

## **Table of Contents**

**State Territory Name: MINNESOTA**

**State Plan Amendment (SPA) #: 24-0010**

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
John C. Kluczynski Federal Building  
230 South Dearborn Street, Suite 330F  
Chicago, IL 60604-1505



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**Financial Management Group**

June 5, 2024

Julie A. Marquardt  
Medicaid Director  
Health Care Administration  
State of Minnesota, Department of Human Services  
540 Cedar Street PO Box 64983  
ST. Paul, MN 55167-0983

RE: TN 24-0010

Dear Director Marquardt:

The Centers for Medicare and Medicaid Services (CMS) has reviewed the proposed Minnesota state plan amendment (SPA) to Attachment 4.19-B, MN-24-0010, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 15, 2024. This plan amendment corrects the rates for Early Intensive Developmental and Behavioral Intervention (EIDBI) services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst name at 1-312-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 4</u> — <u>0 0 1 0</u>	2. STATE <u>MN</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE  
**January 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR § 440 and Title XIX of the Social Security Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY <u>2024</u>	\$ <u>0</u>
b. FFY <u>2025</u>	\$ <u>0</u>

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**4.19-B Page 8**

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

9. SUBJECT OF AMENDMENT

**This amendment makes changes to Early Intensive Developmental and Behavioral Intervention Benefits.**

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 AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME  
**Patrick Hultman**

13. TITLE  
**Deputy Medicaid Director**

14. DATE SUBMITTED  
**March 15, 2024**

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  
**March 15, 2024**

17. DATE APPROVED  
**June 5, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**January 1, 2024**

19. SIGNATURE OF APPROVING OFFICIAL  
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL  
**Todd McMillion**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Reimbursement Review**

22. REMARKS

4.b. Early and periodic screening, diagnosis, and treatment services.

~~Effective for services provided on or after July 1, 2015,~~ Payment for **Early Intensive Developmental and Behavioral Intervention (EIDBI)** services is the lower of:

1. Submitted charge, or
2. The resource based relative value scale (RBRVS) calculated rate (if available);

For all other services, payment is the lower of

1. Submitted charge, or
2. the following state agency established rates:
  - Comprehensive multi-disciplinary evaluation (CMDE) conducted by a CMDE provider: ~~\$50.112~~ per 15-minute unit
  - Coordinated care conference, per provider per session: ~~\$112.678~~
  - EIDBI intervention with two providers, per 15-minute unit: ~~\$24.1920~~

For the following services, the agency established rate is based on the service being provided by a qualified supervising professional or Level I provider,; the agency established rate is reduced 20% when provided by a Level II provider, or; the agency established rate is reduced by 50% when provided by a Level III provider.

- Individual Treatment Plan (ITP) development: ~~\$94.280~~ per session
- EIDBI intervention, per 15-minute unit: ~~\$20.178~~
- Group intervention, per 15-minute unit: \$6.72
- Observation and Direction of EIDBI intervention, per 15- minute unit: ~~\$20.178~~
- Family/caregiver training and counseling, per 15 minute unit: ~~\$20.178~~
- Group family/caregiver training and counseling, per 15 minute unit: ~~\$46.72~~ \$6.72

Necessary travel time to provide EIDBI services is paid using the lower of the submitted charge or 52 cents per minute. ~~same methodology that applies to provider travel time in item 6.d.A.~~