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State/Territory Name: MN

State Plan Amendment (SPA) #: 25-0014

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

April 8, 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 25-0014

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota state plan amendment (SPA) to Attachment 4.19-B 25-0014, which was submitted to CMS on February 18, 2025. This amendment updates rates for mental health services according to the resource-based relative value scale (RBRVS).

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 Matthew Klein at 214-767-4625 or matthew.klein@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 <u>2 5 — 0 0 1 4</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, 1905(l)(2)(B)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 193,000
b. FFY 2026 \$ 481,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B Page 10e, 16

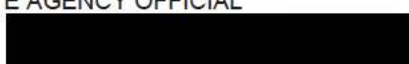
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
same

9. SUBJECT OF AMENDMENT
Makes changes to rates for mental health services.

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
February 18, 2025

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 02/18/2025	17. DATE APPROVED April 8, 2025
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2025	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

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2025

Page 10e

TN: 25-14

Approved: April 8, 2025

Supersedes: 12-07 (11-02, 10-06, 09-25, 09-20, 08-17, 07-12, 07-08, 07-09, 07-06, 06-19, 05-21)

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere (continued).

If the service is provided by a **community health worker**, the service is paid the lower of:

- 1) submitted charge; or
- 2) The Resource Based Relative Value Scale calculated rate

Effective January 1, ~~2012~~ 2025, ~~psychotherapy services~~ **psychiatric services** are paid the lower of:

- (1) submitted charge; or
- (2) (a) the Resource Based Relative Value Scale calculated rate that is equal to 83 percent of the Medicare Physician Fee Schedule; or

(b) State agency established rate, which can be found at <https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/billing/fee-schedule/mhcp.jsp>.

Reductions for Master's prepared professionals in section 6.d. on page 16 and 16a of this attachment apply to these services.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of psychiatric services.

6.d. Other practitioners' services.

A. With the exception listed below, mental health services performed by a doctoral prepared mental health professional are paid the lower of:

(1) submitted charge; or

(2) (a) the Resource Based Relative Value Scale (RBRVS) calculated rate that is equal to 83 percent of the Medicare Physician Fee Schedule; or

(b) State agency established rate; or

(c) \$65.01 per session for crisis assessment provided in a hospital outpatient department; or

(d) \$37.80 per 60 minutes for cognitive remediation training.

Provider travel time is covered if a recipient's individual treatment plan requires the provision of mental health services outside the provider's normal place of business. Travel time is paid as a supplement to the payment for associated covered services. Travel time is paid at the lower of the submitted charge or 45 cents per minute.

The agency fee schedule rate was set as of June 28, 2011, and is effective for services provided on or after that date. All rates are published on the Minnesota Department of Human Service's public website (<http://dhs.state.mn.us>).

Community health worker services are paid using the same methodology that applies to community health workers in item 5.a., Physicians' services.