

Table of Contents

State Territory Name: MINNESOTA

State Plan Amendment (SPA) #: 24-0042

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

December 6, 2024

John Connolly, Assistant Commissioner
State Medicaid Director
State of Minnesota, Department of Human Services
540 Cedar Street PO Box 64983
ST. Paul, MN 55167-0983

RE: TN 24-0042

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota state plan amendment (SPA) to Attachment 4.19-B 24-0042, which was submitted to CMS on November 5, 2024. This plan amendment updates rates for Home Care.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2025. 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 Debi Benson at 312-886-0360 or via email at 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 4 — 0 0 4 2

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, 2025

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 2025 \$ 2,217,689
b. FFY 2026 \$ 4,660,664

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 25, 26, 28, and 74

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

Annual update to home care rates.

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

November 5, 2024

15. RETURN TO

Patrick Hultman
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

November 5, 2024

17. DATE APPROVED

December 6, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

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

ATTACHMENT 4.19-B

Effective: January 1, 2025

Page 25

TN: 24-42

Approved: **December 6, 2024**

Supersedes: 23-24 (22 - 31, 21-23, 15-11,

13-23, 11-18, 09-28, 08-17, 07-08, 06-19, 05-21, 04-22, 02-20)

7.a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Payment for skilled nurse visits is the lower of the submitted charge or the rate from the chart below.

Service provided on or after	7/1/2013	4/1/2014	7/1/2014	7/1/2015	1/1/2022	1/1/2023	1/1/2024	1/1/2025
Skilled nurse visit	\$70.04	\$70.74	\$74.28	\$75.02	\$80.86	\$83.29	\$98.72	<u>\$101.82</u>

Immunizations and other injectables are paid using the same methodology as Item 2.a., Outpatient hospital services.

Home health agencies that administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

STATE: MINNESOTA
 Effective: January 1, 2025
 TN: 24-42

Approved: **December 6, 2024**

Supersedes: 23-24 (22-31, 21-23, 15-11, 13-23, 11-18, 09-28, 08-17, 07-08, 06-19, 05-21, 04-22, 02-20)

7.b. Home health aide services provided by a home health agency.

Payment for home health aide visits is the lower of the submitted charge or the rate from the chart below.

Service provided on or after	7/1/2013	4/1/2014	7/1/2014	7/1/2015	1/1/2022	1/1/2023	1/1/2024	<u>1/1/2025</u>
Home Health Aide Visit	\$53.75	\$54.29	\$57.00	\$57.57	\$62.05	\$63.91	\$75.75	<u>\$78.13</u>

STATE: MINNESOTA
 Effective: January 1, 2025
 TN: 24-42

Approved: December 6, 2024

Supersedes: 23-24, (22-31, 21-23, 15-11, 13-23, 11-18, 09-28, 08-17, 07-08, 06-19, 05-21, 04-22, 02-20

7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency.

Payment for therapy visits is the lower of the submitted charge or the rate from the chart below.

Service provided on or after	7/1/2013	4/1/2014	7/1/2014	7/1/2015	1/1/2022	1/1/2023	1/1/2024	1/1/2025
Physical Therapy Visit (PT)	\$65.71	\$66.37	\$69.69	\$77.43	\$83.45	\$85.95	\$101.87	<u>\$105.07</u>
Physical Therapy Visit (Ass't)	\$42.71	\$43.14	\$45.30	\$50.33	\$54.25	\$55.88	\$66.23	<u>\$68.31</u>
Speech Therapy Visit	\$66.71	\$67.38	\$70.75	\$78.60	\$84.72	\$87.26	\$103.42	<u>\$106.67</u>
Occupational Therapy Visit (OT)	\$67.05	\$67.72	\$71.11	\$79.00	\$85.15	\$87.70	\$103.94	<u>\$107.20</u>
Occupational Therapy Visit (Ass't)	\$43.59	\$44.03	\$46.22	\$51.35	\$55.35	\$57.01	\$67.57	<u>\$69.69</u>
Respiratory Therapy Visit	\$46.44	\$46.90	\$49.25	\$49.74	\$53.61	\$55.22	\$65.45	\$67.51

Physical therapy assistant and occupational therapy assistant services provided by a **home health agency** are paid using the same methodology as items 11a., Physical therapy and 11b., Occupational therapy.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2025

Page 74

TN: 24-42

Approved: December 6, 2024

Supersedes: 23-24 (22-31, 21-23, 15-11, 13-23, 11-18, 09-28, 08-17, 07-08, 06-19, 05-21, 04-22, 02-20)

8. Private duty nursing services.

Payment for private duty nursing services is the lower of the submitted charge or the rate from the chart below.

Service provided on or after	7/1/2013	4/1/2014	7/1/2014	7/1/2015	1/1/2022	1/1/2023	1/1/2024	1/1/2025
Private Duty Nursing L.P.N. Unit	\$6.24	\$6.30	\$6.62	\$6.69	\$7.21	\$7.43	\$9.57	<u>\$9.87</u>
Private Duty R.N. Unit	\$8.13	\$8.21	\$8.62	\$8.71	\$9.39	\$9.67	\$12.46	<u>\$12.85</u>
Private Duty L.P.N. (complex)	\$7.32	\$7.39	\$7.76	\$7.84	\$8.45	\$8.70	\$11.21	<u>\$11.56</u>
Private Duty R.N. (complex)	\$9.75	\$9.85	\$10.34	\$10.44	\$11.25	\$11.59	\$14.93	<u>\$15.40</u>