13.d. Rehabilitative Services. (continued)

Certified Community Behavioral Health Center Services

Certified Community Behavioral Health Center(CCBHC) services include a comprehensive set of outpatient, community-based behavioral health services and supports that take an integrated, whole-person approach through coordination with physical health and social service providers. All CCBHC services are furnished by qualified individual practitioners affiliated with Minnesota's CCBHCs. The following table of services are provided in accordance with the Rehabilitative Services (§ 13d.) benefit by qualified individual practitioners affiliated with state certified community behavioral health centers. CCBHC services that involve the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service(s) must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

CCBHC Services Included in the Rehabilitative Services Benefit		
Service	**Covered Components**	**Provider Qualifications**
Mental health crisis response services	Crisis response services include crisis assessment, crisis intervention, crisis stabilization and community intervention as listed in the rehabilitative services benefit (item 13.d.)	As listed in the rehabilitative services benefit (item 13.d.)
Mental Health Crisis Response Services for Children	Crisis response services for children include crisis assessment, crisis intervention, and crisis stabilization as listed in the EPSDT benefit (item 4.b.)	As listed under the EPSDT benefit (item 4.b.)
Community Mental Health Center services	Diagnostic assessment, explanation of findings, family, group and individual psychotherapy, including crisis intervention psychotherapy services, multiple family group psychotherapy, psychological testing, medication management, adult day treatment, neuropsychological services, including neuropsychological assessment and neuropsychological testing and 24-hour emergency care as listed in the rehabilitative services benefit (item 13.d.)	Mental health professional defined in item 6.d. A. Mental health practitioner as listed in the rehabilitative services benefit (item 13.d.1.) Clinical Neuropsychologist as listed in the rehabilitative services benefit (item 13.d.)
Adult rehabilitative mental health services (ARMHS)	As listed in the rehabilitative services benefit (item 13.d.)	As listed in the rehabilitative services benefit (item 13.d.1 and 13.d.2.)
Dialectical behavioral therapy	As listed in the rehabilitative services benefit (item 13.d.)	As listed in the rehabilitative services benefit (item 13.d.)
Children's therapeutic services and supports	As listed in the EPSDT services benefit (item 4.b.)	As listed in the EPSDT services benefit (item 4.b.)
Certified family peer specialists	As listed in the EPSDT services benefit (item 4.b.)	As listed in the EPSDT services benefit (item 4.b.)
Substance Use Disorder (SUD) services	Comprehensive assessments, individual and group therapy, SUD treatment coordination, and recovery peer supports (item 13.d.)	As listed in the rehabilitative services benefit (item 13.d.)
Family psychoeducation services	As listed under the EPSDT benefit (item 4.b.). Services provided to the family are in support of the beneficiary.	Family psychoeducation services are provided by a mental health professional, or a mental health practitioner working as a clinical trainee, as defined in Item 6.d.A.

Assertive community treatment	Limited to family psychoeducation services. Assertive community treatment services are under the rehabilitative services benefit (item 13.d.)	As listed in the rehabilitative services benefit (item 13.d.)

13.d. Rehabilitative Services. (continued)

The following table of services currently authorized under the Other Licensed Practitioners Services, (§ 6d.), Physicians' Services (§ 5a.), and Targeted Case Management (Supplement 1) benefits, and provided by qualified individual practitioners affiliated with state certified community behavioral health centers:

CCBHC Services Covered Elsewhere in the State Plan		
Service	**Covered Components**	**Provider Qualifications**
Psychiatric services	Limited to biofeedback training. Psychiatric services are under the physician services benefit (item 5.a)	As listed under the physician services benefit (item 5.a.)
Mental Health Targeted Case Management	As described in Supplement 1 to Attachment 3.1-A/B	As listed in item E.1. of Supplement 1 to Attachment 3.1-A/B
Mental Health Services	Includes the development of individualized treatment plans based on a diagnostic and functional assessment, documents the plan of care and guides treatment interventions, as described in 6.d. A. Other practitioners' services	Provided by a mental health professional as listed in item 6.d.A.

