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STATE/TERRIORITY NAME: MINNESOTA

STATE PLAN AMENDMENT (SPA)#: 22-0003

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



Medicaid and CHIP Operations Group

March 31, 2022

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

Re: Minnesota State Plan Amendment (SPA) 22-0003

Dear Ms. MacDonald:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0003. This amendment proposes to remove the requirement that Medicaid recipients must be more than twenty miles away from any enrolled medication therapy management provider in order to qualify to receive this service via telehealth. Additionally, this amendment removes references to the drug stiripentol coverage. This drug received approval by the U.S. Food and Drug Administration and no longer requires an exception for coverage.

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 22-0003 was approved on March 31, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Sandra Porter at 312-353-8310, or via email at Sandra.Porter@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Patrick Hultman, DHS
Alexandria Zoellner, DHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 3

2. STATE

MN

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440.10

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A page 32.1
Attachment 3.1-B page 16
Attachment 3.1-B page 31.1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

Medication Therapy Management

10. 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:

11. SIGNATURE OF STATE

[Redacted Signature]

12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

February 10, 2022

15. RETURN TO

Alley Zoellner
Minnesota Department of Human Services
Federal Relations Unit
540 Cedar Street, PO Box 64983
Saint Paul, MN 55164

FOR CMS USE ONLY

16. DATE RECEIVED

February 10, 2022

17. DATE APPROVED

March 31, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2022

19. SIG

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations, Medicaid and CHIP Op

22. REMARKS

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

I. Medication therapy management services

Medication therapy management services are provided by qualified, licensed pharmacists to recipients to optimize the therapeutic outcomes of a recipient's medications. It is provided to recipients taking a prescription medication to treat or prevent one or more chronic medical conditions.

Pharmacists must have graduated from an accredited college of pharmacy on or after May 1996, or completed a structured and comprehensive education program approved by the Minnesota Board of Pharmacy and the American Council of Pharmaceutical Education.

Medication therapy management services that are otherwise covered as direct face-to-face services may be provided via telehealth. ~~two-way, interactive video to:~~

- ~~• an ambulatory care site if the recipient is more than twenty miles from any enrolled medication therapy management provider and the interactive video site is in a trade area that does not contain an enrolled medication therapy management provider; or~~
- ~~• a recipient's home, during a covered home health care visit.~~

The service is comprised of the following components:

- A. assessing a recipient's health status;
- B. developing a medication treatment plan;
- C. monitoring and evaluating a recipient's response to the therapy
- D. providing a comprehensive medication review to identify, resolve, and prevent medication-related problems;
- E. documenting the care provided and communicating essential information to a recipient's primary care providers;
- F. providing oral education and training to enhance recipient understanding and appropriate use of medications;
- G. providing information, support services, and resources to enhance recipient adherence to therapeutic regimens;
- H. coordinating and integrating medication therapy management services within the broader health care services provided to a recipient.

4.a. Early and periodic screening, diagnosis, and treatment services:

- Early and periodic screening, diagnosis and treatment service is a service provided to a recipient under age 21 to detect, prevent, and correct physical and mental conditions or illnesses discovered by screening services, and to provide diagnosis and treatment for a condition identified according to 42 CFR 441.50 and according to section 1905(r) of the Social Security Act.
- Initial and periodic screenings are provided as indicated by the periodicity schedule. Inter-periodic screens are available to recipients based on medical necessity. An EPSDT service can be requested by the recipient or performed by a provider at any time if medically necessary.
- Initial face-to-face and written notifications of recipients are followed up by county agencies with telephone contacts, letters, and/or home visits. Annual or periodic written notifications may also be supplemented by personal contacts.
- Drugs that are considered investigational, drugs that are provided to a recipient during the clinical trial designed to test the efficacy of the provided drug, or drugs that have not been approved for general use by the U.S. Food and Drug Administration are not covered, ~~except for stiripentol, which is described in item 12.a.~~

A diagnostic assessment is a written report that documents clinical and functional face-to-face evaluation of a recipient's mental health, including the nature, severity and impact of behavioral difficulties, functional impairment, and subjective distress of the recipient, and identifies the recipient's strengths and resources. A diagnostic assessment is necessary to determine a recipient's eligibility for mental health services.

An interactive diagnostic assessment, usually performed with children, may use physical aids and nonverbal communication to overcome communication barriers because the recipient demonstrates one of the following:

- Has lost or has not yet developed either the expressive language communication skills to explain his/her symptoms and response to treatment
- Does not possess the receptive communication skills needed to understand the mental health professional if he/she were to use adult language for communication or
- Needs an interpreter, whether due to hearing impairment or the recipient's language is not the same as the provider's, in order to participate in the diagnostic assessment

Brief Diagnostic Assessment

The Brief Diagnostic Assessment includes a written clinical summary that explains the diagnostic hypothesis which may be used to address the recipient's immediate needs or presenting problem. The assessment collects sufficient information to apply a provisional clinical hypothesis. Components include:

- The recipient's current life situation
- Recipient's description of symptoms (including reason for referral)
- A mental status exam
- Screenings used to determine a recipient's substance use, abuse, or dependency, and other standardized screening instruments

Standard Diagnostic Assessment

- All components of Brief Diagnostic assessment
- Conducted in the cultural context of the recipient
- An assessment of the recipient's needs based on baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety
- Assessment methods and use of standardized assessment tools Clinical summary, recommendations, and prioritization of needed mental health, ancillary or other services

Approved: March 31, 2022
Supersedes: 15-20, 11-16 (10-18, 06-01)

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

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