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State/Territory Name: MN

State Plan Amendment (SPA) #: 15-0011

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
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



December 16, 2015

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 #15-0011 --Increase payment rates for home health care services.

 --Effective Date: July 1, 2015

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.

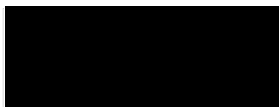
Sincerely,

/s/

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

Enclosure

cc: Ann Berg, MDHS
 Sean Barrett, MDHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 15-11	2. STATE Minnesota
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE July 1, 2015	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §§ 440.70, 440.80, 440.167		7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '16: \$6,755 b. FFY '17: \$2,814	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, pages 17a, 25, 26, 28, 29, and 74		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	
10. SUBJECT OF AMENDMENT: Home Care Rates			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Sean Barrett Minnesota Department of Human Services Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: September 23, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 23, 2015		18. DATE APPROVED: December 16, 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

STATE OF MINNESOTA
Effective: July 1, 2015
TN: 15-11

ATTACHMENT 4.19-B
Page 17a

Approved: 12/16/15

Supersedes: 13-23 (09-28, 08-17, 08-03, 07-08, 06-19, 05-21, 02-20, 01-13)

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

Payment for public health nurse assessments for personal care services is the lower of the submitted charge or the rate from the chart below.

Service	7/1/09	7/1/13	4/1/14	7/1/14	<u>7/1/15*</u>
Initial Public Health Nursing Assessment Visit for Personal Care Services (in-person)	\$260.91 /visit	\$258.29 /visit	\$260.87 /visit	\$273.91 /visit	<u>\$276.65</u> /visit
Public Health Nursing Reassessment Visit for Personal Care Services submitted prior to the end date of current PCA service authorization	\$260.91 /visit	\$258.29 /visit	\$260.87 /visit	\$273.91 /visit	<u>\$276.65</u> /visit
Public Health Nursing Service Update submitted prior to the end date of current PCA service authorization	\$130.46 /visit	\$129.14 /visit	\$130.43 /visit	\$136.95 /visit	<u>\$138.32</u> /visit

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

STATE: MINNESOTA
Effective: July 1, 2015
TN: 15-11

ATTACHMENT 4.19-B
Page 25

Approved: 12/16/15

Supersedes: 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	9/1/2011	7/1/2013	4/1/2014	7/1/2014	<u>7/1/2015*</u>
Skilled nurse visit	\$69.69	\$70.04	\$70.74	\$74.28	<u>\$75.02</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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ATTACHMENT 4.19-B
Page 26

Approved: 12/16/15
Supersedes: 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	<u>7/1/2015*</u>
Home Health Aide Visit	\$ 53.48	\$53.75	\$54.29	\$57.00	<u>\$57.57</u>

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

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Approved: 12/16/15

Supersedes: 13-23 (11-18, 11-02, 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*
Physical Therapy Visit (PT)	\$ 65.38	\$65.71	\$66.37	\$69.69	<u>\$77.43</u>
Physical Therapy Visit (Ass't)	\$ 42.50	\$42.71	\$43.14	\$45.30	<u>\$50.33</u>
Speech Therapy Visit	\$ 66.38	\$66.71	\$67.38	\$70.75	<u>\$78.60</u>
Occupational Therapy Vist (OT)	\$ 66.72	\$67.05	\$67.72	\$71.11	<u>\$79.00</u>
Occupational Therapy Visit (Ass't)	\$ 43.37	\$43.59	\$44.03	\$46.22	<u>\$51.35</u>
Respiratory Therapy Visit	\$ 46.21	\$46.44	\$46.90	\$49.25	<u>\$49.74</u>

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

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.

STATE: MINNESOTA
 Effective: July 1, 2015
 TN: 15-11
 Approved: 12/16/15

Supersedes: 13-23 (11-18, 09-28, 08-17, 07-08, 06-19, 06-08, 05-21, 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*
Private Duty Nursing L.P.N. Unit	\$ 6.21	\$6.24	\$6.30	\$6.62	<u>\$6.69</u>
Private Duty R.N. Unit	\$ 8.09	\$8.13	\$8.21	\$8.62	<u>\$8.71</u>
Private Duty L.P.N. (complex)	\$ 7.28	\$7.32	\$7.39	\$7.76	<u>\$7.84</u>
Private Duty R.N. (complex)	\$ 9.70	\$9.75	\$9.85	\$10.34	<u>\$10.44</u>

NOTE: 1 unit = 15 minutes

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

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: July 1, 2015

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TN: 15-11

Approved: 12/16/15

Supersedes: 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	9/1/2011	7/1/2013	4/1/2014	7/1/2014	7/1/2015*
Personal Care 1:1 unit	\$3.90	\$3.92	\$3.96	\$4.16	<u>\$4.27</u>
Personal Care 1:2 unit	\$2.93	\$2.94	\$2.97	\$3.12	<u>\$3.20</u>
Personal Care 1:3 unit	\$2.57	\$2.58	\$2.61	\$2.74	<u>\$2.81</u>
Supervision of Personal Care unit	\$6.86	\$6.89	\$6.96	\$7.31	<u>\$7.50</u>

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.