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



November 3, 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 #17-0020	Technical corrections to community emergency medical technician services.
	Effective Date: July 1, 2017
	Approval Date: November 3, 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 <u>Sandra.Porter@cms.hhs.gov</u>.

Sincerely,

/s/

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

Enclosures

cc: Ann Berg, MDHS Sean Barrett, MDHS

 STATE: MINNESOTA
 ATTACHMENT 3.1-A

 Effective: July 1, 2017
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 TN: 17-20
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 Approved: 11/3/17
 Supersedes: 16-09 (12-16, 09-24, 08-16, 07-08, 06-02, 03-35, 01-21)

 5.a. Physicians' services (continued):

Community Paramedic Services:

Services provided by medical directors of ambulance services include supervision of a community paramedic who provides services to recipients who have received hospital emergency department services three or more times in a period of four consecutive months in the past 12 months, or an individual who has been identified by the individual's primary health care provider for whom community paramedic services would likely prevent admission to or would allow discharge from a nursing facility or would likely prevent readmission to a hospital or nursing facility. Services provided by a community paramedic are based on a care plan created by the primary care provider (a physician, physician's assistant, or a nurse practitioner) in consultation with the medical director of the ambulance service and may include health assessments, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures. Services provided by the community paramedic under the care plan must be coordinated with care received by the recipient from other community providers in order to prevent duplication of services.

A community paramedic must be certified in accordance with Minnesota Statutes, section 144E.28.

Community Emergency Medical Technician Services:

Services provided by medical directors of ambulance services include supervision of a community emergency medical technician (CEMT). A CEMT may provide:

- A post-hospital <u>post-</u>discharge visit when ordered by a treating physician <u>after discharge from a hospital or nursing facility</u>. The post-hospital post-discharge visit includes:
 - 1) verbal or visual reminders of discharge orders;
 - 2) recording and reporting of vital signs to the patient's
 primary care provider;
 - 3) confirmation of access to medications;
 - 4) confirmation of access to food; and
 - 5) identification of hazards in the home.
- A safety evaluation to a recipient who has repeat ambulance calls due to falls, has been discharged from a nursing home, or has been identified by the recipient's primary care provider as at risk for nursing home placement. The safety evaluation includes:
 1) confirmation of access to medications;
 2) confirmation of access to food; and
 - 3) identification of hazards in the home.

A CEMT must be certified in accordance with Minnesota Statutes, section 144E.275, subd. 7.

STATE: MINNESOTA ATTACHMENT 3.1-B Effective: July 1, 2017 Page 18e TN: 17-20 Approved:11/3/17 Supersedes: 16-09 (12-16, 09-24, 08-16, 07-08, 06-02, 03-35, 01-21) 5.a. Physicians' services (continued):

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