

## **Table of Contents**

**State Territory Name: MINNESOTA**

**State Plan Amendment (SPA) #: 24-0044**

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



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**Financial Management Group**

December 16, 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 24-0044

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota state plan amendment (SPA) to Attachment 4.19-B 24-0044, which was submitted to CMS on November 15, 2024. This plan amendment updates rates for Adult Day Treatment, Critical Access and Behavioral Health.

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](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

A 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 4 — 0 0 4 4

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

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 \$ 13,600,000b. FFY 2026 \$ 24,700,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 16a  
Supplement 2 to Attachment 4.19-B Page 6, Page 6a, Page 7,  
Page 17, Page 17.18. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

Makes changes to rates for Adult Day Treatment, Critical Access rates, and Behavioral Health rates.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

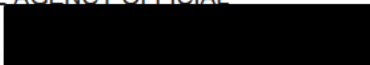


NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

November 15, 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 15, 2024

17. DATE APPROVED

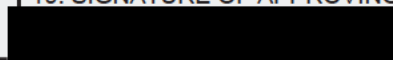
December 16, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

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

Effective: January 1, 2025

Page 16a

TN: 24-44

Approved: December 16, 2024

Supersedes: 23-32, 18-03 (12-20, 12-10, 11-04, 11-02, 09-25, 08-17, 07-12, 07-08,

07-09, 07-06)

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6.d. Other practitioners' services. (continued)

**Mental health services performed by a master's prepared mental health professional** are paid the lower of:

1. submitted charge; or
2. 80% of the rate established for doctoral prepared mental health professionals.

**Mental health services performed by a master's prepared mental health professional in a community mental health center** are paid the lower of:

1. submitted charge; or
2. 100% of the rate established for doctoral prepared mental health professionals.

**Mental health services provided by a mental health practitioner working as a clinical trainee as defined in Attachment 3.1-A, item 6.d.A., who is supervised by an enrolled provider** are paid to the supervising enrolled provider at the lower of:

1. submitted charge; or
2. 100% of the rate established—for mental health professionals.

**Adult day treatment services for mental illness** provided on or after January 1, 2024 are paid the lower of:

1. submitted charge; or
2. \$30.62 per 60 minutes.

On or after January 1, 2025, the rate for adult day treatment is annually adjusted according to the change from the midpoint of the previous rate year to the midpoint of the rate year for which the rate is being determined using the Medicare Economic Index (MEI) as forecasted in the fourth quarter of the calendar year before the rate year.

**Mental health services performed by a physician's assistant provided in an inpatient hospital** are paid at the lower of:

1. Submitted charge; or
2. 80.4% of the base rate established for doctoral prepared mental health professionals.

**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.

**Officer-involved, community-based care coordination** provided on or after March 1, 2018, is paid at the lower of:

1. Submitted charge; or
2. \$9.54 per 15 minutes.

STATE: MINNESOTA

Supplement 2 to ATTACHMENT 4.19-B

Effective: January 1, 2025

Page 6

TN: 13-17

Approved: December 16, 2024

Supersedes: 13-17,

11-02

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**Ratable Increases and Decreases**

The following rate increases or decreases are cumulative.  
They do not apply to cost based Federally Qualified Health Centers,  
Rural Health Centers, 638 facilities, Indian Health Services, or  
Medicare crossover claims.

M. **Rate Decrease Effective July 1, 2002:** Total payment paid to  
hospitals for outpatient hospital facility services provided on or  
after July 1, 2002, is decreased by .5 percent from current rates.  
(Item 2.a)

STATE: MINNESOTA  
Effective: January 1, 2025  
TN: 24-44  
Approved: December 16, 2024  
Supersedes: NEW

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Supplement 2 to ATTACHMENT 4.19-B  
Page 6a

**P. Rate Increase Effective July 1, 2007:** Effective July 1, 2007-December 31, 2024, rates for the services below are increased 23.7%. Effective January 1, 2025-December 31, 2025 rates for the services below are increased by 11.85%. Effective January 1, 2026-December 31, 2026 rates for the services below are increased by 5.92% when provided by:

- 1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;
- 2) community mental health centers described in Attachment 3.1-A and 3.1-B at item 6.d.A; or
- 3) essential community providers in mental health clinics and centers or hospital outpatient psychiatric departments and other providers of children's therapeutic services and supports.

The rate increases for providers identified in clauses 1-3 above, are applied to the following procedure codes:

90785  
90791-90792  
90832 - 90840  
90846 - 90847  
90849  
90853  
90875  
90887  
96116  
96121  
96130-96133  
96136-96139  
96146  
99202-99205  
99211-99215  
99221-99223  
99231-99236  
99238-99239  
99242-99245  
99252-99255  
9281-99285  
99304-99310  
99315-99316  
99341-99345  
99347-99350  
99360  
99381-99387  
99391-99397  
99401-99404  
99406-99409  
99411-99412

(See items 4.b, 5.a, 6.d, 13.d)

Effective January 1, 2027 rates for the services above will not receive an increase.

