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STATE/TERRIORITY NAME: MINNESOTA

STATE PLAN AMENDMENT (SPA)#: 22-0027

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

November 15, 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) 22-0027

Dear Ms. MacDonald:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0027. This amendment proposes to make optional, the Early Intensive Developmental and Behavioral Intervention Qualified Supervising Professional's involvement in the coordinating care conference discussion; effective July 1, 2022.

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 22-0027 was approved November 15, 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.

Sincerely,

Ruth Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Alexandria Zoellner
Melorine Mokri
Patrick Hultman

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 2 7

2. STATE

MN

3. 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 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

3.1-A Page 17xx-9
3.1-B Page 16xx-9

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

This amendment makes the Qualified Supervising Professional's involvement in the Coordinated Care Conference optional

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

[Redacted Signature]

12. TYPED NAME
Patrick Hultman

13. TITLE
Deputy Medicaid Director

14. DATE SUBMITTED
August 24, 2022

15. RETURN TO
Alley Zoellner
Minnesota Department of Human Services
Federal Relations Unit
540 Cedar Street, PO Box 64983
Saint Paul, MN 55164

FOR CMS USE ONLY

16. DATE RECEIVED
August 24, 2022

17. DATE APPROVED
November 15, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF [Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

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

2. **Coordinated Care Conference** brings together the team of professionals that work with the child and family to develop and coordinate the implementation of the individual treatment plan (ITP) to assure that services are coordinated and integrated across providers and service delivery systems. Participants in the conference will perform some, or all, of the following:
- a. Coordinate and integrate information from the CMDE process
 - b. Describe intensive treatment options and expectations across service settings;
 - c. Document intensive treatment scope, modality, intensity, frequency and duration based on the CMDE recommendations and family choice;
 - d. Review the child's progress toward goals with the child's family;
 - e. Coordinate services provided to the child and family;
 - f. Identify the level and type of parent involvement in the child's intensive treatment;
 - g. Coordinate program transition; and
 - h. Integrate care and services across service providers to ensure access to appropriate and necessary care including medically necessary speech therapy, occupational therapy, mental health, human services or special education;

Qualified providers: May include any of the qualified providers including ~~Must be completed by the~~ Qualified Supervising Professional (QSP), and ~~may include the~~ CMDE Provider, Level I Provider, and Level II Provider.

3. **Individual Treatment Plan (ITP)** is a person-centered, written plan of care for a child receiving EIDBI services. This includes development, ongoing monitoring, and updating of the ITP. The ITP must be based on the CMDE, be culturally and linguistically appropriate, and include input from the child's family and legal representative, who must sign in addition to the QSP. The ITP specifies the:
- child's functional goals, including baseline measures and projected dates of accomplishment, which are developmentally appropriate, and work toward generalization across people and environments;
 - treatment modality or modalities;
 - treatment intensity, frequency and duration;
 - setting
 - discharge criteria;

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

4. **Coordinated Care Conference** brings together the team of professionals that work with the child and family to develop and coordinate the implementation of the individual treatment plan (ITP) to assure that services are coordinated and integrated across providers and service delivery systems. Participants in the conference will perform some, or all, of the following:
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 - c. Document intensive treatment scope, modality, intensity, frequency and duration based on the CMDE recommendations and family choice;
 - d. Review the child's progress toward goals with the child's family;
 - e. Coordinate services provided to the child and family;
 - f. Identify the level and type of parent involvement in the child's intensive treatment;
 - g. Coordinate program transition; and
 - h. Integrate care and services across service providers to ensure access to appropriate and necessary care including medically necessary speech therapy, occupational therapy, mental health, human services or special education;

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