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**STATE/TERRIORITY NAME: MINNESOTA**

**STATE PLAN AMENDMENT (SPA)#: 22-0026**

**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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September 9, 2022

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

Re: Minnesota State Plan Amendment (SPA) 22-0026

Dear Ms. MacDonald:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0026. This amendment proposes to decrease the night staffing ratio during normal sleeping hours from at least one staff person for every four residents to at least one staff person for every six residents. It also requires providers to adjust sleeping-hours staffing levels based on the clinical needs of the residents in the facility.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Minnesota Medicaid SPA 22-0026 was approved on September 8, 2022, with an effective date of July 1, 2022.

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

Enclosures

cc: Alexandria Zoellner, MDHS  
Melorine Mokri, MDHS  
Patrick Hultman, MDHS

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 2 6

2. STATE

MN3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

Section 1905(a)(25) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

3.1-A Page 61a3.1-B Page 60a8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)same

9. SUBJECT OF AMENDMENT

Makes changes to the staffing ratio during normal sleeping hours at inpatient psychiatric facilities.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

August 5, 2022

15. RETURN TO

Alley ZoellnerMinnesota Department of Human ServicesFederal Relations Unit540 Cedar Street, PO Box 64983Saint Paul, MN 55164**FOR CMS USE ONLY**

16. DATE RECEIVED

August 8, 2022

17. DATE APPROVED

September 8, 2022**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

16. Inpatient psychiatric facilities services for individuals under 22 years of age:

The treatment team must also include at least one of the following:

- 1) A licensed independent clinical social worker (LICSW),
- 2) A registered nurse with specialized training, or one year of experience treating people with mental illness;
- 3) An occupational therapist, as described in item 11.b., with specialized training, or one year of experience treating people with mental illness; or
- 4) A board-licensed psychologist.

The treatment team must maintain a staffing ratio of at least one staff person to three residents during normal waking hours, and at least one staff person for every ~~four~~ six residents during normal sleeping hours.

○ **Covered services.** Covered services include all medically necessary services covered under Medical Assistance and described in the recipient's plan of care. The treatment team must provide the following:

- Development of the individual plan of care, including review of the plan every 30 days;
- Daily therapy as described in the plan of care, including:
  - Individual therapy provided at least two times per week;
  - Family therapy provided at least one time per week; and
  - Group therapy as appropriate;
- Consultation with other professionals including case managers, primary care professionals, community-based mental health providers, school staff, and other members of the child's support structure;
- Nursing care to patients 24 hours per day, and
- Discharge planning.

Services may also be provided under arrangement by licensed professionals who are not part of the treatment team, but have a contractual agreement with the PRTF. Arranged services may be delivered at the facility or in the community, and may be billed by either the facility or the licensed professional.

STATE: MINNESOTA  
Effective: July 1, 2022  
TN: 22-26  
Approved: 9/8/2022  
Supersedes: 17-15

ATTACHMENT 3.1-B  
Page 60a

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