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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 23-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary 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

May 16, 2023

Julie Marquardt
Assistant Commissioner and Minnesota Medicaid Director
Minnesota Department of Human Services
540 Cedar Street
St. Paul, Minnesota 55164-0983

Re: Minnesota State Plan Amendment (SPA) 23-0008

Dear Ms. Marquardt:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0008. This amendment proposes the following changes to Children's Therapeutic Services and Supports (CTSS): Removes the requirement that an Individual Behavior Plan guides the work of a Mental Health Behavioral Aide (MHBA) who is providing Mental Health Behavioral Aide Services to a child receiving CTSS skills training. Additionally, several clinical service requirements were repealed including that the treatment supervisor is no longer required to be present on-site at a Day Treatment program while a supervisee is providing mental health services to children. Also, the treatment supervisor is no longer required to review and sign the record of a child's day treatment care.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Minnesota Medicaid SPA 23-0008 was approved on May 16, 2023, with an effective date of January 1, 2023.

If you have any questions, please contact Sandra Porter at 312-353-8310, or via email at Sandra.Porter@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Patrick Hultman
Melorine Mokri
Alexandra Zoellner

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

1. TRANSMITTAL NUMBER
2 3 — 0 0 0 8

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
January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR § 440 and Title XIX of the Social Security Act.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Attachment 3.1-A, Page 17d, 17e, 17f, 17pp,
Attachment 3.1-B, Page 16d, 16e, 16f, 16pp**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

9. SUBJECT OF AMENDMENT

This amendment makes changes to the delivery of Children's Therapeutic Services and Supports per state law change.

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:

12. TYPED NAME
Patrick Hultman

13. TITLE
Deputy Medicaid Director

14. DATE SUBMITTED
March 17, 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 17, 2023

17. DATE APPROVED
May 16, 2023

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
James G. Scott

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

22. REMARKS

**05/15/23-MN State Medicaid Agency provided CMS with permission to edit Box 5 to include the following reference:
"and XIX of the Social Security Act"**

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

Fifteen hours must be face-to-face training in mental health services delivery and eight hours must be parent team training, which includes partnering with parents; fundamentals of family support; fundamentals of policy' and decision-making; defining equal partnership; complexities of parent and service provider partnership in multiple service delivery systems; sibling impacts; support networks; and community resources; and 20 hours of continuing education every two calendar years. Topics covered are those identified in subclause i., above.

1) a Level II mental health behavioral aide must:

- 1) be at least 18 years of age;
- 2) have an associate or bachelor's degree or 4,000 hours of experience delivering clinical services to children with in the treatment of mental illness or emotional disturbance concerning children or adolescents, or complete a certification program approved by the Department; and
- 3) meet the preservice and continuing education requirements as a Level I mental health behavioral aide.

B. A day treatment multidisciplinary team that includes at least one mental health professional ~~and one mental health practitioner.~~

Components of Children's Therapeutic Services and Supports

Persons providing children's therapeutic services and support must be capable of providing the following components:

- A. Psychotherapy: patient and/or family, family, and group. Family psychotherapy services must be directed exclusively to the treatment of the child. ~~Psychotherapy services require prior authorization.~~
- B. Individual, family, or group skills training designed to facilitate the acquisition of psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate developmental trajectory that was disrupted by psychiatric illness.

STATE: MINNESOTA

Effective: January 1, 2023

TN: 23-08

Approved: May 16, 2023

Supersedes: 22-24 (13-14, 09-22, 06-12, 04-10, 02-22)

ATTACHMENT 3.1-A

Page 17e

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

Crisis planning. Crisis planning services focus on crisis identification and prevention and is designed to address abrupt or substantial changes in the functioning of the child or the child's family as evidenced by a sudden change in behavior with negative consequences for well-being, a loss of coping mechanisms, or the presentation of danger to self or others. The services help the child, the child's family and all providers of services to the child to:

- 1) recognize factors precipitating a mental health crisis;
- 2) identify behaviors related to the crisis; and
- 3) be informed of available resources to resolve the crisis.

Crisis planning services must be coordinated with emergency services. Emergency services must be available 24 hours per day, seven days a week;

- C. Mental health behavioral aide services means medically necessary one-on-one activities performed by a trained paraprofessional to practice psychosocial skills and assist a child retain or generalize psychosocial skills according to the child's treatment plan that a mental health professional, clinical trainee, or mental health practitioner has previously taught to the child according to the child's treatment plan.

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ATTACHMENT 3.1-A
Page 17f

supersedes:22-08, (15-03,14-16, 13-14, 09-22, 06-12, 04-10, 02-22)

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

C. ~~direction of a mental health behavioral aide by a mental health professional, a clinical trainee, who assumes full professional responsibility, or direction of a mental health behavioral aide by a mental health practitioner working under the clinical supervision of a mental health professional who assumes full professional responsibility.~~ Direction is based on the child's individualized treatment plan and means to ensure performance of activities in guiding the mental health behavioral aide in providing services to a client and to continuously evaluate the mental health behavioral aide's ability to carry out the MHBA activities in the individualized treatment plan.÷

- ~~1) ongoing, on-site observation by a mental health professional or mental health practitioner for at least one hour during every 40 hours of service ; and~~
- ~~2) immediate accessibility of the mental health professional or mental health practitioner to the mental health behavioral aide when the services are provided.~~

D. mental health service plan development includes the development, review, and revision of a child's individual treatment plan;

~~E. Functional assessment. A functional assessment is the administration and reporting of standardized outcome measurement instruments.~~

Components A-B, above, may be combined to constitute a mental health day treatment program, provided by a multidisciplinary staff under the clinical supervision of a mental health professional. A day treatment program consists of psychotherapy for three or more recipients and individual or group skills training. It is provided by an outpatient hospital accredited by the Joint Commission on the Accreditation of Healthcare Organizations, a community mental health center, or a county contracted day treatment provider. ~~Day treatment is provided at least one day a week for a minimum two hour time block (of which one hour, is individual or group psychotherapy), but no more than three hours per day.~~ A child may receive less than two hours per day of day treatment if the child is transitioning in or out of day treatment.

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ATTACHMENT 3.1-A
Page 17pp

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

development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

1. Provided pursuant to an individual treatment plan based on recipients' clinical needs;
2. Developed with assistance from recipients' families or legal representatives; and
3. Supervised by a mental health professional who provides ~~at least weekly face-to-face~~ supervision either individually or as a group to staff providing program services to a resident.

Provider Qualifications and Training

Members of the multidisciplinary team provide residential rehabilitative services within their scope of practice under the supervision of a mental health professional as defined in item 6.d.A.

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

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