

## **Table of Contents**

**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: 20-0009**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 2, 2020

Matt Anderson, Medicaid Director  
Minnesota Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

Re: Minnesota State Plan Amendment (SPA) Transmittal Number 20-0009

Dear Mr. Anderson:

We have reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under Transmittal Number (TN) 20-0009. This amendment proposes to allow required home visits to be conducted remotely for PCA Supervisors.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Minnesota Medicaid SPA TN 20-0009 was approved on November 19, 2020 with an effective date of July 1, 2020.

If you have any questions, please contact Sandra Porter at 312-353-8310, or via email at [Sandra.Porter@cms.hhs.gov](mailto:Sandra.Porter@cms.hhs.gov).

Sincerely,



Digitally signed by James  
G. Scott -S  
Date: 2020.12.02 16:15:10  
-06'00'

James G. Scott, Director  
Division of Program Operations

cc: Patrick Hultman, DHS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER:  20-0009	2. STATE  Minnesota
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	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2020
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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: Section 1905(a) of the Social Security Act <del>42 CFR 440.70 and 42 CFR 440.167</del> (authorized pen/ink edit. S. Porter, CMS)	7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$0 b. FFY 2021 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 78y Attachment 3.1-B page 77y	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Same
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10. SUBJECT OF AMENDMENT:  
This amendment allows home visits required for PCA supervision to be conducted remotely.

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: Patrick Hultman Minnesota Department of Human Services 540 Cedar Street, PO Box 64983 St. Paul, MN 55164-0983
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13. TYPED NAME:  
Patrick Hultman


14. TITLE:  
Interim Deputy Medicaid Director

15. DATE SUBMITTED:  
09/25/2020

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 25, 2020	18. DATE APPROVED: November 19, 2020
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott -5 Date: 2020.12.02 16:16:26 -06'00'
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21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations
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26. Personal care services, continued

- a. The Personal Care Assistance Choice provider agency must ensure arms-length transactions without undue influence or coercion with the recipient and personal care assistant.
3. Under Personal Care Assistance Choice, qualified professionals must visit the recipient in the recipient's home at least once every 180 days. These visits may be conducted remotely using telephonic or other electronic means. Qualified professionals report to the appropriate authorities any suspected abuse, neglect, or financial exploitation of the recipient.
4. Authorization to use the Personal Care Assistance Choice option will be denied, revoked, or suspended if:
  - a. the public health nurse or qualified professional, as defined below in F.1., determines that use of this option jeopardizes the recipient's health and safety;
  - b. the parties do not comply with the written agreement; or
  - c. the use of the option results in abusive or fraudulent billing.

**E. Qualified Professionals**

1. "Qualified professional" means the following professionals as defined in Minnesota Statute § 256b.0625, subdivision 19c' employed by a personal care provider agency: a registered nurse, mental health professional, licensed social worker, or qualified developmental disability specialist.
2. A qualified professional performs the duties of training, supervision, and evaluation of the personal care assistance staff and evaluation of the effectiveness of personal care services. The qualified professional develops a care plan based on the service plan developed by the assessor.
3. Recipients or responsible parties utilizing either Personal Care Assistance Choice or personal care provider organizations must have qualified professional supervision of personal care assistants.

**G. Personal Care Assistants**

1. Must be at least 18 years of age, except that a 16 or 17 year old may be a personal care assistant if they meet all of the requirements for the position, have supervision every 60 days, and are employed by only one personal care provider agency;

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