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State Territory Name: MINNESTOA

State Plan Amendment (SPA) #: 23-0005

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

July 17, 2023

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 23-0005

Dear Director McDonald:

We have reviewed the proposed Minnesota State Plan Amendment (SPA) to Attachment 4.19-B, MN-23-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on April 19, 2023. This plan amendment updates requirements for Targeted Case Management (TCM).

Based upon the information provided by the State, we have approved the amendment with an effective date of May 12, 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

2 3 — 0 0 0 5

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

May 12, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440.169(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 58, 58a, 58b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

This amendment requires in-person contact for Targeted Case Management for individuals placed outside the home and those receiving services for child protection.

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

April 19, 2023

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

April 19, 2023

17. DATE APPROVED

July 17, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

May 12, 2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

STATE: MINNESOTA
Effective: May 12, 2023
TN: 23-05
Approved: July 17, 2023
Supersedes: 22-22, 00-11, 99-25

ATTACHMENT 4.19-B
Page 58

19.a. Child welfare-targeted targeted case management services as defined in, and to the group specified in Supplement 1a to Attachments 3.1-A/B (in accordance with 1905(a)(19) or section 1915(g) of the Act).

Eligible contacts for Counties, Tribes and Contracted Service Providers

~~The monthly rate is based on an aggregate of time spent forming all elements of case management services.~~

Payment is based on:

- ~~a. A~~ a face-to-face contact, either in person or by interactive video, at least once per month between the case manager and the recipient or the recipient's family, primary caregiver, legal representative, or other relevant person identified as necessary to the development or implementation of the goals of the individual service plan in regard to the status of the recipient, the individual service plan, or goals for the recipient.

In-person contact is required for individuals who are placed outside of the home or who are receiving case management service for reasons related to child protection, unless the individual is

- ~~b. A telephone contact, for Minnesota recipients placed outside the county of financial responsibility in an excluded time facility under Minnesota Statutes, section 260.93, and the placement in either case is more than 60 miles beyond the county or reservation boundaries. The telephone contact must be between the case manager and the recipient or the recipient's family, primary caregiver, legal representative, or other relevant person identified as necessary to the development or implementation of the goals of the individual service plan in regard to the status of the recipient, the individual service plan, or goals for the recipient. There must be at least one contact per month and In that circumstance, service may be delivered via telephone or interactive video, but not for more than two consecutive months without an in-person face to face contact as described in item (a) above.~~

Encounter Rate Methodology for IHS or Tribal 638 Providers

The rate is one half of the average monthly child welfare targeted case management rate paid to counties within the tribe's Contract Health Service Delivery Area. The rate is recalculated annually.

STATE: MINNESOTA
Effective: May 12, 2023
TN: 23-05

ATTACHMENT 4.19-B
Page 58a

Approved: July 17, 2023

Supersedes: 22-22, 20-10, 17-24, 00-11, 99-25

19.a. Child welfare-targeted targeted case management services as defined in, and to the group specified in Supplement 1a to Attachments 3.1-A/B (in accordance with 1905(a)(19) or section 1915(g) of the Act).

~~An encounter is defined as a face-to-face contact, either in person or by interactive video, or a telephone contact occurring within a 24-hour period ending at midnight, as follows:~~

- ~~a. A face-to-face contact, either in person or by interactive video, between the case manager and the recipient or the recipient's family, primary caregiver, legal representative, or other relevant person identified as necessary to the development or implementation of the goals of the individual service plan in regard to the status of the recipient, the individual service plan, or goals for the recipient.~~
- ~~b. A telephone contact between the case manager and the recipient or the recipient's family, primary caregiver, legal representative, or other relevant person identified as necessary to the development or implementation of the goals of the individual service plan in regard to the status of the recipient, the individual service plan, or goals for the recipient.~~

~~This applies to a recipient placed outside the county of financial responsibility or to a recipient served by tribal social services placed outside the reservation, in an excluded time facility under Minnesota Statutes, section 256C.02, subdivision 6, or through the Interstate Compact on the Placement of Children under Minnesota Statutes, section 260.93. The placement must be more than 60 miles beyond the county or reservation boundaries.~~

To be eligible for payment, there must be at least one contact per month. Only one contact within a 24-hour period ending at midnight will be paid, except that eligible contacts ~~encounters~~ with more than one case manager in the same 24-hour period are payable if one case manager from a tribe and one case manager from the county of financial responsibility, or a tribal-contracted or county-contracted vendor, determine that dual case management is medically necessary and documentation of the need and the distinctive services provided by each case manager is maintained in the individual service plan.

STATE: MINNESOTA
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Page 58b

19.b. Child welfare-targeted targeted case management services as defined in, and to the group specified in Supplement 1a to Attachments 3.1-A/B (in accordance with 1905(a)(19) or section 1915(g) of the Act).

Rate Methodology for Entities Under Contract with Tribal Social Services

The monthly rate for child welfare targeted case management services provided by entities under contract with tribal social services is based on the monthly rate negotiated by tribal social services. The negotiated rate must not exceed the rate charged by the entity for the same service to other payers.

If the service is provided by a team that includes contracted vendors, IHS or 638 facility staff, and state or county staff, the costs for the state or county staff participation in the team must be included in the rate for county-provided services. In this case, the contracted vendor, the IHS or 638 facility and the county may each receive separate payment for services provided by each entity in the same month. In order to prevent duplication of services, each entity must document, in the client's file, the need for team ~~mental-health~~ targeted case management and a description of the roles of team members.

Rate Methodology for Services Provided by County Staff:

A statistically valid random moment time study, Minnesota's Social Services Time Study (SSTS), is used to construct a monthly for child welfare targeted case management services. The SSTS separates time of all direct services staff into a number of categories that constitute allowable ~~mental-health~~ targeted case management activities and other unallowable activities. The proportion of allowable to total activities, when multiplied by the overall provider costs establishes the costs of ~~mental-health~~ targeted case management activity.