The following table of additional services are provided in accordance with all federal requirements applicable to the 1905(a)(13) benefits, and provided by qualified individual practitioners affiliated with state certified community behavioral health centers:

Other CCBHC Services		
Services	**Covered Components**	**Provider Reuqirements**
Integrated Treatment Plan	The integrated treatment plan is a documented plan of care that, based on the member's goals, guides treatment interventions and documents coordination of medical, psychosocial, emotional, therapeutic, and support needs of their member in a manner consistent with their cultural and linguistic needs. The integrated treatment plan is the result of person and family-centered planning process that includes the member, any family or member-defined natural supports, CCBHC service providers, and care coordination staff.	The integrated treatment plan must be reviewed and signed by a mental health professional as defined in item 6.d.A.
Outpatient withdrawal management	Outpatient withdrawal management is a time-limited service delivered in an office setting, an outpatient behavioral health clinic, or in a person's home by staff providing medically supervised evaluation and detoxification services to achieve safe and comfortable withdrawal from substances and facilitate transition into ongoing treatment and recovery. Services include: assessment, withdrawal management planning, medication prescribing and management, trained observation of withdrawal symptoms and supportive services to encourage the person's recovery.	Outpatient withdrawal management services may be provided by a DEA waivered prescriber to prescribe buprenorphine, a registered nurse under the supervision of a physician, a mental health professional as listed in item 6.d.A., a licensed alcohol and drug counselor listed in item 13.d, or a mental health practitioner under the supervision of a mental health professional as defined in item 6.d.A.

13.d. Rehabilitative Services. (continued)

Other CCBHC Services (cont'd)		
Functional Assessment	The functional assessment is listed in the rehabilitative services benefit (item 13.d.) as a component of adult rehabilitative mental health services (ARMHS) services. A complete functional assessment is an assessment of functional ability identifying and describing functional strengths and deficits, the person's current status within each life area domain, and the linkage between the individual's mental health and the level of functioning. The assessment of functional ability informs the level of care assessment which determines the service intensity needs of the individual.	A mental health professional or practitioner as described in item 6.d.A., a certified peer specialist level II, or mental health rehabilitation worker as described in the rehabilitative services benefit (13.d.)
Certified peer specialist services	Certified peer specialist services are listed in the rehabilitative services benefit (item 13.d.) as a component of adult rehabilitative mental health (ARMHS) services. Certified peer specialists provide non-clinical peer support, promote recipient ownership of the care plan, assist beneficiaries with specific recovery-focused activities, and participate as a member of the mental health team.	Certified Peer Specialist Level I or Level II as listed in the rehabilitative services benefit (item 13.d.3.)

Provider Eligibility

Organizational providers of CCBHC services must be a not for profit or a part of a local government behavioral health authority or operated under the authority of the Indian Health Service, an Indian Tribe, or Tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self Determination Act, or an urban Indian organization pursuant to a grant or contract with the Indian Health Service under title V of the Indian Health Care Improvement Act.

Providers eligible for reimbursement as a CCBHC must meet certification standards established by the Department in accordance with state law. State certification standards include the following staffing and service delivery requirements:

- **Staffing Criteria**: Staff must have diverse disciplinary backgrounds, have necessary State required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic's population.

- **Availability and Accessibility of Services**: CCBHCs must make services available and accessible to individuals and families of all ages, use a sliding fee scale and may not refuse or limit service based on the person's ability to pay or place of residence.

Additionally, the two activities described below must be performed by all enrolled CCBHCs as a condition of participation. CCBHCs may not bill for these activities, but the cost of performing these activities for Medical Assistance beneficiaries is included in the payment rate described in Attachment 4.19-B.

13.d. Rehabilitative Services. (continued)

- **Care Coordination:** CCBHCs are required to coordinate care across settings and providers for the people served to ensure seamless transitions across the full spectrum of health services. Care coordination includes documenting a plan of care for medical, behavioral health and social services and supports in the integrated treatment plan, assisting with obtaining appointments, confirming appointments are kept, developing a crisis plan, tracking medication, and implementing care coordination agreements with external providers. Care coordination may include psychiatric consultation to primary care practitioners and mental health clinical care consultation.

- **Preliminary Screening and Risk Assessment**

A prospective CCBHC recipient receives a preliminary screening and risk assessment to determine acuity of recipient need. The person is referred to crisis services if immediate need, or scheduled for an evaluation within 1-10 days, based on acuity determined in the assessment.

Designated Collaborating Organizations are entities with a formal agreement with CCBHCs to furnish CCBHC services. Collaborating organizations furnishing services under an agreement with CCBHCs must observe the same service standards and provider requirements as CCBHCs. CCBHCs maintain responsibility for coordinating care and are clinically responsible for services provided by collaborating organizations.

