

STATE: MINNESOTA

Effective: January 1, 2024

TN: 23-32

Approved:

Supersedes: 18-03 (12-20, 12-10, 11-04, 11-02, 09-25, 08-17, 07-12, 07-08, 07-09, 07-06)

Page 16a

6.d. Other practitioners' services. (continued)

Mental health services performed by a master's prepared mental health professional are paid the lower of:

1. submitted charge; or
- 2.
3. 80% of the rate established for doctoral prepared mental health professionals.

Mental health services performed by a master's prepared mental health professional in a community mental health center are paid the lower of:

1. submitted charge; or
2. 100% of the rate established for doctoral prepared mental health professionals.

Mental health services provided by a mental health practitioner working as a clinical trainee as defined in Attachment 3.1-A, item 6.d.A., who is supervised by an enrolled provider are paid to the supervising enrolled provider at the lower of:

1. submitted charge; or
2. 100% of the rate established for mental health professionals.

Adult day treatment services for mental illness provided on or after ~~July 1, 2001~~ January 1, 2024 are paid the lower of:

1. submitted charge; or
2. ~~\$20.41~~30.62 per 60 minutes.

Mental health services performed by a physician's assistant provided in an inpatient hospital are paid at the lower of:

1. Submitted charge; or
2. 80.4% of the base rate established for doctoral prepared mental health professionals.

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.

Officer-involved, community-based care coordination provided on or after March 1, 2018, is paid at the lower of:

1. Submitted charge; or
2. \$9.54 per 15 minutes.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2024

Page 45c-4

TN: 23-32

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13.d. Rehabilitative services (continued)

This does not include administrative or residential space. The Department calculates the physical plant costs rate by multiplying the total physical plant costs for the facility in the prior state fiscal year by the percentage of the facility devoted to treatment and programing. This amount is then divided by the total units of service from the prior state fiscal year.

The total per diem, per provider rate is the sum of the provider's direct services rate, other program costs rate, and physical plant costs rate (for residential rehabilitation service providers only). Effective for the rate years beginning on and after January 1, 2024, rates for ACT, adult residential crisis stabilization services, and IRTS must be annually adjusted for inflation using the Centers for Medicare and Medicaid Services Medicare Economic Index (MEI). The inflation adjustment must be based on the 12-month period from the midpoint of the previous rate year to the midpoint of the rate year for which the rate is being determined. Rates are recalculated and put into effect January 1 of each year.

The state shall not claim FFP for any non-institutional service provided to individuals who are residents of facilities that meet the federal definition of an institution for mental diseases or a psychiatric residential treatment facility as described in federal regulations at 42 C.F.R. §§ 440.140, 440.160 and 42 C.F.R. § 441 Subparts C and D.

The Department coordinates with county mental health staff to monitor the provision of ACT and residential services via site reviews at re-licensure/certification, and when an allegation of improper billing or maltreatment is received. Provider data is compared to submitted cost reports and MMIS data to ensure adequate service provision and accurate cost reporting.

Assertive community treatment (ACT) services and intensive residential treatment services (IRTS) provided by county entities and entities furnishing specialized ACT or IRTS to a subpopulation of recipients are paid a per diem rate established by the Department based on the Department's consideration of the factors, above.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2024

Page 68a

TN: 23-32

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24.a. Transportation.

Effective July 1, 2001, payment for **emergency ambulance transportation** is the greater of:

- 1) the payment rate in effect on July 1, 2000; or
- 2) the Medicare unadjusted payment rate; or
- 3) the established rate for the following codes:
 - ~~A0427~~ ~~\$430.03~~
 - A0429 \$430.03

If the provider transports two or more persons simultaneously in one vehicle from the same point of origin, the payment must be prorated according to the following schedule:

NUMBER OF RIDERS	PERCENT OF ALLOWED BASE RATE PER PERSON IN VEHICLE	PERCENT OF ALLOWED MILEAGE RATE
1	100	100
2	80	50
3	70	34
4	60	25
5-9	50	20
10 or more	40	10

Effective for the first day of each calendar quarter in which the price of gasoline as posted publicly by the United States Energy Information Administration exceeds \$3.00 per gallon, the commissioner shall adjust the rate paid per mile in paragraph (a) by one percent up or down for every increase or decrease of ten cents for the price of gasoline. The increase or decrease must be calculated using a base gasoline price of \$3.00. The percentage increase or decrease must be calculated using the average of the most recently available price of all grades of gasoline for Minnesota as posted publicly by the United States Energy Information Administration.

Payment for emergency **air ambulance transportation** is consistent with the level of medically necessary services provided during the recipient's transportation.

Effective January 1, 2001, payment is the lower of:

- 1) submitted charge; or
- 2) the Medicare unadjusted base payment rate.