

Table of Contents

State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 17-0017

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



November 13, 2017

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 #17-0017 --Updates the requirements for telemedicine by allowing mental health practitioners to provide services via telemedicine.

--Effective Date: July 1, 2017

--Approval Date: November 9, 2017

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

Enclosures

cc: Ann Berg, MDHS
 Sean Barrett, MDHS

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

1. TRANSMITTAL NUMBER:
17-17

2. STATE
Minnesota

FOR: HEALTH CARE FINANCING ADMINISTRATION

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, 2017

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:
Section 1902(a)(30)(A) of the Act

7. FEDERAL BUDGET IMPACT (*in thousands*):
FFY '18: \$0
FFY '19: \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, Supplement 6, page 1.
Attachment 3.1-B, Supplement 6, page 1.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:
Telemedicine

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:

13. TYPED NAME:
Ann Berg

14. TITLE:
Deputy Medicaid Director

15. DATE SUBMITTED:
September 25, 2017 (state authorized CMS to revise submission date to Sept. 26, 2017-SP)

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:
September 26, 2017

18. DATE APPROVED:
November 9, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Ruth A. Hughes

22. TITLE:
Associate Regional Administrator

23. REMARKS:

STATE: MINNESOTA
Effective: July 1, 2017
TN: 17-17
Approved: 11/9/17
Supersedes: 16-02

Supplement 6 to ATTACHMENT 3.1-A
Page 1

Medical assistance covers medically necessary services and consultations delivered via telemedicine when performed by a licensed health care provider, or a mental health practitioner working under the supervision of a mental health professional, via telemedicine in the same manner as if the service or consultation was delivered in person. Coverage is limited to three telemedicine services per enrollee per calendar week.

Telemedicine is the delivery of health care services while the patient is at an originating site and the ~~licensed~~ health care provider is at a distant site. A communication between ~~licensed~~ health care providers, or a ~~licensed~~ health care provider and a patient that consists solely of a telephone conversation, e-mail, or facsimile does not constitute telemedicine services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing, or store-and-forward technology. Providers utilizing telemedicine must comply with criteria established by the Department in order to demonstrate that a quality assurance process and established protocols for patient safety have been addressed before, during, and after a particular service is delivered via telemedicine.

STATE: MINNESOTA
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Supplement 6 to ATTACHMENT 3.1-B
Page 1

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