Service Limitations

Services are delivered in accordance with an individual’s CCBHC integrated treatment plan.

13.d. Rehabilitative Services. (continued)

Certified Community Behavioral Health Center Services

Certified Community Behavioral Health Center(CCBHC) services include a comprehensive set of outpatient, community-based behavioral health services and supports that take an integrated, whole-person approach through coordination with physical health and social service providers. All CCBHC services are furnished by qualified individual practitioners affiliated with Minnesota's CCBHCs. The following table of services are provided in accordance with the Rehabilitative Services (§ 13d.) benefit by qualified individual practitioners affiliated with state certified community behavioral health centers. CCBHC services that involve the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service(s) must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

CCBHC Services Included in the Rehabilitative Services Benefit		
Service	**Covered Components**	**Provider Qualifications**
Mental health crisis response services	Crisis response services include crisis assessment, crisis intervention, crisis stabilization and community intervention as listed in the rehabilitative services benefit (item 13.d.)	As listed in the rehabilitative services benefit (item 13.d.)
Mental Health Crisis Response Services for Children	Crisis response services for children include crisis assessment, crisis intervention, and crisis stabilization as listed in the EPSDT benefit (item 4.b.)	As listed under the EPSDT benefit (item 4.b.)
Community Mental Health Center services	Diagnostic assessment, explanation of findings, family, group and individual psychotherapy, including crisis intervention psychotherapy services, multiple family group psychotherapy, psychological testing, medication management, adult day treatment, neuropsychological services, including neuropsychological assessment and neuropsychological testing and 24-hour emergency care as listed in the rehabilitative services benefit (item 13.d.)	Mental health professional defined in item 6.d. A. Mental health practitioner as listed in the rehabilitative services benefit (item 13.d.1.) Clinical Neuropsychologist as listed in the rehabilitative services benefit (item 13.d.)
Adult rehabilitative mental health services (ARMHS)	As listed in the rehabilitative services benefit (item 13.d.)	As listed in the rehabilitative services benefit (item 13.d.1 and 13.d.2.)
Dialectical behavioral therapy	As listed in the rehabilitative services benefit (item 13.d.)	As listed in the rehabilitative services benefit (item 13.d.)
Children's therapeutic services and supports	As listed in the EPSDT services benefit (item 4.b.)	As listed in the EPSDT services benefit (item 4.b.)
Certified family peer specialists	As listed in the EPSDT services benefit (item 4.b.)	As listed in the EPSDT services benefit (item 4.b.)
Substance Use Disorder (SUD) services	Comprehensive assessments, individual and group therapy, SUD treatment coordination, and recovery peer supports (item 13.d.)	As listed in the rehabilitative services benefit (item 13.d.)
Family psychoeducation services	As listed under the EPSDT benefit (item 4.b.). Services provided to the family are in support of the beneficiary.	Family psychoeducation services are provided by a mental health professional, or a mental health practitioner working as a clinical trainee, as defined in Item 6.d.A.
Assertive community treatment	Limited to family psychoeducation services. Assertive community treatment services are under the rehabilitative services benefit (item 13.d.)	As listed in the rehabilitative services benefit (item 13.d.)

13.d. Rehabilitative Services. (continued)

The following table of services currently authorized under the Other Licensed Practitioners Services, (§ 6d.), Physicians' Services (§ 5a.), and Targeted Case Management (Supplement 1) benefits, and provided by qualified individual practitioners affiliated with state certified community behavioral health centers:

CCBHC Services Covered Elsewhere in the State Plan		
Service	**Covered Components**	**Provider Qualifications**
Psychiatric services	Limited to biofeedback training. Psychiatric services are under the physician services benefit (item 5.a)	As listed under the physician services benefit (item 5.a.)
Mental Health Targeted Case Management	As described in Supplement 1 to Attachment 3.1-A/B	As listed in item E.1. of Supplement 1 to Attachment 3.1-A/B
Mental Health Services	Includes the development of individualized treatment plans based on a diagnostic and functional assessment, documents the plan of care and guides treatment interventions, as described in 6.d. A. Other practitioners' services	Provided by a mental health professional as listed in item 6.d.A.

