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Territory Name: MINNESOTA

State Plan Amendment (SPA) #: 22-0032

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

November 18, 2022

Cynthia McDonald
Assistant Commissioner and Medicaid Director
Health Care Administration
State of Minnesota, Department of Human Services
540 Cedar Street PO Box 64983
ST. Paul, MN 55167-0983

RE: TN 22-0032

Dear Ms. McDonald:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, MN-22-0032, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 31, 2022. This plan amendment removes the three levels of diagnostic assessment rates for Mental Health Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 11, 2023. 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 DRR analyst name at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,



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 2 — 0 0 3 2

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

October 11, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 16

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

same

9. SUBJECT OF AMENDMENT

This amendment removes the three levels of diagnostic assessment rates for mental health services as required by Minnesota stat

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



OTHER, AS SPECIFIED:



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

October 31, 2022

15. RETURN TO

Alley Zoelner
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

October 31, 2022

17. DATE APPROVED

November 18, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 11, 2023

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

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; 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.

~~A mental health diagnostic assessment is paid the lower of the submitted charge, or a rate dependent on whether the diagnostic assessment is brief, standard or extended, as described in Minnesota Rule 9505.0372 and on the adult and children's mental health pages on the agency's website. The three levels of diagnostic assessment rates are based on the RBRVS rate, but are modified to reflect the duration of the assessment. This ensures that the payment for all assessments is no greater than the aggregate payment using a single RBRVS rate.~~

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.