

Table of Contents

State Territory Name: MINNESOTA

State Plan Amendment (SPA) #: 23-0007

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

May 1, 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 23-0007

Dear Ms. McDonald:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, MN-23-0007 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 6, 2023. This plan amendment updates the rates for Intensive Behavioral Health Services.

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

A solid black rectangular box redacting the signature of Todd McMillion.

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 7

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, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 2023 \$ 618,442b. FFY 2025 2024 \$ 4,075,708

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 8f

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

same

9. SUBJECT OF AMENDMENT

This amendment adds children residing in the legal guardian's home and considered at-risk to those eligible to receive intensive

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

March 6, 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 **March 6, 2023**

17. DATE APPROVED

May 1, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 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

PEN AND INK CHANGE AUTHORIZED BY THE STATE

STATE: MINNESOTA
Effective: July 1, 2023
TN: 23-07

ATTACHMENT 4.19-B
Page 8f

Approved: May 1, 2023
Supersedes: 22-24, (22-16, 17-10, 16-17, 14-09, 13-14)

4.b. Early and periodic screening, diagnosis, and treatment services.

Effective for services provided on or after July 1, 2013, Family Psychoeducation services are paid in 15 minute units using the same methodology that applies to psychotherapy services in item 5.a. Physicians' services.

In-reach Care Coordination services are paid using the same methodology that applies to in-reach care coordination services in item 5.a., Physicians' services.

Effective for services provided on or after July 1, 2013,
Clinical Care Consultation services are paid the lower of:

1. the submitted charge, or
2. the state established rate of:
 - 90899U8 (5 - 10 min) \$14.10
 - 90899U9 (11 - 20 min) \$29.14
 - 90899UB (21 - 30 min) \$47.94
 - 90899UC (>30 min) \$76.02

If the service is provided over the phone, the state established rate is equal to 75% of the amount listed above.

An entity of the type described in item 4.b, section 1, of Attachment 3.1-A and 3.1-B, may employ a mental health professional, and a clinical trainee, as described in item

6.d.A. of Attachments 3.1-A and 3.1-B, to provide psychotherapy, psychoeducation, crisis assistance, clinical care consultation, and individual treatment plan development as part of an intensive treatment program. Effective for services provided on or after July 1, 2017, payment is the lower of:

- 1) submitted charge, or
- 2) the payment rate otherwise specified for the component service under item 4.b. of Attachment 4.19-B, except when an intensive level of therapeutic interventions are provided to foster children and children considered to be at-risk who are living with their legal guardians, at least three days per week for two hours per encounter (or during a subsequent period when reduced units of service are specified in the treatment plan and for no more than 60 days in order to meet the needs of the client and family, or pursuant to a discharge plan to another service or level of care), the payment rate of \$386.11 per child per diem. Billing and payment are prohibited for days on which no services are delivered and documented.

Effective for services provided on or after September 1, 2016,
Certified Family Peer Specialist services are paid the lower of:

1. the submitted charge, or
2. the state established rate of:
 - H0038 HA (individual) \$15.02 per 15 minutes
 - H0038 HA HQ (group) \$7.55 per 15 minutes