared care: For two recipients sharing services, payment is one and one-half times the payment for serving one recipient. For three recipients sharing services, payment must not exceed two times the payment for serving one recipient. This paragraph applies only to situations in which all recipients were present and received shared services on the date for which the service is billed.

PCA Choice option: Payment is the same as that paid for personal care assistant services.