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State/Territory Name: MINNESOTA

State Plan Amendment (SPA) #: 22-0034

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

December 19, 2022

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 22-0034

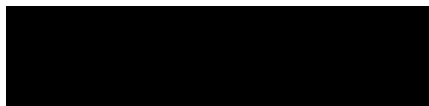
Dear Ms. McDonald:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, MN-22-0034, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 31, 2022. This plan amendment updates the rates for Youth ACT services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. 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.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 3 4</u>	2. STATE <u>MN</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR § 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 306,000
b. FFY 2024 \$ 306,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B page 8e

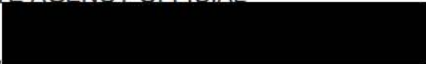
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
same

9. SUBJECT OF AMENDMENT
This amendment updates the rates for youth assertive community treatment services or Intensive Rehabilitative Mental Health Ser

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
October 31, 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 OCTOBER 31, 2022	17. DATE APPROVED December 16, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL JANUARY 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL TODD MCMILLION	21. TITLE OF APPROVING OFFICIAL DIRECTOR, DIVISION OF REIMBURSEMENT REVIEW

22. REMARKS

STATE: Minnesota
 Effective: January 1, 2023
 TN: 21-32

Approved: December 19, 2022

Supersedes: 21-32, (21-11, 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	Rate Eff. 1/1/2022	Rate Eff. 1/1/2023
Central	\$138.36	\$190.66	\$194.49	\$188.46	<u>\$238.28</u>
Metro	\$137.33	\$192.65	\$257.42	\$279.81	<u>\$364.54</u>
Northeast	\$137.38	\$178.60	\$178.60	\$178.60	<u>\$178.60</u>
Northwest	\$149.67	\$185.28	\$185.28	\$185.28	<u>\$185.28</u>
Southeast	\$122.92	\$149.63	\$149.63	\$149.63	<u>\$149.63</u>
Southwest	\$136.92	\$170.01	\$170.01	\$170.01	<u>\$170.01</u>

Travel time, as described in item 6.d.A., is paid separately.