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State/Territory Name: MN

State Plan Amendment (SPA) #: 17-0020

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
November 7, 2017

Marie Zimmerman, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN  55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #17-0020  --Technical corrections to community emergency medical technician services.

-Effective Date: July 1, 2017
--Approval Date: November 3, 2017

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at Sandra.Porter@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children’s Health Operations

Enclosures

cc: Ann Berg, MDHS
    Sean Barrett, MDHS
<table>
<thead>
<tr>
<th><strong>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</strong></th>
<th><strong>STATE</strong></th>
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<tr>
<td>FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</td>
<td>Minnesota</td>
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<tr>
<td><strong>TO: REGIONAL ADMINISTRATOR</strong></td>
<td>July 1, 2017</td>
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<tr>
<td>CENTER FOR MEDICARE &amp; MEDICAID SERVICES</td>
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<td>DEPARTMENT OF HEALTH AND HUMAN SERVICES</td>
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**5. TYPE OF PLAN MATERIAL (Check One):**

- [ ] NEW STATE PLAN
- [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN
- [X] AMENDMENT

**COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)**

**6. FEDERAL STATUTE/REGULATION CITATION:**
42 CFR § 440.50

**7. FEDERAL BUDGET IMPACT (in thousands):**
- a. FFY '18 $0
- b. FFY '19 $0

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**
- Attachment 3.1-A, page 19e
- Attachment 3.1-B, page 18e

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**
Same

**10. SUBJECT OF AMENDMENT:** Services Provided by a Community Emergency Medical-Tech

**11. GOVERNOR’S REVIEW (Check One):**
- [X] GOVERNOR’S OFFICE REPORTED NO COMMENT
- [ ] OTHER, AS SPECIFIED:

**12. SIGNATURE OF STATE AGENCY OFFICIAL:**

**13. TYPED NAME:**
Ann Berg

**14. TITLE:**
Deputy Medicaid Director

**15. DATE SUBMITTED:** September 26, 2017

**16. RETURN TO:**
Sean Barrett
Minnesota Department of Human Services
Federal Relations Unit
PO Box 64983
St. Paul, MN 55164-0983

**17. DATE RECEIVED:** September 26, 2017

**18. DATE APPROVED:** November 3, 2017

**19. EFFECTIVE DATE OF APPROVED MATERIAL:** July 1, 2017

**20. SIGNATURE OF REGIONAL OFFICIAL:**
/s/

**21. TYPED NAME:**
Ruth A. Hughes

**22. TITLE:** Associate Regional Administrator

**23. REMARKS:**
5.a. Physicians' services (continued):

**Community Paramedic Services:**
Services provided by medical directors of ambulance services include supervision of a community paramedic who provides services to recipients who have received hospital emergency department services three or more times in a period of four consecutive months in the past 12 months, or an individual who has been identified by the individual's primary health care provider for whom community paramedic services would likely prevent admission to or would allow discharge from a nursing facility or would likely prevent readmission to a hospital or nursing facility. Services provided by a community paramedic are based on a care plan created by the primary care provider (a physician, physician’s assistant, or a nurse practitioner) in consultation with the medical director of the ambulance service and may include health assessments, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures. Services provided by the community paramedic under the care plan must be coordinated with care received by the recipient from other community providers in order to prevent duplication of services.

A community paramedic must be certified in accordance with Minnesota Statutes, section 144E.28.

**Community Emergency Medical Technician Services:**
Services provided by medical directors of ambulance services include supervision of a community emergency medical technician (CEMT). A CEMT may provide:

- **A post-hospital post-discharge visit when ordered by a treating physician after discharge from a hospital or nursing facility.** The post-hospital post-discharge visit includes:
  1) verbal or visual reminders of discharge orders;
  2) recording and reporting of vital signs to the patient's primary care provider;
  3) confirmation of access to medications;
  4) confirmation of access to food; and
  5) identification of hazards in the home.

- **A safety evaluation to a recipient who has repeat ambulance calls due to falls, has been discharged from a nursing home, or has been identified by the recipient's primary care provider as at risk for nursing home placement.** The safety evaluation includes:
  1) confirmation of access to medications;
  2) confirmation of access to food; and
  3) identification of hazards in the home.

A CEMT must be certified in accordance with Minnesota Statutes, section 144E.275, subd. 7.
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