

STATE: MINNESOTA
Effective: March 1, 2018
TN: 18-03

ATTACHMENT 3.1-A
Page 25a

Approved:

Supersedes: 16-02 (12-10, 11-04, 09-15, 09-18, 06-03, 04-10, 03-10, 01-14)

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

overseeing the implementation of the individual treatment plans by community health workers.

In-reach care coordination services:

Services by mental health professionals include supervision of an in-reach care coordinator who documents and assesses a recipient's emergency room use, develops and implements short-term plans to reduce the recipient's too-frequent (three or more times in the previous four consecutive months) or non-urgent emergency room use, and when appropriate, develops and implements a plan to transition the recipient to a more permanent care coordination or case management relationship so that the recipient's continuum of care needs can continue to be met outside of the emergency room. Recipients may receive up to 80 hours of in-reach care coordination in a sixty-day period twice per calendar year.

Officer-involved, community-based care coordination:

Officer-involved, community-based care coordination diverts recipients from the criminal justice system by addressing the recipient's mental health, chemical health, social, economic, and housing needs, by connecting recipients with available covered services. The service is provided to individuals who have been arrested, but not incarcerated, and whose screening indicates mental illness or substance use disorder. Recipients may receive services for up to 60 days following initiation of services. Services are provided by the following individuals who are either employed by a county or contract with a county:

- A mental health professional, as defined above;
- A mental health practitioner, as defined in item 13.d., working under the clinical supervision of a mental health professional;
or
- A certified peer specialist, as defined in item 13.d., working under the clinical supervision of a mental health professional.

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ATTACHMENT 3.1-B
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6.d.a. Other practitioners' services, (continued)

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ATTACHMENT 4.19-B
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07-09, 07-06)

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. 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 are paid the lower of:

1. submitted charge; or
2. \$20.41 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

Citation Condition or Requirement

§1932(a)(5)(D) L. List all Services that are Excluded for Each Model (MCO & PCCM)

For MCOs:

- i. Abortion
- ii. Child welfare targeted case management
- iii. Targeted case management services for persons not receiving services pursuant to a §1915 (c) waiver who are vulnerable adults, adults with developmental disabilities or related conditions, or adults without a permanent residence
- iv. Services provided pursuant to an individualized education plan (IEP) or individual family service plan (IFSP)
- v. Nursing facility services
- vi. Relocation coordination services
- vii. Officer-involved, community-based care coordination

§1932(a)(1)(A)(ii) M. Selective Contracting Under a §1932 State Plan Option

To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.

1. The state will x /will not ___ intentionally limit the number of entities it contracts with under a §1932 state plan option.
2. x The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.
3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. (*Example: a limited number of providers and/or enrollees*) The Department may limit the number of entities it contracts with in a given area, depending on a number of factors, including MCO capacity, networks, and administrative cost and effort
4. ___ The selective contracting provision is not applicable to this state plan.

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TN No. 15-26 (08-08, 05-03)

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