

## **Table of Contents**

**State Territory Name: MINNESOTA**

**State Plan Amendment (SPA) #: 24-0048**

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**

March 4, 2025

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 24-0048

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota state plan amendment (SPA) to Attachment 4.19-B 24-0048, which was submitted to CMS on December 10, 2024. This plan amendment updates rates for Youth Assertive Community Treatment (Youth ACT)/Intensive Rehabilitative Mental Health Services (IRMHS).

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,

[Redacted Signature]

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 <u>2 4</u> — <u>0 0 4 8</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  
**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 \$ 38,000,000  
b. FFY 2026 \$ 50,000,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B Page 8e**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  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

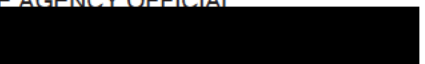
9. SUBJECT OF AMENDMENT

**Annual update to Youth ACT/IRMHS 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  
**December 10, 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  
**December 10, 2024**

17. DATE APPROVED  
**March 4, 2025**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

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  
**State authorized pen and ink change for Box 6.**

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

**Youth ACT services** provided by entities with contracts with the Department are paid a regional per diem rate per provider as indicated by the table below. The Department will set rates inclusive of all intensive nonresidential rehabilitative services identified in Attachments 3.1-A and B, section 4.b., item 5, using statewide parameters with assigned values based on regional costs of providing care. To determine this rate, the Department will include and document:

- A. the cost for similar services in the geographic region;
- B. actual costs incurred by entities providing the services;
- C. the intensity and frequency of services to be provided to each client;
- D. the degree to which clients will receive services other than services under this section; and
- E. the costs of other services that will be separately reimbursed.

The chart below identifies the per diem rate for youth ACT services provided on or after the effective date. The rate is based on the five criteria above. Rates are recalculated annually based on the submitted charges for the individual service components within the geographical regions. Effective for the rate years beginning on and after January 1, 2024, rates for Youth ACT services must be annually adjusted for inflation using the Medicare Economic Index (MEI). The inflation adjustment must be based on the 12-month period from the midpoint of the previous rate year to the midpoint of the rate year for which the rate is being determined.

Region	Rate <del>Eff. 7/1/2021</del>	Rate Eff. 1/1/2022	Rate Eff.1/1/2023	Rate Eff. 1/1/2024	Rate Eff.1/1/2025
Central	<del>\$194.49</del>	\$188.46	\$238.28	\$283.63	<u>\$252.36</u>
Metro	<del>\$257.42</del>	\$279.81	\$364.54	\$435.78	<u>\$508.25</u>
Northeast	<del>\$178.60</del>	\$178.60	\$178.60	\$184.61	<u>\$190.31</u>
Northwest	<del>\$185.28</del>	\$185.28	\$185.28	\$406.26	<u>\$418.81</u>
Southeast	<del>\$149.63</del>	\$149.63	\$149.63	\$154.67	<u>\$159.45</u>
Southwest	<del>\$170.01</del>	\$170.01	\$170.01	\$175.73	<u>\$181.16</u>

Travel time, as described in item 6.d.A., is paid separately.