

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 18-0001**

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



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September 28, 2018

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 #18-0001      --Proposes to cover prenatal and postpartum home visits by a  
Public Health Nurse or a RN under the supervision of a Public  
Health Nurse.

--Effective Date: January 1, 2018

--Approval Date: September 28, 2018

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](mailto: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, DHS  
       Sean Barrett, DHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:

18-01

2. STATE

Minnesota

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

4. PROPOSED EFFECTIVE DATE

January 1, 2018

TO: REGIONAL ADMINISTRATOR  
CENTER FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES5. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR § 440.60

7. FEDERAL BUDGET IMPACT (in thousands):

a. FFY '18 \$100

b. FFY '19 \$200

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 26 – 26b

Attachment 3.1-B, page 25 – 25b

Attachment 4.19-B, page 17 – 17.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Same

10. SUBJECT OF AMENDMENT:

Services Provided by a Public Health Nurse

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:

March 9, 2018

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 9, 2018

18. DATE APPROVED:

September 28, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

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6.d. Other practitioners' services. (continued)**B. Public health nursing services**

Medical Assistance covers public health nursing services that are medically necessary and within the public health nurse's scope of practice. ~~are limited to:~~

Medical Assistance Covers prenatal and postnatal home visits provided in accordance with Department-approved, evidence-based treatment models. Postpartum visits can be provided up to three years after the birth of the child. The Department has approved the following models: Nurse Family Partnership, Healthy Families America, Family Spirit, and Family Connects.

- ~~1) Nursing assessment and diagnostic testing;~~
- ~~2) Health promotion and counseling;~~
- ~~3) Developing a care plan to promote good health and self-management of health conditions, and directing and overseeing the implementation of the care plan by a community health worker when a certified public health nurse operates under the direct authority of a city, county, tribe or school district.~~
- ~~4) Nursing treatment;~~
- ~~5) Immunization;~~
- ~~6) Administration of injectable medications;~~
- ~~7) Medication management and the direct observation of the intake of drugs prescribed to treat tuberculosis;~~
- ~~8) Tuberculosis case management, which means:~~
  - ~~a) assessing an individual's need for medical services to treat tuberculosis;~~
  - ~~b) developing a care plan that addresses the needs identified in subitem a);~~
  - ~~c) assisting the individual in accessing medical services identified in the care plan; and~~
  - ~~d) monitoring the individual's compliance with the care plan to ensure completion of tuberculosis therapy; and~~

Public health nurses perform Assessments, reassessments, and service updates to determine medical necessity for personal care services. Assessments, reassessments, and service updates An initial assessment for personal care services must be conducted face-to-face—~~are conducted by county public health nurses or certified public health nurses under contract with the county.~~ A face-to-face assessment is also required when there is a significant change in health status, when the recipient uses PCA Choice, and after two ~~phone~~ service updates ~~assessments~~ have been completed by phone.

~~Assessments for personal care services must be conducted initially, in person, for people who have never had a public health nurse assessment. The initial assessment must include:~~

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6.d. Other practitioners' services. (continued)B. **Public health nursing services,** continued.

- ~~a) documentation of:~~
  - ~~a. dependencies in activities of daily living;~~
  - ~~b. presence of complex health related needs; and~~
  - ~~c. presence of specific behaviors including physical aggression towards self or others, or destruction of property;~~
- ~~b) determination of need, including meeting access criteria as described on page 78z;~~
- ~~c) identification of appropriate services;~~
- ~~d) service plan development;~~
- ~~e) coordination of services;~~
- ~~f) referrals and follow up to appropriate payers and community resources;~~
- ~~g) completion of required reports;~~
- ~~h) if a need is determined, recommendation and receipt of service authorization; and~~
- ~~i) recipient education.~~

Reassessments for personal care services are conducted face-to-face, and at least annually or when there is a significant change in the recipient's condition and need for services. A service update may substitute for a reassessment as described below. The reassessment includes:

- ~~a) a review of initial baseline data;~~
- ~~b) an evaluation of service effectiveness;~~
- ~~c) a redetermination of need for service;~~
- ~~d) a modification of the service plan, if necessary, and appropriate referrals;~~
- ~~e) an update of the initial forms;~~
- ~~f) if a need is redetermined, recommendation and receipt of service authorization; and~~
- ~~g) ongoing recipient education.~~

Service updates for personal care services are conducted in lieu of an annual face-to-face reassessment when a recipient's condition or need for personal care assistant services has not changed substantially, or between required assessments when the recipient or provider requests a temporary increase in services until an face-to-face in-person review is conducted. The service update includes all the elements listed in items a) through g), above, but does not require an face-to-face in-person visit.

