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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 20-0014-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

December 21, 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 20-0014-A

Dear Mr. Anderson:

We have reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under Transmittal Number (TN) 20-0014-A. This SPA revises state plan language to allow for the provision of mobile crisis intervention in emergency rooms and urgent care settings, and clarifies the level of care requirements for withdrawal management service.

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 20-0014-A was approved on December 18, 2020 with an effective date of August 1, 2020.

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

Sincerely,

 Digitally signed by James G.
S
2020.12.21 14:55:38

James G. Scott, Director
Division of Program Operations

cc: Patrick Hultman, DHS

enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 20-14-A	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 August 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: 42 CFR § 440.130	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: pages 17i, 54q.1, 54q.2 Attachment 3.1-B: pages 16i, 53q.1, 53q.2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same
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10. SUBJECT OF AMENDMENT:
Mental health crisis and withdrawal management services. .

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:
September 24, 2020

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 24, 2020	18. DATE APPROVED: December 18, 2020
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: James G. Scott	22. TITLE: Director Division of Program Operations
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23. REMARKS:

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

Components of Crisis Response Services

Persons providing crisis response services must be capable of providing the following components:

A. Crisis assessment. Crisis assessment is an immediate face-to-face assessment by a physician, mental health professional or mental health practitioner under the clinical supervision of a mental health professional, following a screening that suggests the child may be experiencing a mental health crisis or mental health emergency.

The crisis assessment is an evaluation of any immediate needs for which emergency services are necessary and, as time permits, the recipient's life situation, sources of stress, mental health problems and symptoms, strengths, cultural considerations, support network, vulnerabilities, and current functioning. Crisis assessment services must be available 24 hours a day, seven days a week. However, if a county provider demonstrates to the satisfaction of the Department that, due to geographic or other barriers, it cannot provide crisis assessment 24 hours a day, seven days a week, the Department may approve a county provider based on an alternative plan proposed by a county or groups of counties. The alternative plan must be designed to 1) result in increased access and reduction in disparities in the availability of crisis services; and 2) provide mobile services outside of normal business hours and on weekends and holidays.

B. Crisis intervention. Crisis intervention is a face-to-face, short-term intensive mental health service provided during a mental health crisis or mental health emergency to help a recipient cope with immediate stressors, identify and utilize available resources and strengths, and begin to return to the recipient's baseline level of functioning. Crisis intervention must be provided on-site by a mobile crisis intervention team ~~outside of an emergency room, urgent care, or inpatient hospital setting.~~ Services delivered to a beneficiary while admitted to an inpatient hospital are excluded from coverage under this section. Crisis intervention must be available 24 hours a day, seven days a week. However, if a county provider demonstrates to the satisfaction of the Department that, due to geographic or other barriers, it cannot provide crisis intervention 24 hours a day, seven days a week, the Department may approve a county provider based on an alternative plan proposed by a county or groups of counties. The alternative plan must be designed to 1) result in increased access and reduction in disparities in the availability of crisis services; and 2) provide mobile services outside of normal business hours and on weekends and holidays.

1) Crisis intervention is provided after the crisis assessment.

Crisis intervention includes developing an initial,

Approved: December 18, 2020

Supersedes: 19-02(18-05 15-16, 10-20, 08-06, 05-01, 04-08, 03-26)

13.d. Rehabilitative services. (continued)

4. **Treatment coordination.** Treatment coordinators synchronize health services with identified patient needs, to facilitate the aims of the care plan. Activities include treatment follow-up, on-going needs assessments, life skills advocacy, education, service referral, and documentation.
5. **Peer recovery support services.** Recovery peers provide mentoring, education, advocacy and nonclinical recovery support to the recipient.
6. **Withdrawal Management** is the reduction of the physiological and psychological features of withdrawal through short-term medical services on a 24-hour basis for the purpose of stabilizing intoxicated patients, managing their withdrawal, and facilitating access to substance use disorder treatment. Coverage of withdrawal management is limited to clinically managed and medically monitored programs. Services are provided to persons who are impaired as a result of intoxication, or are experiencing physical, mental or emotional problems due to intoxication or withdrawal from alcohol or other drugs. Withdrawal management services are provided as part of either a clinically managed or medically monitored program.

A **clinically managed program** is an organized service ~~that meets the ASAM level III.2.D level of care criteria by~~ providing 24-hour structure, support, supervision, and observation for individuals who are intoxicated or experiencing withdrawal symptoms. Services are supervised by a ~~qualified medical professional~~ licensed practitioner who must be available by telephone or in person 24 hours per day. A licensed practical nurse must be on site 24 hours per day.

Additionally, a clinically managed program must meet the following staffing requirements:

- a. The program director, the medical director, or a licensed nurse must be present and awake at all times.
- b. A licensed alcohol and drug counselor is required for every 16 patients served by the program.
- c. A technician must be awake and on duty at all times for every ten patients served by the program. All staff whose qualifications meet or exceed those for a technician and who are performing the duties of a technician may be counted as a technician for purposes of this requirement. The same individual may not be counted as both a licensed alcohol and drug counselor and a technician.

A clinically managed program must offer the following services as medically appropriate:

- Individual and group therapy;
- Treatment coordination;

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Supersedes: 19-02, (18-05, 08-06, 05-01, 04-08, 03-26)

13.d. Rehabilitative services. (continued)

- Peer recovery support services;
- A health assessment;
- Nursing care provided 24 hours per day, including daily medical evaluation;
- Medication administration; and
- A comprehensive assessment.

A **medically monitored program** ~~meets the ASAM level III.7.D level of care criteria by providing~~ provides 24-hour medically supervised evaluation and withdrawal management. This level of care is for individuals whose withdrawal signs and symptoms are sufficiently severe to require ~~medical professionals~~ licensed practitioners but not an inpatient hospital level of care. Services are supervised by a medical director who must be on site seven days a week and available for consultation or onsite recipient monitoring 24 hours per day. A registered nurse must be on site 24 hours a day.

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STATE: MINNESOTA
Effective: August 1, 2020
TN: 20-14-A
Approved: December 18, 2020
Supersedes: 13-14 (09-22, 06-12, 04-10, 02-22)

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