

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 15-0018**

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



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December 11, 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 #15-0018      --Revises the definition of assertive community treatment (ACT) and expands the use of telemedicine for certain residential treatment 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](mailto: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  
       Brandon Smith, CMSC  
       Rachel Dressler, CMSC

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: 15-18	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 ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )		4. PROPOSED EFFECTIVE DATE July 1, 2015	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 440.130	7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '16: \$0 b. FFY '17: \$0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pages: 54k and 54p Attachment 3.1-B, pages: 53k and 53p	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Same		
10. SUBJECT OF AMENDMENT: Rehabilitative Services			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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 25, 2015			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: September 25, 2015	18. DATE APPROVED: 12/11/15		
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: MINNESOTA  
Effective: July 1, 2015  
TN: 15-18  
Approved: 12/11/15  
Supersedes: 14-17 (05-01, 04-08, 03-26)

ATTACHMENT 3.1-A  
Page 54k

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13.d. Rehabilitative services. (continued)

7. Provider service time paid as part of case management services.
  8. Outreach services, defined on page 54g.
- Assertive community treatment (ACT) services are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan. Recipients must be over age 18, ~~diagnosed with a mental illness, and:~~
    - ~~1. have substantial disability and functional impairment in several areas;~~
    - ~~2. have one of more of the following:
      - a. a history of two or more inpatient hospitalizations or a single stay in excess of 30 days, in the past year;
      - b. significant independent living instability in independent living;
      - c. homelessness;
      - d. very frequent use of mental health and related services that result in poor outcomes; and~~
    - ~~3. in the written opinion of a licensed mental health professional, have mental health needs that cannot be met with other available community based services (for example, adult rehabilitative mental health services) or are likely to experience a mental health crisis or require a more restrictive setting (for example hospitalization) if ACT is not provided.~~

The following are eligible to provide ACT services:

1. County or other non-county entity certified by the Department.

STATE: MINNESOTA  
Effective: July 1, 2015  
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ATTACHMENT 3.1-A  
Page 54p

Approved: 12/11/15

Supersedes: 14-17 (08-06, 05-01, 4-08, 03-26)

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13.d. Rehabilitative services. (continued)

3. Services provided by volunteers.
4. Direct billing of days spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Provider service time eligible for payment as case management services.
8. Outreach activities, as defined for adult rehabilitative mental health services on page 54g.
9. Inpatient hospital services. This includes services provided by an institution for mental disease.

**Telemedicine services.** Physicians' services provided to recipients through the intensive residential treatment services benefit, which are otherwise covered as direct face-to-face services, may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.

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ATTACHMENT 3.1-B  
Page 53k

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ATTACHMENT 3.1-B

Page 53p

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