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**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: 20-0011**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 28, 2020

Matt Anderson, Medicaid Director  
Minnesota Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

Re: Minnesota State Plan Amendment (SPA) Transmittal Number 20-0011

Dear Mr. Anderson:

We have reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under Transmittal Number (TN) 20-0011. This SPA revises state plan language to modify the requirements for the use of telemedicine and allows additional practitioners to deliver services via telemedicine.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Minnesota Medicaid SPA TN 20-0011 was approved on December 23, 2020 with an effective date of October 1, 2020.

If you have any questions, please contact Sandra Porter at 312-353-8310, or via email at [Sandra.Porter@cms.hhs.gov](mailto:Sandra.Porter@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

cc: Patrick Hultman, DHS

enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  20-0011	2. STATE  Minnesota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2020	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(30)(A) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$0  b. FFY 2021 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 6 to Attachment 3.1-A, Page 1 Supplement 6 to Attachment 3.1-B, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Same CS, 12/22/20	
10. SUBJECT OF AMENDMENT: Telemedicine requirements.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="checkbox"/> OTHER, AS SPECIFIED:			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Patrick Hultman Minnesota Department of Human Services 540 Cedar Street, PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Patrick Hultman			
14. TITLE: Interim Deputy Medicaid Director			
15. DATE SUBMITTED: 10/30/2020			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: October 30, 2020		18. DATE APPROVED: December 23, 2020	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: James G. Scott		22. TITLE: Director Division of Program Operations	
23. REMARKS:			



Medical assistance covers medically necessary services and consultations delivered via telemedicine when performed by:

- a licensed health care provider~~7~~; ~~or~~
- a mental health practitioner working under the supervision of a mental health professional~~7~~;
- a certified community health worker~~7~~;
- an alcohol and drug counselor;
- recovery peers;
- mental health certified peer specialists and certified family peer specialists;
- rehabilitation workers in ARMHS;
- mental health behavioral aides operating in a CTSS program;
- federally qualified health centers and rural health centers including Indian Health providers; ~~or a~~ and
- providers qualified in accordance with par. 13(d) of Attachment 3.1-A to provide a comprehensive assessment for substance use disorder services, 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, except that this limit does not apply to services necessary for the treatment and control of tuberculosis that are provided by a licensed health care provider and in a manner consistent with the recommendations and best practices specified by the Centers for Disease Control and Prevention and the Commissioner of the Minnesota Department of Health.~~

Telemedicine is the delivery of health care services while the patient is at an originating site and the health care provider is at a distant site. A communication between health care providers, or a 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, and or~~ via telephone when social distancing or quarantine is necessary either for the provider or the patient and video communication is not feasible. 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.

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