

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 21-0023**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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



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**Financial Management Group**

November 24, 2021

Cynthia McDonald  
Assistant Commissioner and Medicaid Director  
Health Care Administration  
State of Minnesota, Department of Human Services  
540 Cedar Street PO Box 64983  
ST. Paul, MN 55167-0983

RE: TN 21-0023

Dear Name:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, MN 21-0023, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 19, 2021. This plan amendment updates the rates for Personal Care Assistance services, Home Health services, and Private Duty Nursing.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 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 DRR analyst name at 1-312-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  21-0023	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 10/01/2021	
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: 42 CFR 440.167; 42 CFR 440.80; 42 CFR 440.70		7. FEDERAL BUDGET IMPACT: a. FFY 2022 \$31,304  b. FFY 2023 \$33,401	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B Pages 25, 26, 28, 29, 74		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Same	
10. SUBJECT OF AMENDMENT: Personal care assistance services, home health services, private duty nursing.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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: Deputy Medicaid Director			
15. DATE SUBMITTED: 10/23/2021			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>October 19, 2021</b>		18. DATE APPROVED: November 24, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>October 1, 2021</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>Todd McMillion</b>		22. TITLE: <b>Director, Division of Reimbursement Review</b>	
23. REMARKS:			

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: October 1, 2021

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TN: 21-23

Approved: November 24, 2021

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

7.a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Payment for skilled nurse visits is the lower of the submitted charge or the rate from the chart below.

<b>Service provided on or after</b>	9/1/2011	7/1/2013	4/1/2014	7/1/2014	7/1/2015*	<u>1/1/2022</u>
Skilled nurse visit	\$69.69	\$70.04	\$70.74	\$74.28	\$75.02	<u>\$80.86</u>

\* The Department will reduce payment by .5% for providers that fail to submit a quality improvement plan.

Immunizations and other injectables are paid using the same methodology as Item 2.a., Outpatient hospital services.

Home health agencies that administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

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Effective: October 1, 2021

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TN: 21-23

Approved: November 24, 2021

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

7.b. Home health aide services provided by a home health agency.

Payment for home health aide visits is the lower of the submitted charge or the rate from the chart below.

<b>Service provided on or after</b>	9/1/2011	7/1/2013	4/1/2014	7/1/2014	7/1/2015*	<u>1/1/2022</u>
Home Health Aide Visit	\$ 53.48	\$53.75	\$54.29	\$57.00	\$57.57	<u>\$62.05</u>

\* The Department will reduce payment by .5% for providers that fail to submit a quality improvement plan.

STATE: MINNESOTA

Effective: October 1, 2021

TN: 21-23

Approved: November 24, 2021

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7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency.

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

Service provided on or after	9/1/2011	7/1/2013	4/1/2014	7/1/2014	7/1/2015*	1/1/2022
Physical Therapy Visit (PT)	\$ 65.38	\$65.71	\$66.37	\$69.69	\$77.43	<u>\$83.45</u>
Physical Therapy Visit (Ass't)	\$ 42.50	\$42.71	\$43.14	\$45.30	\$50.33	<u>\$54.25</u>
Speech Therapy Visit	\$ 66.38	\$66.71	\$67.38	\$70.75	\$78.60	<u>\$84.72</u>
Occupational Therapy Visit (OT)	\$ 66.72	\$67.05	\$67.72	\$71.11	\$79.00	<u>\$85.15</u>
Occupational Therapy Visit (Ass't)	\$ 43.37	\$43.59	\$44.03	\$46.22	\$51.35	<u>\$55.35</u>
Respiratory Therapy Visit	\$ 46.21	\$46.44	\$46.90	\$49.25	\$49.74	<u>\$53.61</u>

\* The Department will reduce payment by .5% for providers that fail to submit a quality improvement plan.

Physical therapy assistant and occupational therapy assistant services provided by a **home health agency** are paid using the same methodology as items 11a., Physical therapy and 11b., Occupational therapy.

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8. Private duty nursing services.

Payment for private duty nursing services is the lower of the submitted charge or the rate from the chart below.

Service provided on or after	9/1/2011	7/1/2013	4/1/2014	7/1/2014	7/1/2015*	1/1/2022
Private Duty Nursing L.P.N. Unit	\$ 6.21	\$6.24	\$6.30	\$6.62	\$6.69	<u>\$7.21</u>
Private Duty R.N. Unit	\$ 8.09	\$8.13	\$8.21	\$8.62	\$8.71	<u>\$9.39</u>
Private Duty L.P.N. (complex)	\$ 7.28	\$7.32	\$7.39	\$7.76	\$7.84	<u>\$8.45</u>
Private Duty R.N. (complex)	\$ 9.70	\$9.75	\$9.85	\$10.34	\$10.44	<u>\$11.25</u>

**NOTE:** 1 unit = 15 minutes

\* The Department will reduce payment by .5% for providers that fail to submit a quality improvement plan.

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	7/1/2019	10/1/2021
Personal Care 1:1 unit	\$3.96	\$4.16	\$4.27	\$4.28	\$4.35	\$4.45	<u>\$4.90</u>
Personal Care 1:2 unit	\$2.97	\$3.12	\$3.20	\$3.21	\$3.26	\$3.34	<u>\$3.68</u>
Personal Care 1:3 unit	\$2.61	\$2.74	\$2.81	\$2.82	\$2.86	\$2.93	<u>\$3.23</u>
Supervision of Personal Care unit	\$6.96	\$7.31	\$7.50	\$7.52	\$7.64	\$7.82	<u>\$11.71</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, 2019, the Department will increase the payment rates above by 7.5 percent 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. Effective for services provided on or after January 1, 2022, this enhanced payment applies to rates for personal care assistant services provided to a recipient whose assessment indicates the need for at least 10 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.