May 12, 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 #16-0017 --Increases payment rates for family peer services provided to children.

--Effective Date: September 1, 2016

--Approval Date: May 12, 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

cc: Ann Berg, MDHS
    Sean Barrett, MDHS
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, an 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. Services are paid 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 $322.61 per child per diem.

Effective for services provided on or after April 1, 2014, Certified Family Peer Specialist services are paid the lower of:

1. the submitted charge, or
2. the state established rate of:
   - H0038 HA (individual) $13.75 $15.02 per 15 minutes
   - H0038 HA HQ (group) $6.87 $7.55 per 15 minutes
C. Acupuncture Services

Effective for services provided on or after January 1, 2012, acupuncture services are paid using the same methodology as item 5.a., Physicians’ services.