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State Territory Name: MINNESOTA

State Plan Amendment (SPA) #: 24-0005

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 South Dearborn Street, Suite 330F
Chicago, IL 60604-1505



Financial Management Group

February 28, 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 24-0005

Dear Director Marquardt:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, MN-24-0005 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 12, 2024. This plan amendment updates rates for Behavioral Health..

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 DRR analyst name 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 <u>2 4 — 0 0 0 5</u>	2. STATE <u>MN</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> 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 \$ 10,956,799
b. FFY 2025 \$ 23,962,584

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 2 to ATTACHMENT 4.19-B Page 17 and 17.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

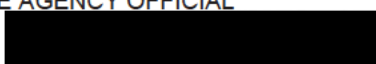
9. SUBJECT OF AMENDMENT

This amendment increases rates for behavioral health services by three percent from the rates in effect on December 31, 2023.

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


12. TYPED NAME
Patrick Hultman

13. TITLE
Deputy Medicaid Director

14. DATE SUBMITTED
1/12/24

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
January 12, 2024

17. DATE APPROVED
February 28, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL


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: 24-0005
 Approved: February 28, 2024

Supersedes: 22-02 (17-18, 16-14)

mm. Dental Services rate increase 2022

Effective for services on or after January 1, 2022, payment rates for dental services shall be increased by ninety-eight percent. This increase does not apply to state-operated dental clinics, federally qualified health centers, rural health centers, the Indian Health Service, and tribal 638 facilities.

nn. Behavioral Health rate increase 2024.

Effective for services on or after January 1, 2024, payment rates for behavioral health services shall be increased by three percent from the rates in effect on December 31, 2023.

<u>H0032</u>	<u>90882</u>	
<u>90882-HM</u>	<u>90882-U3</u>	<u>90882-U3-HM</u>
<u>H0031</u>	<u>H0031-TS</u>	<u>H0032-TS or H0032-Q2</u>
<u>H0034</u>	<u>H0034-HQ</u>	<u>H2017</u>
<u>H2017-HM</u>	<u>H2017-HQ</u>	<u>H2017-U3</u>
<u>H2017-U3-HM</u>	<u>90899-U8 or 90899-U8-HN</u>	<u>90899-U8-U4 or 90899-U8-U4-HN</u>
<u>90899-U9 or 90899-U9-HN</u>	<u>90899-U9-U4 or 90899-U9-U4-HN</u>	<u>90899-UB or 90899-UB-HN</u>
<u>90899-UB-U4 or 90899-UB-U4-HN</u>	<u>90899-UC or 90899-UC-HN</u>	<u>90899-UC-U4 or 90899-UC-U4-HN</u>
<u>H2027 or H2027-HN</u>	<u>H2027-HQ or H2027-HQ-HN</u>	<u>H2027-HQ-HR or H2027-HQ-HR-HN or H2027-HQ-HS or H2027-HQ-HS-HN</u>
<u>H2027-HR or H2027-HR-HN</u>	<u>H2027-HS or H2027-HS-HN</u>	<u>90832-UA</u>
<u>90833-UA</u>	<u>90834-UA</u>	<u>90836-UA</u>
<u>90837-UA</u>	<u>90838-UA</u>	<u>90839-UA</u>
<u>90840-UA</u>	<u>90846-UA</u>	<u>90847-UA</u>
<u>90849-UA</u>	<u>90853-UA</u>	<u>90875-UA</u>
<u>90876-UA</u>	<u>H0031-UA</u>	<u>H0032-UA</u>
<u>H2014-UA</u>	<u>H2014-UA-HQ</u>	<u>H2014-UA-HR</u>
<u>H2015-UA</u>	<u>H2019-UA</u>	<u>H2019-UA-HM</u>
<u>H2019-UA-HE</u>	<u>H2011</u>	<u>H2011-UA</u>
<u>H2011-HN</u>	<u>H2011-UA-HN</u>	<u>H2011-HM</u>
<u>H2011-HQ</u>	<u>90882-HK</u>	<u>90882-HK-HM</u>
<u>H2019-U1 or H2019-U1-HN</u>	<u>H2019-U1-HA or H2019-U1-HN-HA</u>	<u>H2019-U1-HQ or H2019-U1-HQ-HN</u>
<u>H2019-U1-HQ-HA or H2019-U1-HQ-HN-HA</u>	<u>90785</u>	<u>90791-52 or 90791-52-HN</u>
<u>90791 or 90791-HN</u>	<u>90791-TS or 90791-TS-HN</u>	<u>90792-52 or 90792-52-HN</u>
<u>90792 or 90792-HN</u>	<u>90792-TS or 90792-TS-</u>	<u>96116</u>

STATE: MINNESOTA

Supplement 2 to ATTACHMENT 4.19-B

Effective: January 1, 2024

Page 17.1

TN: 24-0005

Approved: February 28, 2024

Supersedes: NEW

	<u>HN</u>	
<u>96121</u>	<u>96127</u>	<u>96132-96133</u>
<u>96136-96139</u>	<u>96146</u>	<u>H2012 UA HK</u>
<u>H0038</u>	<u>H0038-U5</u>	<u>H0038-HQ</u>
<u>99499-HE-AG</u>	<u>99499-HE-AM</u>	<u>90832-90834</u>
<u>90836-90840</u>	<u>H2012 HK</u>	
<u>90846-90847</u>	<u>90849</u>	<u>90853</u>
<u>90875-90876</u>	<u>90887 or 90887-HN</u>	<u>96130-96131</u>
<u>H0046</u>	<u>S0280 U5</u>	<u>S0281 U5</u>
<u>S5145 HE</u>	<u>S5145 HE HN</u>	<u>H2012 UA HK U6</u>