STATE: MINNESOTA

Effective: January 1, 2018

TN: 18-01

Approved: 9/28/18

Supersedes: 08-13 (05-11(a), 03-27, 01-13)

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ATTACHMENT 3.1-A

Page 26b

6.d. Other practitioners' services. (continued)

B. **Public health nursing services,** continued.

Public health nurses who administer pediatric vaccines, as noted in item 5.a., Physicians' services, within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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6.d. Other practitioners' services. (continued)**B. Public health nursing services**

Medical Assistance covers public health nursing services that are medically necessary and within the public health nurse's scope of practice. ~~are limited to:~~

Medical Assistance Covers prenatal and postnatal home visits provided in accordance with Department-approved, evidence-based treatment models. Postpartum visits can be provided up to three years after the birth of the child. The Department has approved the following models: Nurse Family Partnership, Healthy Families America, Family Spirit, and Family Connects.

- ~~1) Nursing assessment and diagnostic testing;~~
- ~~2) Health promotion and counseling;~~
- ~~3) Developing a care plan to promote good health and self-management of health conditions, and directing and overseeing the implementation of the care plan by a community health worker when a certified public health nurse operates under the direct authority of a city, county, tribe or school district.~~
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~~Assessments for personal care services must be conducted initially, in person, for people who have never had a public health nurse assessment. The initial assessment must include:~~

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6.d. Other practitioners' services. (continued)B. **Public health nursing services,** continued.

- ~~a) documentation of:~~
  - ~~a. dependencies in activities of daily living;~~
  - ~~b. presence of complex health related needs; and~~
  - ~~c. presence of specific behaviors including physical aggression towards self or others, or destruction of property;~~
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- ~~c) identification of appropriate services;~~
- ~~d) service plan development;~~
- ~~e) coordination of services;~~
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- ~~g) completion of required reports;~~
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- ~~a) a review of initial baseline data;~~
- ~~b) an evaluation of service effectiveness;~~
- ~~c) a redetermination of need for service;~~
- ~~d) a modification of the service plan, if necessary, and appropriate referrals;~~
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Service updates for personal care services are conducted in lieu of an annual face-to-face reassessment when a recipient's condition or need for personal care assistant services has not changed substantially, or between required assessments when the recipient or provider requests a temporary increase in services until an face-to-face in-person review is conducted. The service update includes all the elements listed in items a) through g), above, but does not require an face-to-face in-person visit.



STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: January 1, 2018

Page 25b

TN: 18-01

Approved: 9/28/18

Supersedes: 08-13 (05-11(a), 03-27, 01-13)

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6.d. Other practitioners' services. (continued)

B. **Public health nursing services,** continued.

Public health nurses who administer pediatric vaccines as noted in item 5.a., Physicians' services, within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2018

Page 17

TN: 18-01

Approved: 9/28/18

Supersedes: 17-11 (14-11a,11-19,11-02,09-25,08-13,08-03,07-08,06-19,05-21,02-20, 01-13)

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6.d. Other practitioners' services. (continued)

B. Effective for services provided on or after July 1, 1991, **public health nursing services** are paid the lower of:

1) submitted charge; or

2) State agency established rates based on comparable rates for services provided by a nurse practitioner in an office setting, or by a home health nurse in a home setting, or by a nurse providing perinatal services to women considered high-risk, ~~services~~ under item 20, Extended services to pregnant women.

Effective for services provided on or after July 1, 2008-~~7/1/08~~, services provided by a community health worker, are paid using the same methodology that applies to community health workers in item 5.a., Physicians' services.

Effective for services provided on or after January 1, 2018, bundled services provided as part of an **evidence-based, home visit** are paid the lower of:

1) Submitted charge; or

2) \$140 per visit.

Providers must provide services in accordance with the requirements of the model in order to receive payment.

The Department will periodically monitor the actual provision of services to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided.

Public health nurses who administer pediatric vaccines as described in item 5.a., physicians' services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid for administering the vaccine using the same methodology described in item 5.a.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2018

Page 17.1

TN: 18-01

Approved: 9/28/18

Supersedes: 14-11a, 11-02

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6.d. Other practitioners' services. (continued)

The base rate as described in this item is adjusted by the following clauses of Supplement 2 of this Attachment:

- A. IHS/638 Facilities
- B. Critical Access Hospitals
- C. TPL
- D. MinnesotaCare Tax Rate Adjustment
- E. Modifiers
- F. Family Planning
- G. Community and Public Health Clinic
- H. Medicare Cap
- I. Exceptions to payment methodology and reconstructing a rate
- J. Copay converted to \$3.00 provider rate reduction
- U. Facility services rate decrease 2009
- aa. Miscellaneous services and materials rate decrease 2011
- gg. Miscellaneous services and materials rate increase effective September 1, 2014