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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 23-0014

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

June 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) 23-0014

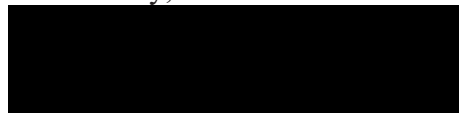
Dear Ms. Marquardt:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0014. This amendment changes the requirements for mental health targeted case management (TCM) services for vulnerable adults and/or adults with developmental disabilities. Effective May 12, 2023; following the end of the Public Health Emergency (PHE), mental health TCM services for this population must take place face-to-face or via interactive video at least twice a year.

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 23-0014 was approved on June 16, 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.

Sincerely,



Ruth A. Hughes, Acting 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 1 4

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 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 1c to Attachment 3.1-A Page 3
Supplement 1c to Attachment 3.1-B Page 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

This amendment specifies targeted case management services for vulnerable adults or adults with developmental disabilities.

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

[Redacted Signature]

12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

May 8, 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

May 8, 2023

17. DATE APPROVED

June 16, 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

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Approved: June 16, 2023

Supersedes: 20-10 (17-24, 05-11(a), 02-04)

D. **Definition of services:** (continued)

3. Routine communication with the recipient and the recipient's family, legal representative, caregivers, service providers, and other relevant people identified as necessary to the development or implementation of the goals of the individual service plan.
4. Coordinating referrals for, and the provision of, targeted case management services for the recipient with appropriate service providers.
5. Coordinating and monitoring the overall service delivery to ensure quality of services, appropriateness, effectiveness, and continued need.
6. Assistance to the recipient and the recipient's legal representative to help make an informed choice of services.
7. Advocating on behalf of the recipient when service barriers are encountered, or referring the recipient and the recipient's legal representative to an independent advocate.
8. Meeting face-to-face or by interactive video that meets the requirement in state statute with the recipient at least twice a year ~~which may occur via telephone, interactive video, or in person.~~
9. Completing and maintaining necessary documentation supporting and verifying targeted case management activities.
10. If a recipient is a resident or inpatient of an inpatient hospital, nursing facility, or intermediate care facility for persons with intellectual disabilities (ICF/DD), coordinating with the facility discharge planner in the 180-day period before the recipient's discharge. Institutions for mental diseases (IMDs) are not included in this facility list.

The above components of targeted case management services must fall within the following parameters to be eligible for medical assistance payment:

D. Definition of services: (continued)

3. Routine communication with the recipient and the recipient's family, legal representative, caregivers, service providers, and other relevant people identified as necessary to the development or implementation of the goals of the individual service plan.
4. Coordinating referrals for, and the provision of, targeted case management services for the recipient with appropriate service providers.
5. Coordinating and monitoring the overall service delivery to ensure quality of services, appropriateness, effectiveness, and continued need.
6. Assistance to the recipient and the recipient's legal representative to help make an informed choice of services.
7. Advocating on behalf of the recipient when service barriers are encountered, or referring the recipient and the recipient's legal representative to an independent advocate.
8. Meeting face-to-face or by interactive video that meets the requirement in state statute with the recipient at least twice a year. ~~The use of interactive video may substitute for no more than 50 percent of the required face-to-face meetings.~~
9. Completing and maintaining necessary documentation supporting and verifying targeted case management activities.
10. If a recipient is a resident or inpatient of an inpatient hospital, nursing facility, or intermediate care facility for persons with developmental disabilities (ICF/DD), coordinating with the facility discharge planner in the 180-day period before the recipient's discharge. Institutions for mental diseases (IMDs) are not included in this facility list.

The above components of targeted case management services must fall within the following parameters to be eligible for medical assistance payment: