Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



October 4, 2017

Marie Zimmerman, State Medicaid Director Minnesota Department of Human Services P.O. Box 64983 St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #17-0010 --payment rate increase for intensive treatment program for

children residing in a foster care setting.

--Effective Date: July 1, 2017

-- Approval Date: October 4, 2017

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at Sandra.Porter@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes Associate Regional Administrator Division of Medicaid and Children's Health Operations

## **Enclosures**

Ann Berg, MDHS cc:

Sean Barrett, MDHS

STATE: MINNESOTA ATTACHMENT 4.19-B

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Effective: July 1, 2017

TN: 17-10

Approved: 10/4/17

Supersedes: 16-17 (14-09, 13-14)

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

Effective for services provided on or after July 1, 2013, Family Psychoeducation services are paid in 15 minute units using the same methodology that applies to psychotherapy services in item 5.a. Physicians' services.

In-reach Care Coordination services are paid using the same methodology that applies to in-reach care coordination services in item 5.a., Physicians' services.

Effective for services provided on or after July 1, 2013, Clinical Care Consultation services are paid the lower of:

- 1. the submitted charge, or
- 2. the state established rate of:
  - 90899U8 (5 10 min) \$14.10
  - 90899U9 (11 20 min) \$29.14
  - 90899UB (21 30 min) \$47.94
  - 90899UC (>30 min) \$76.02

If the service is provided over the phone, the state established rate is equal to 75% of the amount listed above.

Effective for services provided on or after July 1, 2013, aAn entity of the type described in item 4.b, section 1, of Attachment 3.1-A and 3.1-B, may employ a mental health professional, and a mental health practitioner working as a clinical trainee, as described in item 6.d.A. of Attachments 3.1-A and 3.1-B, to provide psychotherapy, psychoeducation, crisis assistance, and clinical care consultation as part of an intensive treatment program. Effective for services provided on or after July 1, 2017, Services are paid payment is the lower of:

- 1) submitted charge, or
- 2) the payment rate otherwise specified for the component service under item 4.b. of Attachment 4.19-B, except when an intensive level of therapeutic interventions are provided to foster children at least three days per week for two hours per encounter (or during a subsequent period when reduced units of service are specified in the treatment plan as part of transition, or pursuant to a discharge plan to another service or level of care), the payment rate of \$322.61386.11 per child per diem.

Effective for services provided on or after September 1, 2016, Certified Family Peer Specialist services are paid the lower of:

- 1. the submitted charge, or
- 2. the state established rate of:
  - H0038 HA (individual) \$15.02 per 15 minutes
  - H0038 HA HQ (group) \$7.55 per 15 minutes