STATE: MINNESOTA  
Effective: January 1, 2025  
TN: 24-44  
Approved: December 16, 2024  
Supersedes: 13-17, 11-02

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Supplement 2 to ATTACHMENT 4.19-B  
Page 7

4) **Rate Decrease Effective July 1, 2008:** Total payment paid to hospitals for outpatient hospital facility services provided on or after July 1, 2008, before third party liability and spenddown, is decreased by 3 percent. This decrease does not include psychiatric diagnostic categories. (item 2.a)

5) **Professional Services Rate Decrease 2009**

Effective for services, except as noted in **R.1**, provided on or after July 1, 2009, the following services payment rates are reduced by 5 percent. Effective for services provided on or after July 1, 2009 and before July 1, 2010, the following services payment rates are reduced an additional one and one half percent:

- Radiology (Item 3) Physician  
(Item 5.a)
- Physician assistant (Item 5.a)
- Podiatry (Item 6.a)
- Vision (Item 6.b)
- Chiropractic (Item 6.c)
- Nurse practitioner (Item 6.d.E.)
- Clinical nurse specialist (6.d.H)
- Medication therapy management (Item 6.d.I)
- Physical therapy (Item 11.a.)
- Speech therapy (Item 11.c)
- Occupational therapy (Item 11.b)
- Audiology (Item 11.c.)
- Nurse midwife (Item 17) Traditional  
midwife (Item 28)

**R.1. Noted exceptions to clause R:**

1. Procedure code 99000-99999 when performed by treating providers physician, nurse practitioner, nurse midwife, clinical nurse specialist, physician assistant and the pay-to-provider is a family planning agency.
2. Procedure code 99201-99215, 99381-99412 when performed by treating provider specialties general practitioner, geriatric nurse practitioner, family nurse practitioner, geriatrician, family practitioner, or primary care.
3. 90281-90399, 90476-90749, G9142 (vaccines), 90465-90474 when provided with MN Vaccines for Children, 96372-96379 when provided with MN vaccines for Children, G9141 (administration), A4641-A4642,

STATE: MINNESOTA

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Supplement 2 to ATTACHMENT 4.19-B

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Supersedes: 24-23 (24-05, 22-02, 17-18, 16-14)

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**mm. Dental Services rate increase 2022**

Effective for services on or after January 1, 2022, payment rates for dental services shall be increased by ninety-eight percent. This increase does not apply to state-operated dental clinics, federally qualified health centers, rural health centers, the Indian Health Service, and tribal 638 facilities.

**nn. Behavioral Health rate increase 2024.**

Effective for services on or after January 1, 2024, payment rates for behavioral health services shall be increased by three percent from the rates in effect on December 31, 2023.

H0032	90882	
90882-HM	90882-U3	90882-U3-HM
H0031	H0031-TS	H0032-TS or H0032-Q2
H0034	H0034-HQ	H2017
H2017-HM	H2017-HQ	H2017-U3
H2017-U3-HM	90899-U8 or 90899-U8-HN	90899-U8-U4 or 90899-U8-U4-HN
90899-U9 or 90899-U9-HN	90899-U9-U4 or 90899-U9-U4-HN	90899-UB or 90899-UB-HN
90899-UB-U4 or 90899-UB-U4-HN	90899-UC or 90899-UC-HN	90899-UC-U4 or 90899-UC-U4-HN
H2027 or H2027-HN	H2027-HQ or H2027-HQ-HN	H2027-HQ-HR or H2027-HQ-HR-HN or H2027-HQ-HS or H2027-HQ-HS-HN
H2027-HR or H2027-HR-HN	H2027-HS or H2027-HS-HN	90832-UA
90833-UA	90834-UA	90836-UA
90837-UA	90838-UA	90839-UA
90840-UA	90846-UA	90847-UA
90849-UA	90853-UA	90875-UA
90876-UA	H0031-UA	H0032-UA
H2014-UA	H2014-UA-HQ	H2014-UA-HR
H2015-UA	H2019-UA	H2019-UA-HM
H2019-UA-HE	H2011	H2011-UA
H2011-HN	H2011-UA-HN	H2011-HM
H2011-HQ	90882-HK	90882-HK-HM
H2019-U1 or H2019-U1-HN	H2019-U1-HA or H2019-U1-HN-HA	H2019-U1-HQ or H2019-U1-HQ-HN
H2019-U1-HQ-HA or H2019-U1-HQ-HN-HA	90785	90791-52 or 90791-52-HN
90791 or 90791-HN	90791-TS or 90791-TS-HN	90792-52 or 90792-52-HN
90792 or 90792-HN	90792-TS or 90792-TS-	96116



STATE: MINNESOTA  
Effective: January 1, 2025  
TN: 24-44  
Approved: December 16, 2024  
Supersedes: 24-23, 24-05

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	HN	
96121	96127	96132-96133
96136-96139	96146	H2012 UA HK
H0038	H0038-U5	H0038-HQ
99499-HE-AG	99499-HE-AM	90832-90834
90836-90840	H2012 HK	
90846-90847	90849	90853
90875-90876	90887 or 90887-HN	96130-96131
H0046	S0280 U5	S0281 U5
S5145 HE	S5145 HE HN	H2012 UA HK U6
H0035	H0035 HA	

**oo. MEI Adjustment for Behavioral Health Services**

Effective January 1, 2025, all services included in section nn. above must be annually adjusted according to the change from the midpoint of the previous rate year to the midpoint of the rate year for which the rate is being determined using the Medicare Economic Index (MEI).