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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 18-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 233 N. Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



Regional Operations Group

April 15, 2019

Marie Zimmerman, 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 #18-0003 -- Officer-involved community-based care coordination.

--Effective Date: March 1, 2018

-- Approval Date: April 15, 2019

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 Deputy Director Center for Medicaid and CHIP Services Regional Operations Group

Enclosures

cc: Ann Berg, DHS Sean Barrett, DHS

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0193				
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE				
STATE PLAN MATERIAL		•				
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	18-03	Minnesota				
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)					
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE					
CENTER FOR MEDICARE & MEDICAID SERVICES	,	· ·				
DEPARTMENT OF HEALTH AND HUMAN SERVICES	March 1, 2018					
5. TYPE OF PLAN MATERIAL (Check One):		•				
	ONGINEDED AGNESS DI ANI	V AMENION (ENTO				
	ONSIDERED AS NEW PLAN	X AMENDMENT				
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT (in the					
42 CFR § 440.60	a. FFY '18 \$76	iousanus).				
42 CI R § 440.00	b. FFY '19 \$684					
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI	EDED PLAN SECTION				
Attachment 3.1-A, page 25a	OR ATTACHMENT (If Applicable):	•				
Attachment 3.1-B, page 24a	Same					
Attachment 4.19-B, page 16a		•				
Attachment 3.1-F, page 12	No. of the second secon					
10. SUBJECT OF AMENDMENT:		*				
Officer-involved, Community-based Care Coordination		4				
•						
11. GOVERNOR'S REVIEW (Check One):						
x GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPECIFI	ED:				
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	, .					
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL						
12 CIONATURE OF CTATE ACENION OFFICIAL.	16 DETUDNITO					
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Sean Barrett					
	Minnesota Department of Human Se	arrio o a				
	Federal Relations Unit	TVICES				
	PO Box 64983	•				
	St. Paul, MN 55164-0983					
13. TYPED NAME:	St. Faul, MIN 33104-0983					
Ann Berg						
14. TITLE:						
Deputy Medicaid Director	•					
15. DATE SUBMITTED:						
March 30, 2018						
FOR REGIONAL OF	FICE USE ONLY					
17. DATE RECEIVED:	18. DATE APPROVED:					
March 30, 2018	April 15, 20	019				
PLAN APPROVED – ONI	E COPY ATTACHED	· · · · · · · · · · · · · · · · · · ·				
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL:				
March 1, 2018	/s/					
21. TYPED NAME:	22. TITLE:	. ,				
Ruth A. Hughes	Deputy Director					
23. REMARKS:						
		4				
	·					
L.						

STATE: MINNESOTA ATTACHMENT 3.1-A

Effective: March 1, 2018 Page 25a

TN: 18-03

Approved: April 15, 2019

Supersedes: 16-02 (12-10, 11-04, 09-15, 09-18, 06-03, 04-10, 03-10,

01 - 14)

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

overseeing the implementation of the individual treatment plans by community health workers.

In-reach care coordination services:

Services by mental health professionals include supervision of an inreach care coordinator who documents and assesses a recipient's
emergency room use, develops and implements short-term plans to reduce
the recipient's too-frequent (three or more times in the previous four
consecutive months) or non-urgent emergency room use, and when
appropriate, develops and implements a plan to transition the
recipient to a more permanent care coordination or case management
relationship so that the recipient's continuum of care needs can
continue to be met outside of the emergency room. Recipients may
receive up to 80 hours of in-reach care coordination in a sixty-day
period twice per calendar year.

Officer-involved, community-based care coordination:

Officer-involved, community-based care coordination diverts recipients from the criminal justice system by addressing the recipient's mental health, chemical health, social, economic, and housing needs, by connecting recipients with available covered services. The service is provided to individuals who have been arrested, but not incarcerated, and whose screening indicates mental illness or substance use disorder. Recipients may receive services for up to 60 days following initiation of services. Services are provided by the following individuals who are either employed by a county or contract with a county:

- A mental health professional, as defined above;
- A mental health practitioner, as defined in item 13.d., working under the clinical supervision of a mental health professional; or
- A certified peer specialist, as defined in item 13.d., working under the clinical supervision of a mental health professional.

STATE: MINNESOTA ATTACHMENT 3.1-B

Effective: March 1, 2018 Page 24a

TN: 18-03

Approved: April 15, 2019

Supersedes: 16-02 (12-10, 11-04, 09-15, 09-18, 06-03, 04-10, 03-10,

01 - 14)

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STATE: MINNESOTA ATTACHMENT 4.19-B

Effective: March 1, 2018 Page 16a

TN: 18-03

Approved: April 15, 2019

Supersedes: 12-20 (12-10, 11-04, 11-02, 09-25, 08-17, 07-12, 07-08,

07-09, 07-06)

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

Mental health services performed by a master's prepared mental health professional are paid the lower of:

- 1. submitted charge; or
- 2.80% of the rate established for doctoral prepared mental health professionals.

Mental health services performed by a master's prepared mental health professional in a community mental health center are paid the lower of:

- 1. submitted charge; or
- 2. 100% of the rate established for doctoral prepared mental health professionals.

Mental health services provided by a mental health practitioner working as a clinical trainee as defined in Attachment 3.1-A, item 6.d.A., who is supervised by an enrolled provider are paid to the supervising enrolled provider at the lower of:

- 1. submitted charge; or
- 2. 100% of the rate established—for mental health professionals.

Adult day treatment services for mental illness provided on or after July 1, 2001 are paid the lower of:

- 1. submitted charge; or
- 2. \$20.41 per 60 minutes.

Mental health services performed by a physician's assistant provided in an inpatient hospital are paid at the lower of:

- 1. Submitted charge; or
- 2. 80.4% of the base rate established for doctoral prepared mental health professionals.

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.

Officer-involved, community-based care coordination provided on or after March 1, 2018, is paid at the lower of:

- 1. Submitted charge; or
- 2. \$9.54 per 15 minutes.

CMS-PM-XX-X May 10, 2004 –DRAFT

ATTACHMENT 3.1-F Page 12 OMB No. 0938-

State: MINNESOTA

Citation

Condition or Requirement

§1932(a)(5)(D) L. <u>List all Services that are Excluded for Each Model (MCO & PCCM)</u>

For MCOs:

- i. Abortion
- ii. Child welfare targeted case management
- iii. Targeted case management services for persons not receiving services pursuant to a §1915 (c) waiver who are vulnerable adults, adults with developmental disabilities or related conditions, or adults without a permanent residence
- iv. Services provided pursuant to an individualized education plan (IEP) or individual family service plan (IFSP)
- v. Nursing facility services
- vi. Relocation coordination services
- vii. Officer-involved, community-based care coordination

§1932(a)(1)(A)(ii) M. Selective Contracting Under a §1932 State Plan Option

To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.

- 1. The state will <u>x</u>/will not <u>intentionally limit the number of entities it contracts with under a §1932 state plan option.</u>
- 2. <u>x</u> The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.
- 3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. (Example: a limited number of providers and/or enrollees) The Department may limit the number of entities it contracts with in a given area, depending on a number of factors, including MCO capacity, networks, and administrative cost and effort
- 4. _The selective contracting provision is not applicable to this state plan.

TN No	18-03						

TN No. <u>18-03</u>

Supersedes Approval Date: <u>April 15, 2</u>019 Effective Date: <u>3/1/2018</u>

TN No. 15-26 (08-08, 05-03)