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State/Territory Name: MN

State Plan Amendment (SPA) #: 26-0009

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, 2026

John Connolly, State Medicaid Director
Minnesota Department of Human Services
Federal Relations Unit
540 Cedar Street PO Box 64983
ST. Paul, MN 55164-0983

RE: TN 26-0009

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota State Plan Amendment (SPA) to Attachment 4.19-B 26-0009, which was submitted to CMS on January 16, 2026. This amendment implements the state's annual rate increases for home care services and personal care assistant 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, 2026. 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,

A solid 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 6 — 0 0 0 9

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, 2026

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 2026 \$ 5,563,377
b. FFY 2027 \$ 3,485,547

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B Page 25(24-42), Page 26(24-42), Page 28(24-42), Page 74(24-42), 74aa(25-05), and 74a(25-05)

9. SUBJECT OF AMENDMENT

Updates rates for home care and personal care assistant 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

[Redacted Signature]

12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

1/16/2026

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

January 16, 2026

17. DATE APPROVED

April 8, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2026

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
 Effective: January 1, 2026
 TN: 26-09

Approved: **April 8, 2026**
 Supersedes: 24-42 (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	<u>7/1/2013</u>	<u>4/1/2014</u>	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>1/1/2022</u>	<u>1/1/2023</u>	<u>1/1/2024</u>	<u>1/1/2025</u>	<u>1/1/2026</u>
Skilled nurse visit	\$70.04	\$70.74	\$74.28	\$75.02	\$80.86	\$83.29	\$98.72	\$101.82	<u>\$105.07</u>

NOTE: Rate in table is based on 1 per visit unit.

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.

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 Effective: January 1, 2026
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 Approved: April 8, 2026
 Supersedes: 24-42 (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	<u>4/1/2014</u>	<u>7/1/2014</u>	7/1/2015	1/1/2022	1/1/2023	1/1/2024	1/1/2025	<u>1/1/2026</u>
Home Health Aide Visit	\$54.29	\$57.00	\$57.57	\$62.05	\$63.91	\$75.75	\$78.13	<u>\$80.62</u>

NOTE: Rate in table is based on 1 per visit unit.

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Supersedes:24-42 (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	4/1/ 2014	7/1/2014	7/1/2015	1/1/2022	1/1/2023	1/1/2024	1/1/2025	1/1/2026
Physical Therapy Visit (PT)	\$66.37	\$69.69	\$77.43	\$83.45	\$85.95	\$101.87	\$105.07	<u>\$108.42</u>
Physical Therapy Visit (Ass't)	\$43.14	\$45.30	\$50.33	\$54.25	\$55.88	\$66.23	\$68.31	<u>\$70.49</u>
Speech Therapy Visit	\$67.38	\$70.75	\$78.60	\$84.72	\$87.26	\$103.42	\$106.67	<u>\$110.03</u>
Occupational Therapy Visit (OT)	\$67.72	\$71.11	\$79.00	\$85.15	\$87.70	\$103.94	\$107.20	<u>\$110.62</u>
Occupational Therapy Visit (Ass't)	\$44.03	\$46.22	\$51.35	\$55.35	\$57.01	\$67.57	\$69.69	<u>\$71.89</u>
Respiratory Therapy Visit	\$46.90	\$49.25	\$49.74	\$53.61	\$55.22	\$65.45	\$67.51	<u>\$69.66</u>

NOTE: Rate in table is based on 1 per visit unit.

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
 Effective: January 1, 2026
 TN: 26-09

Approved: **April 8, 2026**

Supersedes: 24-42 (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	4/1/2014	7/1/2014	7/1/2015	1/1/2022	1/1/2023	1/1/2024	1/1/2025	<u>1/1/2026</u>
Private Duty Nursing L.P.N. Unit	\$6.30	\$6.62	\$6.69	\$7.21	\$7.43	\$9.57	\$9.87	<u>\$10.18</u>
Private Duty R.N. Unit	\$8.21	\$8.62	\$8.71	\$9.39	\$9.67	\$12.46	\$12.85	<u>\$13.26</u>
Private Duty L.P.N. (complex)	\$7.39	\$7.76	\$7.84	\$8.45	\$8.70	\$11.21	\$11.56	<u>\$11.93</u>
Private Duty R.N. (complex)	\$9.85	\$10.34	\$10.44	\$11.25	\$11.59	\$14.93	\$15.40	<u>\$15.89</u>

NOTE: 1 unit = 15 minutes

STATE: MINNESOTA

Effective: January 1, 2026

TN:26-09

Approved: April 8, 2026

Supersedes: 25-05 (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	7/1/2015	7/1/2016	8/1/2017	7/1/2019	10/1/2021	1/1/2024	1/1/2025	<u>1/1/2026</u>
Personal Care 1:1 unit	\$4.27	\$4.28	\$4.35	\$4.45	\$4.90	\$5.95	\$6.21	<u>\$6.22</u>
Personal Care 1:2 unit	\$3.20	\$3.21	\$3.26	\$3.34	\$3.68	\$4.47	\$4.67	<u>\$4.68</u>
Personal Care 1:3 unit	\$2.81	\$2.82	\$2.86	\$2.93	\$3.23	\$3.92	\$4.09	<u>\$4.10</u>
Supervision of Personal Care unit	\$7.50	\$7.52	\$7.64	\$7.82	\$11.71	\$13.26	\$13.84	<u>\$13.86</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.

26. Personal Care Services (continued)

Rate Enhancements:

Effective January 1, 2026, ~~Payment~~ payment for personal care assistant services is ~~107.5~~ 112.5 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~~ 112.5 percent rate enhancement and the enhancement for worker experience applies, the ~~107.5~~ 112.5 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~~ 4.05 percent;
- (2) for workers who have provided between 2,001 and 6,000 cumulative hours, the amount is ~~4.36~~ 6.24 percent;
- (3) for workers who have provided between 6,001 and 10,000 cumulative hours, the amount is ~~7.35~~ 9.23 percent; and
- (4) for workers who have provided more than 10,000 cumulative hours, the amount is ~~10.81~~ 12.69 percent.