

Table of Contents

State/Territory Name: MN

State Plan Amendment (SPA) #: 16-0015

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 11, 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 #16-0015 --Revises the standards for the assertive community treatment (ACT) benefit, as well as the related provider qualifications.

--Effective Date: July 1, 2016

--Approval Date: May 11, 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.

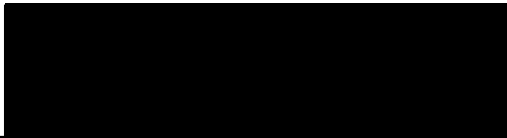
Sincerely,

/s/

Alan Freund
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 | | 1. TRANSMITTAL NUMBER: 16-15 | 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 § 440.130 | | 7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '17: \$0 b. FFY '18: \$0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pages: 54k – 54m Attachment 3.1-B, pages: 53k – 53m | | 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (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 28, 2016 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: September 28, 2016 | | 18. DATE APPROVED: May 11, 2017 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016 | | 20. SIGNATURE OF REGIONAL OFFICIAL: /s/ | |
| 21. TYPED NAME: Alan Freund | | 22. TITLE: Acting Associate Regional Administrator | |
| 23. REMARKS: | | | |

Approved: 5/11/17
Supersedes: 15-18 (14-17, 05-01, 04-08, 03-26)

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. Individuals age 16 or 17 may receive ACT services upon approval by the Department.

The following are eligible to provide ACT services:

1. County or other entity certified by the Department.
2. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:
 - a. requires a specialized program that is not available; and
 - b. is of such a low incidence that it is not feasible to develop a program serving a single county or regional group of counties.
3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Provider Qualifications, Training and Supervision

ACT services are provided by a multidisciplinary staff using a total team approach and assertive outreach for treatment in a recipient's environment. The team includes a clinical supervisor who is a mental health professional as ~~defined on page 54~~defined in item 6.d.A., and other staff consistent with the Tool for Measurement of Community Assertive Treatment~~Dartmouth Assertive Community Treatment Scale,~~ which establishes national fidelity standards. Team members include:

1. A **psychiatric care provider**, who is either a licensed psychiatrist or an advanced practice registered nurse who qualifies as a mental health professional under item 6.d.A;

Approved: 5/11/17
Supersedes: 14-17 (09-17, 05-01, 04-08, 03-26)

13.d. Rehabilitative services. (continued)

2. A **nurse**, who is either a registered nurse, or an advanced practice registered nurse;
3. A **specialist in co-occurring disorders**, who has received Department approved training on co-occurring disorders, and is either a licensed alcohol and drug counselor; a licensed professional counselor with a master's degree, which included 120 hours of a specified course of study in addiction studies with 440 hours of post-degree supervised experience in the provision of alcohol and drug counseling as defined in this item; a mental health practitioner, as defined in this item; or a mental health professional as defined in item 6.d.A.
4. A **vocational specialist**, who has at least one year experience in providing employment services or advanced education that involved field training in vocational services to individuals with mental illness, or has completed a Department approved training program; and is either a mental health practitioner as defined in this item, or a mental health professional as defined in item 6.d.A.
5. A **mental health certified peer specialist (level I or II)** as defined in this item.

~~The team members must meet the qualifications, training and supervision standards that apply to adult rehabilitative mental health services.~~

The team must provide the following:

- ~~1. The components of adult rehabilitative mental health services.~~
- ~~2. Integrated dual diagnosis treatment.~~
- ~~3. Medication monitoring and training in medication self-administration.~~
- ~~4. Illness management and recovery.~~
- ~~5. Case management.~~
- ~~6. Psychological support and skills training.~~
- ~~7. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.~~
- ~~8. Crisis services, including development of a crisis plan with the recipient.~~

Approved: 5/11/17
Supersedes: 14-17 (09-17, 05-01, 04-08, 03-26)

13.d. Rehabilitative services. (continued)

1. assertive engagement;
2. psychosocial rehabilitative services that develop and enhance a client's psychiatric stability, including basic living and social-skills therapies;
3. treatment of co-occurring mental illness and substance use disorder, including assertive outreach, goal setting, relapse prevention, and related services;
4. crisis assessment and intervention;
5. family psychoeducation and support when provided for the direct benefit of the client;
6. skills therapies directed at housing-related activities and supports, including individual housing-transition skills and individual housing and tenancy-sustaining skills;
7. medication education, assistance, and support;
8. mental health certified peer specialists services;
9. health and wellness self-management services;
10. symptom management; and
11. empirically supported, psychotherapeutic interventions to address mental health symptoms and behaviors.