The following table of additional services are provided in accordance with all federal requirements applicable to the 1905(a)(13) benefits, and provided by qualified individual practitioners affiliated with state certified community behavioral health centers:

Other CCBHC Services		
Services	**Covered Components**	**Provider Reuqirements**
Integrated Treatment Plan	The integrated treatment plan is a documented plan of care that, based on the member's goals, guides treatment interventions and documents coordination of medical, psychosocial, emotional, therapeutic, and support needs of their member in a manner consistent with their cultural and linguistic needs. The integrated treatment plan is the result of person and family-centered planning process that includes the member, any family or member-defined natural supports, CCBHC service providers, and care coordination staff.	The integrated treatment plan must be reviewed and signed by a mental health professional as defined in item 6.d.A.
Outpatient withdrawal management	Outpatient withdrawal management is a time-limited service delivered in an office setting, an outpatient behavioral health clinic, or in a person's home by staff providing medically supervised evaluation and detoxification services to achieve safe and comfortable withdrawal from substances and facilitate transition into ongoing treatment and recovery. Services include: assessment, withdrawal management planning, medication prescribing and management, trained observation of withdrawal symptoms and supportive services to encourage the person's recovery.	Outpatient withdrawal management services may be provided by a DEA waivered prescriber to prescribe buprenorphine, a registered nurse under the supervision of a physician, a mental health professional as listed in item 6.d.A., a licensed alcohol and drug counselor listed in item 13.d, or a mental health practitioner under the supervision of a mental health professional as defined in item 6.d.A.

13.d. Rehabilitative Services. (continued)

Other CCBHC Services (cont'd)		
Functional Assessment	The functional assessment is listed in the rehabilitative services benefit (item 13.d.) as a component of adult rehabilitative mental health services (ARMHS) services. A complete functional assessment is an assessment of functional ability identifying and describing functional strengths and deficits, the person's current status within each life area domain, and the linkage between the individual's mental health and the level of functioning. The assessment of functional ability informs the level of care assessment which determines the service intensity needs of the individual.	A mental health professional or practitioner as described in item 6.d.A., a certified peer specialist level II, or mental health rehabilitation worker as described in the rehabilitative services benefit (13.d.)
Certified peer specialist services	Certified peer specialist services are listed in the rehabilitative services benefit (item 13.d.) as a component of adult rehabilitative mental health (ARMHS) services. Certified peer specialists provide non-clinical peer support, promote recipient ownership of the care plan, assist beneficiaries with specific recovery-focused activities, and participate as a member of the mental health team.	Certified Peer Specialist Level I or Level II as listed in the rehabilitative services benefit (item 13.d.3.)

Provider Eligibility

Organizational providers of CCBHC services must be a not for profit or a part of a local government behavioral health authority or operated under the authority of the Indian Health Service, an Indian Tribe, or Tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self Determination Act, or an urban Indian organization pursuant to a grant or contract with the Indian Health Service under title V of the Indian Health Care Improvement Act.

Providers eligible for reimbursement as a CCBHC must meet certification standards established by the Department in accordance with state law. State certification standards include the following staffing and service delivery requirements:

- **Staffing Criteria:** Staff must have diverse disciplinary backgrounds, have necessary State required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic's population.

- **Availability and Accessibility of Services:** CCBHCs must make services available and accessible to individuals and families of all ages, use a sliding fee scale and may not refuse or limit service based on the person's ability to pay or place of residence.

Additionally, the two activities described below must be performed by all enrolled CCBHCs as a condition of participation. CCBHCs may not bill for these activities, but the cost of performing these activities for Medical Assistance beneficiaries is included in the payment rate described in Attachment 4.19-B.

13.d. Rehabilitative Services. (continued)

- **Care Coordination:** CCBHCs are required to coordinate care across settings and providers for the people served to ensure seamless transitions across the full spectrum of health services. Care coordination includes documenting a plan of care for medical, behavioral health and social services and supports in the integrated treatment plan, assisting with obtaining appointments, confirming appointments are kept, developing a crisis plan, tracking medication, and implementing care coordination agreements with external providers. Care coordination may include psychiatric consultation to primary care practitioners and mental health clinical care consultation.

- **Preliminary Screening and Risk Assessment**

A prospective CCBHC recipient receives a preliminary screening and risk assessment to determine acuity of recipient need. The person is referred to crisis services if immediate need, or scheduled for an evaluation within 1-10 days, based on acuity determined in the assessment.

Designated Collaborating Organizations are entities with a formal agreement with CCBHCs to furnish CCBHC services. Collaborating organizations furnishing services under an agreement with CCBHCs must observe the same service standards and provider requirements as CCBHCs. CCBHCs maintain responsibility for coordinating care and are clinically responsible for services provided by collaborating organizations.

