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State/Territory Name: MN

State Plan Amendment (SPA) #: 16-09

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



November 9, 2016

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 #16-0009 --Revising the state plan to cover services provided by a
community emergency medical technician.

--Effective Date: January 1, 2017

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.

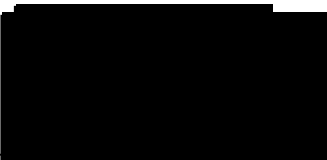
Sincerely,

/s/

Celestine Curry
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures

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: 16-09	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 January 1, 2017	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 440.50		7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '17 \$ 2 b. FFY '18 \$ 4	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pages 19e and 19f Attachment 3.1-B, pages 18e and 18f Attachment 4.19-B, page 10i		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 3.1-A, page 19e Attachment 3.1-B, page 18e Attachment 4.19-B, page 10i	
10. SUBJECT OF AMENDMENT: Services Provided by a Community Emergency Medical-Technician			
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 29, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 29, 2016		18. DATE APPROVED: November 9, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Celestine Curry		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

Approved: 11/9/16
Supersedes: 12- 16 (09-24, 08-16, 07-08, 06-02, 03-35, 01-21)

5.a. Physicians' services (continued):

Community Paramedic Services:

Services provided by medical directors of ambulance services include supervision of a community paramedic who provides services to recipients who have received hospital emergency department services three or more times in a period of four consecutive months in the past 12 months, or an individual who has been identified by the individual's primary health care provider for whom community paramedic services would likely prevent admission to or would allow discharge from a nursing facility or would likely prevent readmission to a hospital or nursing facility. Services provided by a community paramedic are based on a care plan created by the primary care provider (a physician, physician's assistant, or a nurse practitioner) in consultation with the medical director of the ambulance service and may include health assessments, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures. Services provided by the community paramedic under the care plan must be coordinated with care received by the recipient from other community providers in order to prevent duplication of services.

A community paramedic must be certified in accordance with Minnesota Statutes, section 144E.28.

Community Emergency Medical Technician Services:

Services provided by medical directors of ambulance services include supervision of a community emergency medical technician (CEMT). A CEMT may provide:

- A post-hospital discharge visit when ordered by a treating physician. The post-hospital discharge visit includes:
 - 1) verbal or visual reminders of discharge orders;
 - 2) recording and reporting of vital signs to the patient's primary care provider;
 - 3) confirmation of access to medications;
 - 4) confirmation of access to food; and
 - 5) identification of hazards in the home.

- A safety evaluation to a recipient who has repeat ambulance calls due to falls, has been discharged from a nursing home, or has been identified by the recipient's primary care provider as at risk for nursing home placement. The safety evaluation includes:
 - 1) confirmation of access to medications;
 - 2) confirmation of access to food; and
 - 3) identification of hazards in the home.

A CEMT must be certified in accordance with Minnesota Statutes, section 144E.275, subd. 7.

5.a. Physicians' services (continued):

The services specified below are **not** covered services for purposes of medical assistance payment:

1. Surgery performed on the wrong patient;
2. Surgery performed on the wrong body part that is not consistent with the documented informed consent for that patient;
3. Performing the wrong surgical procedure on a patient that is not consistent with the documented informed consent for that patient; or
4. Physicians' services related to hospital-acquired conditions or treatment as defined in Attachment 4.19-A, Sections 2.0 and 12.3, for which hospital reimbursement is prohibited, if the physicians' services were provided by a physician who delivered care that contributed to or caused the adverse health care event or hospital-acquired condition.

Approved: 11/9/16

Supersedes: 12-16 (09-24, 08-16, 07-08, 06-02, 03-35, 01-21)

5.a. Physicians' services (continued):

Community Paramedic Services:

Services provided by medical directors of ambulance services include supervision of a community paramedic who provides services to recipients who have received hospital emergency department services three or more times in a period of four consecutive months in the past 12 months, or an individual who has been identified by the individual's primary health care provider for whom community paramedic services would likely prevent admission to or would allow discharge from a nursing facility or would likely prevent readmission to a hospital or nursing facility. Services provided by a community paramedic are based on a care plan created by the primary care provider (a physician, physician's assistant, or a nurse practitioner) in consultation with the medical director of the ambulance service and may include health assessments, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures. Services provided by the community paramedic under the care plan must be coordinated with care received by the recipient from other community providers in order to prevent duplication of services.

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 - 2) confirmation of access to food; and
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STATE: MINNESOTA
Effective: January 1, 2017
TN: 16-09
Approved: 11/9/16
Supersedes: NEW

ATTACHMENT 3.1-B
Page 18f

5.a. Physicians' services (continued):

The services specified below are **not** covered services for purposes of medical assistance payment:

1. Surgery performed on the wrong patient;
2. Surgery performed on the wrong body part that is not consistent with the documented informed consent for that patient;
3. Performing the wrong surgical procedure on a patient that is not consistent with the documented informed consent for that patient; or
4. Physicians' services related to hospital-acquired conditions or treatment as defined in Attachment 4.19-A, Sections 2.0 and 12.3, for which hospital reimbursement is prohibited, if the physicians' services were provided by a physician who delivered care that contributed to or caused the adverse health care event or hospital-acquired condition.

STATE: MINNESOTA
Effective: January 1, 2017
TN: 16-09

ATTACHMENT 4.19-B
Page 10i

Approved: 11/9/16

Supersedes: 13-17 (12-16, 12-07, 12-10, 11-02, 10-06, 09-25, 09-20, 08-17, 07-12, 07-08, 07-09, 07-06, 06-19)

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere (continued).

In-reach care coordination services shall be paid the lower of:

- Submitted charge; or
- \$9.54 per 15 minute unit

Community paramedic services shall be paid the lower of:

- Submitted charge; or
- \$15.00 per 15 minute unit

Community emergency medical technician services shall be paid the lower of:

- Submitted charge; or
- \$9.75 per 15 minute unit

Effective July 1, 2010, one one-month payment per recipient with 1-3 major chronic conditions receiving Group 1 health care home services, is the lower of:

- Submitted charge; or
- \$10.14

Effective July 1, 2010, one one-month payment per recipient with 4-6 major chronic conditions receiving Group 2 health care home services, is the lower of:

- Submitted charge; or
- \$20.27

Effective July 1, 2010, one one-month payment per recipient with 7-9 major chronic conditions receiving Group 3 health care home services is the lower of:

- Submitted charge; or
- \$40.54

Effective July 1, 2010, one one-month payment per recipient with 10 or more major chronic conditions receiving Group 4 health care home services is the lower of:

- Submitted charge; or
- \$60.81

For each of the Groups 1-4 above, the payment rates listed will be increased by 15% if either of the following apply to the recipient:

- The recipient (or caregiver of a dependent recipient) uses a primary language other than English to communicate about their