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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 <u>Deborah.Benson@cms.hhs.gov.</u>

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL			
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	21-0011	Minnesota	
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO DECIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	uD)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2021		
5. TYPE OF PLAN MATERIAL (Check One):			
□ NEW STATE PLAN □ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN	X AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$26,222		
42 CFR § 440.345			
	b. FFY 2022 \$104,887		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable):	EDED PLAN SECTION	
Attachment 4.19-B, page 8e			
	Same		
10. SUBJECT OF AMENDMENT:	1		
Youth ACT Rates			
11. GOVERNOR'S REVIEW (Check One):			
x GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFI	ED:	
□ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Alley Zoellner		
	Minnesota Department of Human Services Federal Relations Unit		
	540 Cedar Street, PO Box 64983		
	St. Paul, MN 55164-0983		
13. TYPED NAME: Patrick Hultman			
Deputy Medicaid Director			
15. DATE SUBMITTED:			
May 28, 2021			
FOR REGIONAL OF			
17. DATE RECEIVED: May 28, 2021	18. DATE APPROVED: August 9, 20)21	
PLAN APPROVED – ON			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021	20. SIGNATURE OF REGIONAL OFF	ICIAL:	
21. TYPED NAME:	22. TITLE:		
Todd McMillion	Director, Division of Reimbursen	nent Review	
23. REMARKS:			

STATE: Minnesota ATTACHMENT 4.19-B Effective: July 1, 2021 Page 8e 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 Eff. 7/1/2012	Rate Eff. 6/1/2014	Rate 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.