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State Territory Name: MINNESOTA

State Plan Amendment (SPA) #: 24-0023

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

September 10, 2024

John Connolly
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 24-0023

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota state plan amendment (SPA) to Attachment 4.19-B 24-0023 which was submitted to CMS on August 20, 2024. This plan amendment implements a three percent increase for Partial Hospitalization 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 July 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 Debi Benson at 312-886-0360 or via email at Deborah.Benson@cms.hhs.gov.

Sincerely,



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 2 4 — 0 0 2 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
July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
1915(k) of the Social Security Act 42 CFR §§441.500 – 441.590

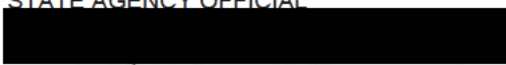
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 2024 \$ 0
b. FFY 2026 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 2 to Attachment 4.19-B Page 17, 17.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

9. SUBJECT OF AMENDMENT
Includes partial hospitalization in services that receive a 3% rate increase.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Patrick Hultman

13. TITLE
Deputy Medicaid Director

14. DATE SUBMITTED
August 20, 2024

15. RETURN TO
Patrick Hultman
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
August 20, 2024

17. DATE APPROVED
September 10, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

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

22. REMARKS
STATE AUTHORIZED PEN AND INK CHANGE TO BOX 6 AND 7

STATE: MINNESOTA
 Effective: July 1, 2024
 TN: 24-0005
 Approved: September 10, 2024

Supersedes: 22-02 (17-18, 16-14)

mm. Dental Services rate increase 2022

Effective for services on or after January 1, 2022, payment rates for dental services shall be increased by ninety-eight percent. This increase does not apply to state-operated dental clinics, federally qualified health centers, rural health centers, the Indian Health Service, and tribal 638 facilities.

nn. Behavioral Health rate increase 2024.

Effective for services on or after January 1, 2024, payment rates for behavioral health services shall be increased by three percent from the rates in effect on December 31, 2023.

H0032	90882	
90882-HM	90882-U3	90882-U3-HM
H0031	H0031-TS	H0032-TS or H0032-Q2
H0034	H0034-HQ	H2017
H2017-HM	H2017-HQ	H2017-U3
H2017-U3-HM	90899-U8 or 90899-U8-HN	90899-U8-U4 or 90899-U8-U4-HN
90899-U9 or 90899-U9-HN	90899-U9-U4 or 90899-U9-U4-HN	90899-UB or 90899-UB-HN
90899-UB-U4 or 90899-UB-U4-HN	90899-UC or 90899-UC-HN	90899-UC-U4 or 90899-UC-U4-HN
H2027 or H2027-HN	H2027-HQ or H2027-HQ-HN	H2027-HQ-HR or H2027-HQ-HR-HN or H2027-HQ-HS or H2027-HQ-HS-HN
H2027-HR or H2027-HR-HN	H2027-HS or H2027-HS-HN	90832-UA
90833-UA	90834-UA	90836-UA
90837-UA	90838-UA	90839-UA
90840-UA	90846-UA	90847-UA
90849-UA	90853-UA	90875-UA
90876-UA	H0031-UA	H0032-UA
H2014-UA	H2014-UA-HQ	H2014-UA-HR
H2015-UA	H2019-UA	H2019-UA-HM
H2019-UA-HE	H2011	H2011-UA
H2011-HN	H2011-UA-HN	H2011-HM
H2011-HQ	90882-HK	90882-HK-HM
H2019-U1 or H2019-U1-HN	H2019-U1-HA or H2019-U1-HN-HA	H2019-U1-HQ or H2019-U1-HQ-HN
H2019-U1-HQ-HA or H2019-U1-HQ-HN-HA	90785	90791-52 or 90791-52-HN
90791 or 90791-HN	90791-TS or 90791-TS-HN	90792-52 or 90792-52-HN
90792 or 90792-HN	90792-TS or 90792-TS-	96116

STATE: MINNESOTA

Supplement 2 to ATTACHMENT 4.19-B

Effective: July 1, 2024

Page 17.1

TN: 24-23

Approved: September 10, 2024

Supersedes: 24-05

	HN	
96121	96127	96132-96133
96136-96139	96146	H2012 UA HK
H0038	H0038-U5	H0038-HQ
99499-HE-AG	99499-HE-AM	90832-90834
90836-90840	H2012 HK	
90846-90847	90849	90853
90875-90876	90887 or 90887-HN	96130-96131
H0046	S0280 U5	S0281 U5
S5145 HE	S5145 HE HN	H2012 UA HK U6
H0035	H0035 HA	