

Table of Contents

State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 17-0010

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
17-10

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, 2017

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 '18: \$69.5
b. FFY '19: \$351.5

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

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

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

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

Ann Berg

Sean Barrett
Minnesota Department of Human Services
Federal Relations Unit
P.O. Box 64983
St. Paul, MN 55164-0983

14. TITLE:

Deputy Medicaid Director

15. DATE SUBMITTED:

September 14, 2017

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 14, 2017

18. DATE APPROVED:

October 4, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

STATE: MINNESOTA
Effective: July 1, 2017
TN: 17-10
Approved: 10/4/17
Supersedes: 16-17 (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, a~~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. Effective for services provided on or after July 1, 2017, Services are paid payment is 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~~386.11 per child per diem.

Effective for services provided on or after September 1, 2016, **Certified Family Peer Specialist** services are paid the lower of:

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