

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 22-0028**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



**Medicaid and CHIP Operations Group**

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October 28, 2022

Patrick Hultman, Deputy Medicaid Director  
Minnesota Department of Human Services  
540 Cedar Street  
PO Box 64983  
Saint Paul, MN 55164-0983

RE: MN 22-0028 Minnesota §1915(i) home and community-based services (HCBS) state plan amendment (SPA)

Dear Mr. Hultman:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend its 1915(i) state plan home and community-based services (HCBS) benefit, transmittal number MN 22-0028. The effective date for this amendment is November 1, 2022. With this amendment, the state is updating the professional qualified to submit a statement of need for services. CMS supports approval of this amendment as it will not have a negative beneficiary impact, is consistent with Medicaid statutory requirements, regulations, and policies and permits the state to make systemic changes to allow them to administer the program as they desire. These changes will not negatively impact eligibility, provider rates, or access to services and therefore does not violate the FFCRA or Section 9817 of the ARP MOE.

Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 3.1-i: Page 16

It is important to note that CMS' approval of this change to the state's 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at [http://www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm).

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Shawn Zimmerman at [Shawn.Zimmerman@cms.hhs.gov](mailto:Shawn.Zimmerman@cms.hhs.gov) or (410) 786-8291.

Sincerely,

George P. Failla, Jr., Director  
Division of HCBS Operations and Oversight

cc: Lynell Sanderson, CMS  
Kathy Poisal, CMS  
Cynthia Nanes, CMS  
Sandra Porter, CMS  
Pat Callaghan, MN DHS  
Melorine Mokri, MN DHS

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

1. TRANSMITTAL NUMBER  
2 2 0 0 2 8

2. STATE  
M N

3. PROGRAM IDENTIFICATION: TITLE \_\_\_\_\_ OF THE SOCIAL SECURITY ACT

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

3. PROPOSED EFFECTIVE DATE  
11/1/2022

5. FEDERAL STATUTE/REGULATION CITATION  
1915(i) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY '23 \$ 0  
b. FFY '24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 3.1-i, page 16

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

9. SUBJECT OF AMENDMENT  
  
Professionals qualified to submit statement of need

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  
9/26/2022

15. RETURN TO  
  
Patrick Hultman  
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  
September 26, 2022

17. DATE APPROVED  
October 28, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
November 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
George P. Failla, Jr.

21. TITLE OF APPROVING OFFICIAL  
Director of DHCBSO

22. REMARKS

assessment is used to identify housing-related needs in addition to level of care and other needs, it an appropriate tool for determining needs for these 1915(i) services.

### **Professional Statement of Need**

The professional statement of need must be completed by a qualified professional.

Qualified professionals include the following.

- (a) For physical illness, injury, or incapacity, a "qualified professional" means a licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), physical therapist, occupational therapist, or licensed chiropractor, according to their scope of practice.
- (b) For developmental disability, learning disability, and intelligence testing, a "qualified professional" means a licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), licensed independent clinical social worker, licensed psychologist, certified school psychologist, or certified psychometrist working under the supervision of a licensed psychologist.
- (c) For mental ~~illness health diagnoses~~, a "qualified professional" means a licensed physician, physician's assistant, advanced practice registered nurse, tribally certified mental health professional, or a mental health professional, as defined in Attachments 3.1-A and B, item 6.d.A.
- (d) For substance use disorder, a "qualified professional" means a licensed physician, physician's assistant, tribally certified mental health professional, ~~a qualified~~ mental health professional (a registered nurse certified as a clinical specialist in psychiatric nursing or as a nurse practitioner in psychiatric and mental health nursing, licensed independent clinical social worker, licensed professional clinical counselor, licensed psychologist, licensed marriage and family therapist, or licensed psychiatrist) a substance use disorder treatment director, an alcohol and drug counselor supervisor, a licensed alcohol and drug counselor, or certified alcohol and drug counselor through the evaluation process established by the International Certification and Reciprocity Consortium Alcohol and Other Drug Abuse, Inc., or the Upper Midwest Indian Council on Addictive Disorder (UMICAD).

### **Coordinated Entry Assessment**

The coordinated entry assessor must complete training approved by the Commissioner to administer the coordinated entry tool.

5. **Responsibility for Development of Person-Centered Service Plan.** There are qualifications (that are reasonably related to developing service plans) for persons responsible for the development of the individualized, person-centered service plan. (*Specify qualifications*):