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State Territory Name: MINNESOTA

State Plan Amendment (SPA) #: 23-0032

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
John C. Kluczynski Federal Building
230 S Dearborn Street, Suite 330F
Chicago, IL 60604-1505



Financial Management Group

March 22, 2024

Julie A. Marquardt
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 23-0032

Dear Director Marquardt:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, MN-23-0032, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 31, 2023. This plan amendment updates rates for Adult Day Treatment and Adult Residential Crisis Stabilization Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. 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 Debi Benson at 1-312-886-0360 or Deborah.Benson@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 3 — 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

January 1, 2024

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 2024 \$ 6,610,747
b. FFY 2025 \$ 7,204,516

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 16a, 45c-4, 68a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

This amendment makes changes to adult day treatment, ACT, Adult residential crisis stabilization, IRTS, and Ambulance rates.

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

12/31/23

15. RETURN TO

Alley Zoellner
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

December 31, 2023

17. DATE APPROVED

March 22, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

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, 2024

TN: 23-32

Approved: March 22, 2024

Supersedes: 18-03 (12-20, 12-10, 11-04, 11-02, 09-25, 08-17, 07-12, 07-08, 07-09, 07-06)

Page 16a

6.d. Other practitioners' services. (continued)

Mental health services performed by a master's prepared mental health professional are paid the lower of:

1. submitted charge; or
2. 80% of the rate established for doctoral prepared mental health professionals.

Mental health services performed by a master's prepared mental health professional in a community mental health center are paid the lower of:

1. submitted charge; or
2. 100% of the rate established for doctoral prepared mental health professionals.

Mental health services provided by a mental health practitioner working as a clinical trainee as defined in Attachment 3.1-A, item 6.d.A., who is supervised by an enrolled provider are paid to the supervising enrolled provider at the lower of:

1. submitted charge; or
2. 100% of the rate established for mental health professionals.

Adult day treatment services for mental illness provided on or after ~~July 1, 2001~~ January 1, 2024 are paid the lower of:

1. submitted charge; or
2. ~~\$20.41~~30.62 per 60 minutes.

Mental health services performed by a physician's assistant provided in an inpatient hospital are paid at the lower of:

1. Submitted charge; or
2. 80.4% of the base rate established for doctoral prepared mental health professionals.

In-reach care coordination services are paid using the same methodology that applies to in-reach care coordination services in item 5.a., Physicians' services.

Officer-involved, community-based care coordination provided on or after March 1, 2018, is paid at the lower of:

1. Submitted charge; or
2. \$9.54 per 15 minutes.

STATE: MINNESOTA
Effective: January 1, 2024
TN: 23-32
Approved: March 22, 2024
Supersedes:14-17, 13-33

ATTACHMENT 4.19-B
Page 45c-4

13.d. Rehabilitative services (continued)

This does not include administrative or residential space. The Department calculates the physical plant costs rate by multiplying the total physical plant costs for the facility in the prior state fiscal year by the percentage of the facility devoted to treatment and programing. This amount is then divided by the total units of service from the prior state fiscal year.

The total per diem, per provider rate is the sum of the provider's direct services rate, other program costs rate, and physical plant costs rate (for residential rehabilitation service providers only). Effective for the rate years beginning on and after January 1, 2024, rates for ACT and IRTS must be annually adjusted for inflation using the Centers for Medicare and Medicaid Services Medicare Economic Index (MEI). The inflation adjustment must be based on the 12-month period from the midpoint of the previous rate year to the midpoint of the rate year for which the rate is being determined. Rates are recalculated and put into effect January 1 of each year.

The state shall not claim FFP for any non-institutional service provided to individuals who are residents of facilities that meet the federal definition of an institution for mental diseases or a psychiatric residential treatment facility as described in federal regulations at 42 C.F.R. §§ 440.140, 440.160 and 42 C.F.R. § 441 Subparts C and D.

The Department coordinates with county mental health staff to monitor the provision of ACT and residential services via site reviews at re-licensure/certification, and when an allegation of improper billing or maltreatment is received. Provider data is compared to submitted cost reports and MMIS data to ensure adequate service provision and accurate cost reporting.

Assertive community treatment (ACT) services and intensive residential treatment services (IRTS) provided by county entities and entities furnishing specialized ACT or IRTS to a subpopulation of recipients are paid a per diem rate established by the Department based on the Department's consideration of the factors, above.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2024

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TN: 23-32

Approved: March 22, 2024

Supersedes:13-25(06-16, 05-08, 03-25, 02-04)

24.a. Transportation.

Effective July 1, 2001, payment for **emergency ambulance transportation** is the greater of:

- 1) the payment rate in effect on July 1, 2000; or
- 2) the Medicare unadjusted payment rate; or
- 3) the established rate for the following codes:
 - ~~A0427~~ ~~\$430.03~~
 - A0429 \$430.03

If the provider transports two or more persons simultaneously in one vehicle from the same point of origin, the payment must be prorated according to the following schedule:

NUMBER OF RIDERS	PERCENT OF ALLOWED BASE RATE PER	PERCENT OF ALLOWED MILEAGE RATE
	PERSON IN VEHICLE	
1	100	100
2	80	50
3	70	34
4	60	25
5-9	50	20
10 or more	40	10

Effective for the first day of each calendar quarter in which the price of gasoline as posted publicly by the United States Energy Information Administration exceeds \$3.00 per gallon, the commissioner shall adjust the rate paid per mile by one percent up or down for every increase or decrease of ten cents for the price of gasoline. The increase or decrease must be calculated using a base gasoline price of \$3.00. The percentage increase or decrease must be calculated using the average of the most recently available price of all grades of gasoline for Minnesota as posted publicly by the United States Energy Information Administration. Rate adjustments described in this paragraph are made once at the beginning of each quarter based on the price published the last week of the previous quarter.

Payment for emergency **air ambulance transportation** is consistent with the level of medically necessary services provided during the recipient's transportation.

Effective January 1, 2001, payment is the lower of:

- 1) submitted charge; or
- 2) the Medicare unadjusted base payment rate.