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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 19-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

December 17, 2019

Thomas Moss, Interim Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Mr. Moss:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #19-0014 --Revising payment rates for PCA services.

--Effective Date: July 1, 2019

--Approval Date: December 16, 2019

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
Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

Enclosures

cc: Ann Berg, DHS

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

1. TRANSMITTAL NUMBER:

19-14

2. STATE

Minnesota

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

4. PROPOSED EFFECTIVE DATE

July 1, 2019

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 '19: \$4.3 million

b. FFY '20: \$17.8 million

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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:

Payment Rates for PCA 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:

Ann Berg
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 30, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 30, 2019

18. DATE APPROVED:

December 16, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Deputy Director

23. REMARKS:

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: July 1, 2019

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TN:19-14

Approved: 12/16/19

Supersedes: 18-07 (17-14, 16-13,15-11,13-23,11-18,09-28,08-17,07-08,06-19,06-08,05-21,04-22,02-20)

26. Personal care services.

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

Service provided on or after	4/1/2014	7/1/2014	7/1/2015*	7/1/2016	8/1/2017	<u>7/1/2019</u>
Personal Care 1:1 unit	\$3.96	\$4.16	\$4.27	\$4.28	\$4.35	<u>\$4.45</u>
Personal Care 1:2 unit	\$2.97	\$3.12	\$3.20	\$3.21	\$3.26	<u>\$3.34</u>
Personal Care 1:3 unit	\$2.61	\$2.74	\$2.81	\$2.82	\$2.86	<u>\$2.93</u>
Supervision of Personal Care unit	\$6.96	\$7.31	\$7.50	\$7.52	\$7.64	<u>\$7.82</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.

Enhanced payment for services provided to persons with complex needs:

Effective for services provided on or after July 1, 2018~~2019~~, the Department will increase the payment rates above by 5% 7.5 percent ~~above the current payment rate~~ for personal care assistant services provided to a recipient whose assessment indicates the need for at least 12 hours of personal care services per day. In order for providers to receive the increased payment rate, the personal care assistant providing services must have completed training approved by the Commissioner. This increase does not apply to supervision of a personal care assistant.