~~The services below are not eligible for medical assistance payment as ACT services:~~

- ~~1. Recipient transportation services otherwise paid under this Attachment.~~
- ~~2. Services billed by a nonenrolled Medicaid provider.~~
- ~~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. Outreach services, as defined for adult rehabilitative mental health services on page 54g.~~
- ~~8. Inpatient hospital services, board and lodge facility services, or residential facility services to patients or residents. This includes services provided by an institution for mental diseases.~~

- **Intensive Residential Treatment Services (IRTS)** 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.

These services are provided to a recipient age 18 and older meeting the same eligibility requirements for ACT services, but the recipient also requires the level of care and supervision provided in a residential setting. These services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Services are directed toward a targeted discharge date with specified recipient outcomes and are consistent with evidence-based practices.

Approved: 5/11/17
Supersedes: 15-18 (14-17, 05-01, 04-08, 03-26)

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. Individuals age 16 or 17 may receive ACT services upon approval by the Department.

The following are eligible to provide ACT services:

1. County or other entity certified by the Department.
2. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:
 - a. requires a specialized program that is not available; and
 - b. is of such a low incidence that it is not feasible to develop a program serving a single county or regional group of counties.
3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Provider Qualifications, Training and Supervision

ACT services are provided by a multidisciplinary staff using a total team approach and assertive outreach for treatment in a recipient's environment. The team includes a clinical supervisor who is a mental health professional as ~~defined on page 54~~defined in item 6.d.A, and other staff consistent with the Tool for Measurement of Community Assertive Treatment~~Dartmouth Assertive Community Treatment Scale~~, ~~which establishes national fidelity standards.~~ Team members include:

1. A **psychiatric care provider**, who is either a licensed psychiatrist or an advanced practice registered nurse who qualifies as a mental health professional under item 6.d.A;

13.d. Rehabilitative services. (continued)

2. A **nurse**, who is either a registered nurse, or an advanced practice registered nurse;
3. A **specialist in co-occurring disorders**, who has received Department approved training on co-occurring disorders, and is either a licensed alcohol and drug counselor; a licensed professional counselor with a master's degree, which included 120 hours of a specified course of study in addiction studies with 440 hours of post-degree supervised experience in the provision of alcohol and drug counseling as defined in this item; a mental health practitioner, as defined in this item; or a mental health professional as defined in item 6.d.A.
4. A **vocational specialist**, who has at least one year experience in providing employment services or advanced education that involved field training in vocational services to individuals with mental illness, or has completed a Department approved training program; and is either a mental health practitioner as defined in this item, or a mental health professional as defined in item 6.d.A.
5. A **mental health certified peer specialist (level I or II)** as defined in this item.

~~The team members must meet the qualifications, training and supervision standards that apply to adult rehabilitative mental health services.~~

The team must provide the following:

- ~~1. The components of adult rehabilitative mental health services.~~
- ~~2. Integrated dual diagnosis treatment.~~
- ~~3. Medication monitoring and training in medication self-administration.~~
- ~~4. Illness management and recovery.~~
- ~~5. Case management.~~
- ~~6. Psychological support and skills training.~~
- ~~7. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.~~
- ~~8. Crisis services, including development of a crisis plan with the recipient.~~

Approved: 5/11/17
Supersedes: 14-17 (09-17, 05-01, 04-08, 03-26)

13.d. Rehabilitative services. (continued)

1. assertive engagement;
2. psychosocial rehabilitative services that develop and enhance a client's psychiatric stability, including basic living and social-skills therapies;
3. treatment of co-occurring mental illness and substance use disorder, including assertive outreach, goal setting, relapse prevention, and related services;
4. crisis assessment and intervention;
5. family psychoeducation and support when provided for the direct benefit of the client;
6. skills therapies directed at housing-related activities and supports, including individual housing-transition skills and individual housing and tenancy-sustaining skills;
7. medication education, assistance, and support;
8. mental health certified peer specialists services;
9. health and wellness self-management services;
10. symptom management; and
11. empirically supported, psychotherapeutic interventions to address mental health symptoms and behaviors.

~~The services below are not eligible for medical assistance payment as ACT services:~~

- ~~1. Recipient transportation services otherwise paid under this Attachment.~~
- ~~2. Services billed by a nonenrolled Medicaid provider.~~
- ~~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. Outreach services, as defined for adult rehabilitative mental health services on page 54g.~~
- ~~8. Inpatient hospital services, board and lodge facility services, or residential facility services to patients or residents. This includes services provided by an institution for mental diseases.~~

- **Intensive Residential Treatment Services (IRTS)** 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.

These services are provided to a recipient age 18 and older meeting the same eligibility requirements for ACT services, but the recipient also requires the level of care and supervision provided in a residential setting. These services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Services are directed toward a targeted discharge date with specified recipient outcomes and are consistent with evidence-based practices.