Service Limitations

Services are delivered in accordance with an individual's CCBHC integrated treatment plan.

13.d. Rehabilitative Services. (continued)

Certified Community Behavioral Health Center Services

Certified Community Behavioral Health Center (CCBHC) services include a comprehensive and integrated package of mental health and substance use disorder treatment services and supports listed under the Rehabilitative Services benefit (§ 13.d.) in Attachments 3.1-A and 3.1-B.

The state reimburses CCBHC providers on a per visit basis using a provider-specific bundled daily payment rate. The bundled payment represents the daily cost of providing CCBHC services. A CCBHC provider receives payment for each day CCBHC services are provided to a Medicaid beneficiary. Payment is limited to one payment per day, per CCBHC, per beneficiary for each CCBHC visit. Visits eligible for reimbursement include days on which at least one CCBHC service is provided to a beneficiary.

CCBHC Rate Methodology

The payment rate for CCBHC services is based on the total annual allowable CCBHC costs divided by the total annual number of CCBHC visits. Allowable costs include the salaries and benefits of Medicaid providers, the cost of services provided under agreement, and other costs such as insurance or supplies needed to provide CCBHC services. Indirect costs include site and administrative costs associated with providing CCBHC services. For the purposes of calculating rates, visits include all visits for CCBHC services including both Medicaid and non-Medicaid visits. Allowable costs are identified using requirements in 45 CFR §75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement.

CCBHCs must provide data on costs and visits to the department annually using the CMS CCBHC cost report. Annual CCBHC cost reports based on audited financials are due to the State by May 15th. Upon receipt from the CCBHC, the cost reports are reviewed by a Certified Public Accounting firm. Upon acceptance of the CCBHC cost reports from the accounting firm, the state sets the rates for the following rate year. The rate year follows the calendar year.

13.d. Rehabilitative Services. (continued)

Initial Payment Rates

The payment rate for CCBHC services is based on the total annual allowable CCBHC costs divided by the total annual number of CCBHC visits. Allowable costs include the salaries and benefits of Medicaid providers, the cost of services provided under agreement, and other costs such as insurance or supplies needed to provide CCBHC services. Indirect costs include site and administrative costs associated with providing CCBHC services. For the purposes of calculating rates, visits include all visits for CCBHC services including both Medicaid and non-Medicaid visits. Allowable costs are identified using requirements in 45 CFR §75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement.

The state will establish a provider-specific bundled payment rate using audited historical cost report data adjusted for the expected cost of delivering CCBHC services. Estimates must include the expected cost of providing the full scope of CCBHC services and the expected number of visits for the rate period. The initial rates include expected costs and visits that are subject to review by a Certified Public Accounting firm and the state. The bundled daily rate is calculated by dividing the total annual allowable expected costs of CCBHC services by the total annual number of expected CCBHC Medicaid and non-Medicaid visits.

Initial payment rates for CCBHCs transitioning from the Section 223 Demonstration to the state plan will be the approved demonstration rates.

Rate Adjustments for Changes in Scope

CCBHC providers may request a rate adjustment for changes in scope expected to change individual CCBHC provider payment rates by 2.5 percent or more. The provider must submit information to the state regarding changes in the scope of services, including changes in the type, intensity, or duration of services, the expected cost of providing the new or modified services, and any projected increase or decrease in the number of visits resulting from the change. Projections are subject to review by a Certified Public Accounting firm and the state. Provider-specific rate adjustments for changes in scope are permitted once per year and take effect with annual rate updates.

13.d. Rehabilitative Services. (continued)

Rebasing and Inflation Adjustments

CCBHC payment rates are rebased after an initial rate period, following a rate adjustment for a change in scope, and three years following the last rebasing. Rates are rebased by dividing the total annual allowable CCBHC costs from the CCBHC's most recent 12 month audited cost report by the total annual number of CCBHC Medicaid and non-Medicaid visits during that 12-month time period. The resulting rate is trended from the midpoint of the cost year to the midpoint of the rate year using the MEI.

Initial payment rates are rebased once the CCBHC submits the first audited cost report including a full year of actual cost and visit data for CCBHC services under the state plan. Rates are rebased using actual data on costs and visits. Rebased rates take effect the following January, and the state does not reconcile previous payments to cost.

