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State/Territory Name: MN

State Plan Amendment (SPA) #: 15-0020

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 4, 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 #15-0020 --Expands access to medication therapy management services
and allows physician assistants to provide medication
management services in outpatient setting.

--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.

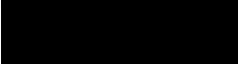
Sincerely,

/s/

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

Enclosure

cc: Ann Berg, MDHS
Sean Barrett, MDHS
Brandon Smith, CMSC

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-20	2. STATE Minnesota
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2015	
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 <i>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §§ 440.60, 440.120(a)		7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '16: \$(3) b. FFY '17: \$(18)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pages 25 and 32.1. Attachment 3.1-B, pages 24 and 31.1.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Same	
10. SUBJECT OF AMENDMENT: Medication Therapy Management and Physician Assistant 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 P.O. Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: September 28, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 28, 2015		18. DATE APPROVED: December 4, 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:			

6.d. Other practitioners' services.

A. **Mental health** services are limited to those provided by the following mental health professionals within the applicable scope of licensure:

1. licensed psychologist;
2. licensed independent clinical social worker;
3. an advanced practice registered nurse who is licensed and is certified as a clinical nurse specialist in mental health, or is certified as a nurse practitioner in pediatric or family or adult mental health nursing by a national nurse certification organization;
4. licensed marriage and family therapists with at least two years of post-master's supervised experience. Covered Medicaid mental health services do not include marriage counseling; and
5. effective January 1, 2010, licensed professional clinical counselor with at least 4,000 hours of post-master's supervised experience.

Mental health services are subject to the same limitations as psychiatric services described under Item 5.a., Physicians' services.

Under the supervision of an enrolled psychiatrist or other mental health professional listed in this item, the following may provide diagnostic assessment, explanation of findings or psychotherapy:

1. A mental health practitioner working as a clinical trainee in compliance with requirements for licensure or board certification as a psychiatrist or other mental health professional listed in this item; and
2. A student in a field placement or internship under a program leading to the completion of licensure requirements as psychiatrist or other mental health professional listed in this item.

A mental health practitioner working as a clinical trainee in compliance with requirements for licensure or board certification may provide psychological testing under the supervision of a licensed psychologist.

A licensed physician assistant working in an inpatient hospital under the supervision of a psychiatrist, or physician eligible to be licensed as a psychiatrist, may provide medication management and training in medication self-administration. A licensed physician assistant with 2,000 hours of clinical experience in the treatment of mental illness, and meeting the supervision requirements above, may also provide the service in an outpatient setting.

Services by mental health professionals include developing individual treatment plans to promote good mental health and self-management of mental health conditions, and directing and

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: July 1, 2015

Page 32.1

TN: 15-20

Approved: 12/4/15

Supersedes: 11-16 (10-18, 06-01)

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

I. Medication therapy management services

Medication therapy management services are provided by qualified, licensed pharmacists to recipients to optimize the therapeutic outcomes of a recipient's medications. It is provided to recipients: ~~1) taking a three or more prescriptions medication to treat or prevent one or more chronic medical conditions; or 2) with drug therapy problems that resulted in, or will likely result in, significant nondrug Medical Assistance Program costs.~~

Pharmacists must have graduated from an accredited college of pharmacy on or after May 1996, or completed a structured and comprehensive education program approved by the Minnesota Board of Pharmacy and the American Council of Pharmaceutical Education.

Medication therapy management services that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video to:

- an ambulatory care site if the recipient is more than twenty miles from any enrolled medication therapy management provider and the interactive video site is in a trade area that does not contain an enrolled medication therapy management provider; ~~or~~
- a recipient's home, during a covered home health care visit.

The service is comprised of the following components:

- A. assessing a recipient's health status;
- B. developing a medication treatment plan;
- C. monitoring and evaluating a recipient's response to the therapy
- D. providing a comprehensive medication review to identify, resolve, and prevent medication-related problems;
- E. documenting the care provided and communicating essential information to a recipient's primary care providers;
- F. providing oral education and training to enhance recipient understanding and appropriate use of medications;
- G. providing information, support services, and resources to enhance recipient adherence to therapeutic regimens;
- H. coordinating and integrating medication therapy management services within the broader health care services provided to a recipient.

Approved: 12/4/15

Supersedes: 14-09 (12-20, 11-04, 09-15, 09-18, 06-03, 04-10, 03-10, 01-14)

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