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**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: 18-0012**

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 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



December 14, 2018

Ann Berg, Deputy Medicaid Director  
Minnesota Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

Dear Ms. Berg:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #18-0012      --Revising certain provider qualifications for EIDBI services.  
--Effective Date: October 1, 2018  
--Approval Date: December 14, 2018

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](mailto:Sandra.Porter@cms.hhs.gov).

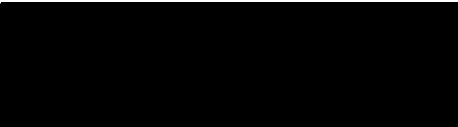
Sincerely,

/s/

Ruth A. Hughes  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosures

cc: Sean Barrett, DHS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  18-12	2. STATE  Minnesota
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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> )		4. PROPOSED EFFECTIVE DATE  October 1, 2018	
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a) of the Act	7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '19 \$0 b. FFY '20 \$0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pages 17xx-3 through 17xx-4 Attachment 3.1-B, pages 16xx-3 through 16 xx-4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Same		
10. SUBJECT OF AMENDMENT: Early Intensive Developmental and Behavioral Intervention (EIDBI) 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: November 20, 2018			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: November 20, 2018	18. DATE APPROVED: December 14, 2018		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: /s/		
21. TYPED NAME: Ruth A. Hughes	22. TITLE: Associate Regional Administrator		
23. REMARKS:			

STATE: MINNESOTA  
Effective: 10/01/2018  
TN: 18-12  
Approved: 12/14/2018  
Supersedes: 17-06, 14-08

Attachment 3.1-A  
Page 17xx-3

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4.b. Early and periodic screening, diagnosis, and Treatment services.  
(continued)

**Provider Qualifications and Training.**

Qualified Supervising Professional: All EIDBI services must be billed by, and either provided by or under the clinical supervision of a qualified supervising professional who assumes full professional responsibility for the services provided by Level I, II and III EIDBI providers. A qualified supervising professional is a mental health professional, as described in item 6.d.A.

Qualified supervising professionals must work within their licensed scope of practice, and have at least 2,000 hours of supervised, clinical experience and/or training in the examination and/or treatment of children with ASD or a related condition, or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development.

The following non-licensed practitioners are qualified to provide EIDBI treatment when services are provided for the direct benefit of the child, supervised directly and within the scope of practice of the qualified supervising professional who assumes full professional responsibility for these activities, and they are billed by a qualified supervising professional as described below:

**A. Level I EIDBI provider:**

Unless otherwise described below, All Level I providers must have at least 2,000 hours of supervised, clinical experience and/or training in the examination and/or treatment of children with ASD or a related condition, or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child development, or an equivalent combination of documented coursework and hours of experience.

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4.b. Early and periodic screening, diagnosis, and Treatment services.  
(continued)

Additionally, all Level I providers must:

- Have a master's degree, or be enrolled in a master's program, in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university. Providers without the required hours of supervision must receive observation and direction from a qualified supervising professional at least once per month until he or she has 2,000 hours of supervised clinical experience;
- Have a bachelor's degree in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university and advanced certification in one of the DHS recognized treatment modalities;
- Be a board certified behavior analyst (BCBA); or
- Be a board certified assistant behavior analyst (BCaBA) and 4,000 hours of supervised, clinical experience that meets all registration, supervision, and continuing education requirements of the certification.

**B. Level II EIDBI provider:**

All Level II providers must meet one of the following standards:

1. Have a bachelor's degree in one of the behavioral or child development sciences or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university; and meet one of the following requirements:
  - have at least 1,000 hours of supervised, clinical experience and/or training in the examination and/or treatment of children with ASD or a related condition, or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development, or an equivalent combination of documented coursework and hours of experience;
  - a board-certified assistant behavior analyst (BCaBA);
  - a registered behavior technician (RBT); or
  - certified in one of the other treatment modalities recognized by the Department.

STATE: MINNESOTA  
Effective: 10/01/2018  
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Attachment 3.1-B  
Page 16xx-3

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4.b. Early and periodic screening, diagnosis, and Treatment services.  
(continued)

**Provider Qualifications and Training.**

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