Rates adjusted for a change in scope are rebased once the CCBHC submits the first cost report with a full year of cost and visit data including the change in scope. Rates are rebased using actual data on costs and visits Rebased rates take effect the following January, and the state does not reconcile previous payments to cost.

Payment rates are updated between rebasing years by trending each provider-specific rate by the Medicare Economic Index (MEI) for primary care services. Rates are trended from the midpoint of the previous calendar year to the midpoint of the following year using the MEI.

Incentive Payments

CCBHCs are eligible for a quality incentive payment based on reaching specific numeric thresholds on state identified performance metrics. Quality incentive payments are in addition to payments under the bundled payment rate and are paid to CCBHCs that achieve specific performance thresholds identified by the state agency with input from clinical experts and stakeholders and may include measures specific to the population served in each clinic.

CCBHCs must achieve thresholds on all six (6) quality measures in order to be eligible for a quality incentive payment. A minimum of 30 members/visits (i.e., denominator size) for each CCBHC must be present in order for the state to calculate any given measure. For measures with multiple reported rates, the minimum denominator size will need to be met for all rates calculated under the measure.

The measurement year aligns with the rate year. The state will publish quality measures and numeric thresholds and notify each CCBHC of the criteria for receiving incentive payments in writing prior to the start of each measurement year.

13.d. Rehabilitative Services. (continued)

CCBHCs will be notified of their performance on the required measures and the incentive payment amount by the 12th month following the measurement year. CCBHCs must provide the department with data needed to determine incentive payment eligibility within 6 months following the measurement year. CCBHCs must be certified and enrolled as CCBHC providers for the entire measurement year to be eligible for incentive payments.

Calculation of Quality Incentive Payments

Quality incentive payments are derived from a single pool of funds equal to 5% of all CCBHC payments made to providers during the measurement year.

CCBHCs meeting performance metric thresholds receive a lump sum quality incentive payment which is the sum of the following two factors:

1. Non-weighted share: The non-weighted share of a provider's quality incentive payment is calculated by taking the total quality incentive payment pool, multiplied by 25%, and divided by the total number of CCBHCs that were certified and enrolled as CCBHC providers for the entire measurement year.

2. Share weighted by volume: The weighted share of a provider's quality incentive payment is calculated by taking the total quality incentive payment pool multiplied by 75%, then multiplying that amount by the percentage of the total CCBHC visits attributable to that CCBHC that was certified and enrolled as a CCBHC provider for the entire measurement year.

The sum of 1 and 2 above represents the total incentive payment that is paid to a qualifying CCBHC if they meet the threshold for all six of the quality incentive measures. No incentive payments are made to CCBHCs who do not meet the threshold for all six of the quality incentive measures. The share of the pool which would have otherwise gone to CCBHCs that do not meet their thresholds is not reallocated or paid to those CCBHC providers that do meet their thresholds.

The State will make the incentive payments to qualifying CCBHCs after the 12th month following the measurement year.CCBHC providers converting from the Section 223 Demonstration Program to state plan authority are eligible for prorated incentive payments for the portion of the measurement year that services were provided under state plan authority. Payment under this paragraph is equal to the CCBHC's incentive payment for the year multiplied by the quotient of the number of months under state plan authority divided by 12. The state defined quality incentive performance measures, technical specifications, patient volume minimums, and thresholds are effective October 1, 2020 and are located at the Evaluation tab of this website: https://mn.gov/dhs/partners-and-providers/policies-procedures/adult-mental-health/ccbhc/

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: MINNESOTA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Item A. **Nursing Facility Payment, Part A Coinsurance**

Medicaid payment is the lesser of the actual coinsurance amount or the amount by which the Medicaid State plan case mix payment rate exceeds the Medicare rate less the coinsurance amount.

Item B. **Part B Coinsurance and Deductibles**

Medicaid Payment is the Medicare allowed amount for the following services:

- Mental health services, except for psychiatrist services and advanced practice nurse services.
- Dialysis for end stage renal disease.
- Durable medical equipment subject to the Medicare Durable Medical Equipment Prosthetics/Orthotics and Supplies (DMEPOS) competitive bidding program.
- Services provided by a federally qualified health center, Indian Health Service (IHS) facilities and tribal providers operating under 638 agreements, or a rural health clinic.
- Services provided by Certified Community Behavioral Health Centers (CCBHCs). CCBHC services are offered under the Rehabilitative Services benefit.