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State/Territory Name: MN

State Plan Amendment (SPA) #: 16-0017

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 12, 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 #16-0017 --Increases payment rates for family peer services provided to children.

--Effective Date: September 1, 2016

--Approval Date: May 12, 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:
16-17

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
September 1, 2016

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR §§ 440.60, 440.130

7. FEDERAL BUDGET IMPACT (in thousands):
a. FFY '17: \$5
b. FFY '18: \$61.5

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, pages 8f and 18

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Same

10. SUBJECT OF AMENDMENT:
Children's Mental Health Services and Acupuncture Services

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

Ann Berg

Sean Barrett

Minnesota Department of Human Services

14. TITLE:

Deputy Medicaid Director

Federal Relations Unit

15. DATE SUBMITTED:

September 28, 2016

P.O. Box 64983

St. Paul, MN 55164-0983

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 28, 2016

18. DATE APPROVED:

May 12, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

September 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

STATE: MINNESOTA
Effective: September 1, 2016
TN: 16-17
Approved: 5/12/17
Supersedes: 14-09, 13-14

ATTACHMENT 4.19-B
Page 8f

4.b. Early and periodic screening, diagnosis, and treatment services.

Effective for services provided on or after July 1, 2013, Family Psychoeducation services are paid in 15 minute units using the same methodology that applies to psychotherapy services in item 5.a. Physicians' services.

In-reach Care Coordination services are paid using the same methodology that applies to in-reach care coordination services in item 5.a., Physicians' services.

Effective for services provided on or after July 1, 2013, **Clinical Care Consultation** services are paid the lower of:

1. the submitted charge, or
2. the state established rate of:
 - 90899U8 (5 - 10 min) \$14.10
 - 90899U9 (11 - 20 min) \$29.14
 - 90899UB (21 - 30 min) \$47.94
 - 90899UC (>30 min) \$76.02

If the service is provided over the phone, the state established rate is equal to 75% of the amount listed above.

Effective for services provided on or after July 1, 2013, an entity of the type described in item 4.b, section 1, of Attachment 3.1-A and 3.1-B, may employ a mental health professional, and a mental health practitioner working as a clinical trainee, as described in item 6.d.A. of Attachments 3.1-A and 3.1-B, to provide psychotherapy, psychoeducation, crisis assistance, and clinical care consultation as part of an intensive treatment program. Services are paid the lower of:

- 1) submitted charge, or
- 2) the payment rate otherwise specified for the component service under item 4.b. of Attachment 4.19-B, except when an intensive level of therapeutic interventions are provided to foster children at least three days per week for two hours per encounter (or during a subsequent period when reduced units of service are specified in the treatment plan as part of transition, or pursuant to a discharge plan to another service or level of care), the payment rate of \$322.61 per child per diem.

Effective for services provided on or after ~~April~~ September 1, 2014, **Certified Family Peer Specialist** services are paid the lower of:

1. the submitted charge, or
2. the state established rate of:
 - H0038 HA (individual) ~~\$13.75~~ \$15.02 per 15 minutes
 - H0038 HA HQ (group) ~~\$6.87~~ \$7.55 per 15 minutes

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: September 1, 2016

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TN: 16-17

Approved: 5/12/17

Supersedes: 12-06 (08-13, 00-24, 97-21)

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

C. Acupuncture Services

Effective for services provided on or after January 1, 2012,
Acupuncture services are paid using the same methodology as item
5.a., Physicians' services.