

## **Table of Contents**

**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: 23-0009**

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

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June 13, 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) 23-0009

Dear Ms. Marquardt:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0009. This amendment changes the requirements for mental health targeted case management (TCM) services for children under Minnesota's Medicaid program. Effective May 12, 2023; following the end of the Public Health Emergency (PHE), Mental Health TCM services for children must take place face-to-face or via interactive video.

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 MN SPA 23-0009 was approved on June 12, 2023, with an effective date of May 12, 2023.

If you have any questions, please contact Sandra Porter at 312-353-8310, or via email at [Sandra.Porter@cms.hhs.gov](mailto: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 <u>2 3</u> — <u>0 0 0 9</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  
**May 12, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR § 440.169(b) and Title XIX of the Social Security Act**

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  
**Supplement 1 to Attachment 3.1-A page 4  
Supplement 1 to Attachment 3.1-B Page 4**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  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

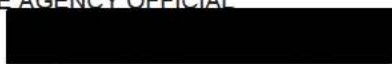
9. SUBJECT OF AMENDMENT

**This amendment changes the requirements for mental health targeted case management services for children.**

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  
**April 7, 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 <b>April 7, 2023</b>	17. DATE APPROVED <b>June 12, 2023</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>May 12, 2023</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>

22. REMARKS

Approved: June 12, 2023  
Supersedes: 20-10, (17-24, 02-21, 02-04)

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D. Definition of Services: (continued)

The monthly payment is limited to the following components of case management services:

1. At a minimum, in order to receive payment:

A. for an adult, the case management ~~tr~~ ~~service provider~~, must document at least a+ contact with the adult or the adult's ~~client or the client's~~ legal guardian ~~representative~~, which may occur via telephone, interactive video, or in person

B. For a child, the case management service provider must document at least face-to-face contact or contact via interactive video with the child, the child's parent or legal representative.

2. Contacts between the case manager or case manager associate and their clinical supervisor concerning the client.
3. Development, review, and revision of the client's Individual community support plan and functional assessment.
4. Time spent by the case manager or case manager associate traveling to meet face-to-face with a client who resides outside of the county of financial responsibility, or to meet face-to-face with the client's family, legal representative, or primary caregiver.
5. Time spent by the case manager or case manager associate traveling within the county of financial responsibility to meet face- to-face with the client or the client's family, legal representative, or primary caregiver.

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D. Definition of Services: (continued)

The monthly payment is limited to the following components of case management services:

1. At a minimum, in order to receive payment:

A. for an adult, the case management service provider, must document at least a contact with the adult or the adult's elient or the client's legal guardian representative, which may occur via telephone, interactive video, or in person

B. For a child, the case management service provider must document at least face-to-face contact or contact via interactive video with the child, the child's parent or legal representative.

2. Contacts between the case manager or case manager associate and their clinical supervisor concerning the client.

3. Development, review, and revision of the client's Individual community support plan and functional assessment.

4. Time spent by the case manager or case manager associate traveling to meet face-to-face with a client who resides outside of the county of financial responsibility, or to meet face-to-face with the client's family, legal representative, or primary caregiver.

5. Time spent by the case manager or case manager associate traveling within the county of financial responsibility to meet face-to-face with the client or the client's family, legal representative, or primary caregiver.