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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 20-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages



Medicaid and CHIP Operations Group

12/21/2020

Matt Anderson, Medicaid Director
Minnesota Department of Human Services
540 Cedar Street
PO Box 64983
St. Paul, MN 55164

RE: TN 20-0012 Housing Stabilization and Consultation Services §1915(i) Home and Community Based Services (HCBS) State Plan Amendment (SPA)

Dear Mr. Anderson:

The Centers for Medicare and Medicaid Services (CMS) is approving your request to amend §1915(i) state plan HCBS benefit, transmittal number 20-0012. The effective date for this amendment is August 1, 2020. With this amendment, the state is modifying the definition of qualified professional in the section for 1915(i) housing stabilization services.

Enclosed is the following approved SPA page that should be incorporated into your approved state plan:

- Attachment 3.1-i, page 16

Since the state has elected to target the population who can receive these §1915(i) state plan HCBS services, the §1915(i) benefit was approved for a five-year period expiring June 30, 2025, in accordance with §1915(i)(7) of the Social Security Act. To renew the §1915(i) state plan HCBS benefit for an additional five-year period, the state must submit a renewal application to CMS at least 180 days prior to the end of the approval period, by January 1, 2025. CMS' approval of a renewal request is contingent upon state adherence to federal requirements and the state meeting its objectives with respect to quality improvement and beneficiary outcomes.

It is important to note that CMS' approval of this change to the state's §1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, §504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

If you have any questions concerning this information, please contact me at (206) 615-3814, or your staff may contact Justyna Redlinski at Justyna.Redlinski@cms.hhs.gov or (312) 353-7370.

Sincerely,



Wendy Hill Petras, Deputy Director
Division of HCBS Operations and Oversight

Enclosure

cc:

Sandra Porter, CMS
Jessica Loehr, CMS
Cynthia Nanes, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 20-0012	2. STATE Minnesota
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	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE August 1, 2020
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5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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


6. FEDERAL STATUTE/REGULATION CITATION: 1915(i) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY '20 \$0 b. FFY '21 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-i, page 16	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): same
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10. SUBJECT OF AMENDMENT:
Definition of qualified professional

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Patrick Hultman Minnesota Department of Human Services 540 Cedar Street, PO Box 64983 St. Paul, MN 55164-0983
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13. TYPED NAME:
Patrick Hultman

14. TITLE:
Interim Deputy Medicaid Director

15. DATE SUBMITTED:
September 30, 2020

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 30, 2020	18. DATE APPROVED: December 21, 2020
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: Wendy Hill Petras	22. TITLE: Deputy Director, Division of HCBS Operations and Oversight
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23. REMARKS:

12/17/2020-State authorized P&I change to block #8 to change "I" to "i".

assessment is used to identify housing-related needs in addition to level of care and other needs, it an appropriate tool for determining needs for these 1915(i) services.

Professional Statement of Need

The professional statement of need must be completed by a qualified professional.

Qualified professionals include the following.

- (a) For physical illness, injury, or incapacity, a "qualified professional" means a licensed physician, physician assistant, advanced practice registered nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their scope of practice.
- (b) For developmental disability, learning disability, and intelligence testing, a "qualified professional" means a licensed physician, physician assistant, advanced practice registered nurse, licensed independent clinical social worker, licensed psychologist, certified school psychologist, or certified psychometrist working under the supervision of a licensed psychologist.
- (c) For mental health diagnoses, a "qualified professional" means a licensed physician, advanced practice registered nurse, or a mental health professional, as defined in Attachments 3.1-A/B, item 6.d.A.
- (d) For persons with substance use disorder, a "qualified professional" means a licensed physician, a qualified mental health professional, as defined in Attachments 3.1-A/B, item 6.d.A, or a alcohol and drug personnel as defined in Attachment 3.1-A/B, item 13.d.

Coordinated Entry Assessment

The coordinated entry assessor must complete training approved by the Commissioner to administer the coordinated entry tool.

5. **Responsibility for Development of Person-Centered Service Plan.** There are qualifications (that are reasonably related to developing service plans) for persons responsible for the development of the individualized, person-centered service plan. (*Specify qualifications*):