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State Territory Name: MINNESOTA

State Plan Amendment (SPA) #: 25-0005

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

November 25, 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 25-0005

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota state plan amendment (SPA) to Attachment 4.19-B 25-0005, which was submitted to CMS on September 16, 2024. This plan amendment updates rates for Personal Care Services.

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 5 — 0 0 0 5

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 §§440.167

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 24,795,140b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 74, 74a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

same

9. SUBJECT OF AMENDMENT

This SPA establishes new base rates for PCA services, as well as a rate enhancement related to worker experience.

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

September 16, 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

September 16, 2024

17. DATE APPROVED

November 25/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

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

Supersedes: 23-24 (22-23, 21-23, 19-14,17-14,16-13,15-11,13-23,11-18,09-28,08-17,07-08,06-19,06-08,05-21,04-22,02-20)

26. Personal care services.

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

Service provided on or after	7/1/2014	7/1/2015	7/1/2016	8/1/2017	7/1/2019	10/1/2021	1/1/2024	1/1/2025
Personal Care 1:1 unit	\$4.16	\$4.27	\$4.28	\$4.35	\$4.45	\$4.90	\$5.95	<u>\$6.21</u>
Personal Care 1:2 unit	\$3.12	\$3.20	\$3.21	\$3.26	\$3.34	\$3.68	\$4.47	<u>\$4.67</u>
Personal Care 1:3 unit	\$2.74	\$2.81	\$2.82	\$2.86	\$2.93	\$3.23	\$3.92	<u>\$4.09</u>
Supervision of Personal Care unit	\$7.31	\$7.50	\$7.52	\$7.64	\$7.82	\$11.71	\$13.26	<u>\$13.84</u>

NOTE: 1 unit = 15 minutes

Shared care: For two recipients sharing services, payment is one and one-half times the payment for serving one recipient. For three recipients sharing services, payment must not exceed two times the payment for serving one recipient. This paragraph applies only to situations in which all recipients were present and received shared services on the date for which the service is billed.

PCA Choice option: Payment is the same as that paid for personal care assistant services.

Enhanced payment for services provided to persons with complex needs: Effective for services provided on or after July 1, 2019, the Department will increase the payment rates above by 7.5 percent for personal care assistant services provided to a recipient whose assessment indicates the need for at least 12 hours of personal care services per day. Effective for services provided on or after January 1, 2022, this enhanced payment applies to rates for personal care assistant services provided to a recipient whose assessment indicates the need for at least 10 hours of personal care services per day.

~~In order for providers to receive the increased payment rate, the personal care assistant providing services must have completed training approved by the Commissioner. This increase does not apply to supervision of a personal care assistant.~~

STATE: MINNESOTA

Effective: January 1, 2025

TN:25-05

Approved: November 25, 2024

Supersedes: 11-18 (09-28, 07-08, 06-19, 06-08, 05-21,
04-22, 02-20)

ATTACHMENT 4.19-B

Page 74a

26. Personal Care Services (continued)

Rate Enhancements:

Payment for personal care assistant services is 107.5 percent of the base rate for services provided to a recipient whose assessment identifies at least 10 hours of personal care services per day.

In order for providers to receive the increased payment rate, the personal care assistant providing services must have completed training approved by the Commissioner. This increase does not apply to supervision of a personal care assistant.

A rate enhancement is also paid based on the experience of support workers according to the following formula (and applies to the 1:1, 1:2, and 1:3 shared care rates). Workers must provide more than 1000 cumulative hours of PCA or CFSS services under sections 1905(a) for PCA, 1915(c) for extended PCA and extended CFSS, and under sections 1915(i) and 1915(k) for CFSS. The calculation is based on the cumulative hours worked beginning on July 1, 2017. Where the 107.5 percent rate enhancement and the enhancement for worker experience applies, the 107.5 percent amount is the base for calculating this additional enhancement.

The enhancement is as follows:

(1) for workers who have provided between 1,001 and 2,000 cumulative hours, the amount is 2.17 percent;

(2) for workers who have provided between 2,001 and 6,000 cumulative hours, the amount is 4.36 percent;

(3) for workers who have provided between 6,001 and 10,000 cumulative hours, the amount is 7.35 percent; and

(4) for workers who have provided more than 10,000 cumulative hours, the amount is 10.81 percent.