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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 21-0011

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

August 9, 2021

Cynthia MacDonald
Assistant Commissioner and Medicaid Director
Health Care Administration
Minnesota Department of Human Services
Health Care Administration
P.O. Box 64983
St. Paul, MN 55164-0983

RE: TN 21-0011

Dear Ms. MacDonald:

We have reviewed the proposed Minnesota State Plan Amendment (SPA) to Attachment 4.19-B, MN 21-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 1, 2021. This plan amendment increases the state's current per diem rate for Youth ACT services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

STATE: Minnesota
 Effective: July 1, 2021
 TN: 21-11
 Approved: August 9, 2021
 Supersedes: 12-13 14-09

4.b. Early and periodic screening, diagnosis, and treatment services
 (continued)

Youth ACT services provided by entities with contracts with the Department are paid a regional per diem rate per provider as indicated by the table below. The Department will set rates inclusive of all intensive nonresidential rehabilitative services identified in Attachments 3.1-A and B, section 4.b., item 5, using statewide parameters with assigned values based on regional costs of providing care. To determine this rate, the Department will include and document:

- A. the cost for similar services in the geographic region;
- B. actual costs incurred by entities providing the services;
- C. the intensity and frequency of services to be provided to each client;
- D. the degree to which clients will receive services other than services under this section; and
- E. the costs of other services that will be separately reimbursed.

The chart below identifies the per diem rate for youth ACT services provided on or after the effective date. The rate is based on the five criteria above. Rates are recalculated annually based on the submitted charges for the individual service components within the geographical regions.

Region	Rate	Rate	Rate
	Eff. 7/1/2012	Eff. 6/1/2014	Eff. 7/1/2021
Central	\$138.36	\$190.66	\$194.49
Metro	\$137.33	\$192.65	\$257.42
Northeast	\$137.38	\$178.60	\$178.60
Northwest	\$149.67	\$185.28	\$185.28
Southeast	\$122.92	\$149.63	\$149.63
Southwest	\$136.92	\$170.01	\$170.01

Travel time, as described in item 6.d.A., is paid separately.