

Table of Contents

State/Territory Name: MN

State Plan Amendment (SPA) #: 16-0014

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



May 26, 2017

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 #16-0014 --revises the non-emergency medical transportation program by updating the modes of transportation, clarifying coverage limits, and increases payment rates for ambulance services.

--Effective Date: July 1, 2016

--Approval Date: May 26, 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.

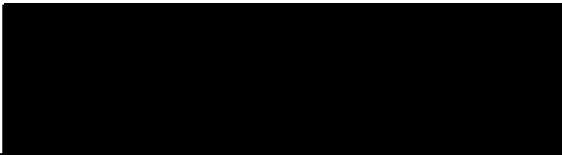
Sincerely,

/s/

Ruth A. Hughes
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		1. TRANSMITTAL NUMBER: 16-14	2. STATE Minnesota
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2016	
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>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 440.170		7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '17 \$531 b. FFY '18 \$863	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-D, pages 1 – 5 Attachment 4.19-B, page 68d Attachment 4.19-B, Supplement 2, pages 11 and 17		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 3.1-D, pages 1 – 5 Attachment 4.19-B, page 68d Attachment 4.19-B, Supplement 2, page 11	
10. SUBJECT OF AMENDMENT: Transportation			
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: May 26, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

STATE: MINNESOTA
Effective: July 1, 2016
TN: 16-14

ATTACHMENT 3.1-D
Page 1

Approved: 5/26/17

Supersedes: 06-16 (06-06, 04-13, 95-18, 86-107)

METHODS OF PROVIDING TRANSPORTATION

~~42 CFR 431.53~~

Non-emergency medical transportation includes coverage for transportation and other related travel services determined to be necessary to enable a recipient to obtain a medically necessary health service in accordance with 42 CFR §440.170.

These services are considered administrative expenditures.

Non-emergency medical transportation incorporates many types of services that do not require ~~emergency ambulance transport~~, including ~~non-emergency basic life support ambulance~~. The modes of non-emergency medical transportation depend upon the level of transportation needed by the recipient as follows:

- 1) Not for hire vehicles: this includes transportation provided by volunteer drivers, and family members or acquaintances of the recipient.
- 2) Unassisted transport: this includes transport provided by a taxi, public transit, or private medical transportation provider.
- 3) Assisted transport: this includes transport provided to recipients who require assistance by a nonemergency medical transportation provider.
- 4) Lift-equipped/ramp transport: this includes transport provided to a recipient who is dependent on a mobility device and requires a medical transportation provider with a vehicle containing a lift or ramp;
- 5) Protected transport: this includes transport provided to a recipient who has been screened and determined to require a provider with a protected vehicle that is not an ambulance or police car, which has safety locks, a video recorder, and a transparent thermoplastic partition between the passenger and the vehicle driver.
- 6) Stretcher transport: this includes transport for a recipient in a prone or supine position.

~~1. Basic life support (non-emergency) ambulance: scheduled transportation by a ground ambulance vehicle and medically necessary supplies and services, plus the provision of basic life support ambulance services;~~

~~2. Non-ambulance stretcher: transportation for a recipient who needs stretcher transport but does not require basic life support ambulance services;~~

STATE: MINNESOTA
Effective: July 1, 2016
TN: 16-14
Approved: 5/26/17
Supersedes: 06-16 (06-06, 04-13, 95-18, 86-107)

ATTACHMENT 3.1-D
Page 2

METHODS OF PROVIDING TRANSPORTATION (continued)

~~3. Station to station assistance: transportation for a recipient who needs assistance from his or her place of pickup to his or her medically necessary destination;~~

~~4. Wheelchair assisted door to door services: transportation for a recipient who uses a wheelchair and requires driver assistance on a door to door basis, but does not require station to station assistance;~~

~~5. Door to door: transportation for a recipient who requires driver assistance from the recipient's front door to the outside door of the building where the health service is located;~~

~~6. Curb to curb: transportation for a recipient who enters the transport vehicle at the street curb of his or her residence or place of pickup and is dropped off at the street curb of the medical appointment. Station to station assistance is available if the recipient has a physical or mental impairment that would prohibit the recipient from safely accessing and using a bus, taxi, other commercial transportation, or private automobile. Such a recipient must not require ambulance transportation. Station to station assistance includes driver assisted service that involves:~~

- ~~• passenger pickup at and return to the recipient's residence or place of business;~~
- ~~• assistance with admittance of the recipient to the medical facility; and~~
- ~~• assistance in recipient securement or in securing of wheelchairs or stretchers in the vehicle.~~

Transportation may be furnished by a provider to whom a direct vendor payment can be made, a transportation coordinator who subcontracts with a transportation provider, or a local agency that has made transportation arrangements with local transportation providers ~~vendors~~. The transportation coordinator, enrolled providers, and the local agency shall ensure that non-emergency medical transportation services are available to a recipient to enable the recipient to obtain medically necessary health services ~~as required under Minnesota Rules, part 9505.0140.~~

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Effective: July 1, 2016
TN: 16-14
Approved: 5/26/17
Supersedes: 06-16 (06-06, 04-13, 03-25)

ATTACHMENT 3.1-D
Page 3

METHODS OF PROVIDING TRANSPORTATION (continued)

Coverage Limitations

The following transportation services are not provided:

- Transportation services provided to obtain a service that is not a covered health service, except for non-emergency medical transportation of a full-benefit-recipient dually eligible for Medicare and Medicaid, in order to obtain medications ~~drugs~~ covered under the Medicare Part D benefit.
- Ambulance service in cases where another means of transportation would have sufficed.
- Transportation of a recipient to a non-covered service (e.g., grocery store, health club, place of worship).
- Charges for an additional attendant if a personal care attendant is accompanying a recipient as a covered service.
- Non-emergency medical transportation of a recipient between providers is a covered administrative expenditure except that transportation between two hospitals or two long term care facilities must be to obtain a medically necessary service that is not available at the hospital or long term care facility where the recipient was when the medical necessity was diagnosed.
- ~~• Coverage for non emergency transportation of a deceased person is limited to the following circumstances:~~
 - ~~• If a recipient is pronounced dead after non-emergency transportation is called but before it arrives, service to the point of pick up is covered.~~

Approved: 5/26/17

Supersedes: 06-16 (06-06, 04-13, 95-18, 86-107)

METHODS OF PROVIDING TRANSPORTATION (continued)

- ~~• If non-emergency transportation is provided to a recipient who is pronounced dead on arrival, the medical transportation is covered.~~
- If a recipient is pronounced dead before non-emergency transportation is called, medical transportation is not covered.

~~Coverage for station to station assistance is subject to the following limitations:~~

- ~~1) Station to station service to reach a health service outside the recipient's local trade area is provided to a recipient who has been determined eligible for station to station assistance because of physical or mental impairment.~~
- ~~2) Station to station services to a recipient who receives day services outside an intermediate care facility for persons with mental retardation is not covered under this section if the ICF/MR is responsible for the cost of transportation.~~

Transportation providers, except public transit and not-for-hire providers, must be certified by the Minnesota Department of Transportation.

~~To be eligible as a medical assistance administrative expenditure, the ambulance transportation must comply with the following:~~

- ~~1) The provider must be licensed under Minnesota Statutes, 144E.10 and 144E.16.~~
- ~~2) The medical necessity of the service must be documented.~~

LOCAL AGENCY PROCEDURE TO ENSURE ACCESS

Within 90 days after the first day of January, 1987, and every two years thereafter, the local agency shall submit to the Department a transportation plan that specifies the means the local agency will use to meet the transportation requirements.

The Department shall review the plan and advise the local agency whether it meets current state and federal requirements. The local agency shall inform a recipient of the county's transportation plan.

STATE: MINNESOTA
Effective: July 1, 2016
TN: 16-14
Approved: 5/26/17
Supersedes: 06-16 (06-06, 04-13, 95-18, 86-107)

ATTACHMENT 3.1-D
Page 5

METHODS OF PROVIDING TRANSPORTATION (continued)

A local agency may require prior approval of the payments of costs if exceptions are made for emergencies and retroactive eligibility.

LOCAL AGENCY PROCEDURE TO ENSURE ACCESS TO HEARINGS

Local agencies shall reimburse applicants and recipients for reasonable and necessary expenses for their attendance at a hearing held pursuant to Minnesota Rules, part 9505.0130, subpart 1.

STATE: MINNESOTA
Effective: July 1, 2016
TN: 16-14

ATTACHMENT 4.19-B
Page 68d

Approved: 5/26/17
Supersedes: 13-25 (11-19, 09-12, 6-16, 05-08, 03-25, 02-04)

24.a. Transportation.(continued)

Final Rate Formula:

1. total district special transportation costs (salaries of drivers only, fringe benefits, gas, oil, insurance, maintenance) divided by the total number of days eligible children are enrolled in the district = per child daily costs
2. per child daily cost divided by 2 = trip cost per child
3. trip cost per child multiplied by the cognizant agency's unrestricted indirect cost percentage for the school district
4. item 2 + item 3 = final rate

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

- D. MinnesotaCare tax rate adjustment
- Y. Ambulance services rate decrease 2011
- kk. Ambulance services rate increase 2016

STATE: MINNESOTA
Effective: July 1, 2016
TN: 16-14
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Supersedes: 11-19

Supplement 2 to ATTACHMENT 4.19-B
Page 11

X. Dental Services rate decrease 2011

Effective for services provided on or after September 1, 2011, through June 30, 2013, payment rates for dental services are reduced by 3% percent. (Item 10)

Y. Ambulance services rate decrease 2011

Effective for services provided on or after September 1, 2011, through June 30, 2016, payment rates for services are reduced by 4.5% percent. (Item 24.a.)

Z. Outpatient hospital facility rate decrease 2011

Effective for services provided on or after September 1, 2011, through June 30, 2013, payment rates for outpatient hospital facility fees are reduced by 5% percent. (item 2.a)

aa. Miscellaneous services and materials rate decrease 2011

Effective for services provided on or after September 1, 2011, through June 30, 2013, the following services payment rates are reduced by 3 percent:

- ambulatory surgery centers facility fees (Item 9)
- medical supplies and durable medical equipment not subject to a volume purchase contract (Item 7.c)
- prosthetics and orthotics (Item 12.c)
- renal dialysis services (Item 2.a)
- laboratory services (Item 3)
- public health nursing services (Item 6.d.B)
- eyeglasses not subject to a volume purchase contract (Item 12.d)
- hearing aids not subject to a volume purchase contract (Item 7.c.)
- anesthesia services (Item 5.a)
- Physical therapy (Item 11.a.)
- Speech therapy (Item 11.c)
- Occupational therapy (Item 11.b)

STATE: MINNESOTA
Effective: July 1, 2016
TN: 16-14
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Supersedes: NEW

Supplement 2 to ATTACHMENT 4.19-B
Page 17

kk. Ambulance services rate increase 2016

Effective for ambulance services provided on or after July 1, 2016, payment rates for services are increased by 5 percent for ambulance providers located within a municipality with a population of less than 1,000, or located outside the seven-county metro area and the cities of Duluth, Mankato, Moorhead, St. Cloud, and Rochester.