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Territory Name: MINNESOTA

State Plan Amendment (SPA) #: 22-0031

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 22-0031

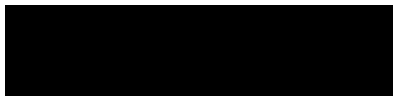
Dear Ms. McDonald:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, MN-22-0031, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 31, 2022. This plan amendment updates payment rates for Home Health Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 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,



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 2 — 0 0 3 1

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, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 129,000

b. FFY 2024 \$ 255,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B: page 25, page 26, page 28, page 29, page 74

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

same

9. SUBJECT OF AMENDMENT

This amendment makes changes to the rates for home health visits as required by Minnesota state law.

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]

15. RETURN TO

Alley Zoelner
Minnesota Department of Human Services
Federal Relations Unit
540 Cedar Street, PO Box 64983
Saint Paul, MN 55164

12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

October 31, 2022

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

JANUARY 1, 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

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2023

Page 25

TN: 22-31

Approved: November 18, 2022

Supersedes: 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>9/1/2011</u>	7/1/2013	4/1/2014	7/1/2014	7/1/2015*	1/1/2022	<u>1/1/2023</u>
Skilled nurse visit	\$69.69	\$70.04	\$70.74	\$74.28	\$75.02	\$80.86	<u>\$83.29</u>

~~* The Department will reduce payment by .5% for providers that fail to submit a quality improvement plan.~~

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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Approved: November 18, 2022

Supersedes: 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	9/1/2011	7/1/2013	4/1/2014	7/1/2014	7/1/2015*	1/1/2022	<u>1/1/2023</u>
Home Health Aide Visit	\$ 53.48	\$53.75	\$54.29	\$57.00	\$57.57	\$62.05	<u>\$63.91</u>

~~* The Department will reduce payment by .5% for providers that fail to submit a quality improvement plan.~~

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Supersedes: 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	9/1/2011	7/1/2013	4/1/2014	7/1/2014	7/1/2015*	1/1/2022	1/1/2023
Physical Therapy Visit (PT)	\$ 65.38	\$65.71	\$66.37	\$69.69	\$77.43	\$83.45	<u>\$85.95</u>
Physical Therapy Visit (Ass't)	\$ 42.50	\$42.71	\$43.14	\$45.30	\$50.33	\$54.25	<u>\$55.88</u>
Speech Therapy Visit	\$ 66.38	\$66.71	\$67.38	\$70.75	\$78.60	\$84.72	<u>\$87.26</u>
Occupational Therapy Visit (OT)	\$ 66.72	\$67.05	\$67.72	\$71.11	\$79.00	\$85.15	<u>\$87.70</u>
Occupational Therapy Visit (Ass't)	\$ 43.37	\$43.59	\$44.03	\$46.22	\$51.35	\$55.35	<u>\$57.01</u>
Respiratory Therapy Visit	\$ 46.21	\$46.44	\$46.90	\$49.25	\$49.74	\$53.61	<u>\$55.22</u>

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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.

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TN: 22-31

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Supersedes: 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	9/1/2011	7/1/2013	4/1/2014	7/1/2014	7/1/2015*	1/1/2022	1/1/2023
Private Duty Nursing L.P.N. Unit	\$ 6.21	\$6.24	\$6.30	\$6.62	\$6.69	\$7.21	<u>\$7.43</u>
Private Duty R.N. Unit	\$ 8.09	\$8.13	\$8.21	\$8.62	\$8.71	\$9.39	<u>\$9.67</u>
Private Duty L.P.N. (complex)	\$ 7.28	\$7.32	\$7.39	\$7.76	\$7.84	\$8.45	<u>\$8.70</u>
Private Duty R.N. (complex)	\$ 9.70	\$9.75	\$9.85	\$10.34	\$10.44	\$11.25	<u>\$11.59</u>

NOTE: 1 unit = 15 minutes

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Approved: November 18, 2022

Supersedes: 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	4/1/2014	7/1/2014	7/1/2015*	7/1/2016	8/1/2017	7/1/2019	10/1/2021
Personal Care 1:1 unit	\$3.96	\$4.16	\$4.27	\$4.28	\$4.35	\$4.45	\$4.90
Personal Care 1:2 unit	\$2.97	\$3.12	\$3.20	\$3.21	\$3.26	\$3.34	\$3.68
Personal Care 1:3 unit	\$2.61	\$2.74	\$2.81	\$2.82	\$2.86	\$2.93	\$3.23
Supervision of Personal Care unit	\$6.96	\$7.31	\$7.50	\$7.52	\$7.64	\$7.82	\$11.71

NOTE: 1 unit = 15 minutes

~~* The Department will reduce payment by .5% for providers that fail to submit a quality improvement plan.~~

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.