October 12 – 25, 2021

Systems announcements

We will update this section with information about MN–ITS availability, technical information and other systems announcements when necessary.

Temporary targeted case management face-to-face contact requirements extended

Federally approved policy modifications to targeted case management (TCM) services to temporarily allow telephone and video-conferencing in place of in-person face-to-face contact during the COVID-19 pandemic have been extended until the end of the federal public health emergency.

See the Coronavirus (COVID-19) section of the Minnesota Health Care Programs Provider Manual and Bulletin #21-69-04: DHS extends temporary changes to Targeted Case Management changes Face-to-face contact requirements for information and requirements about providing targeted case management services during the federal public health emergency.

The change was effective Mar. 19, 2020, and allows case managers to conduct targeted case management visits by phone or video with adults receiving services or their legal guardians, and with children receiving services and their parents or legal guardians. The change runs through the end of the public health emergency.

The affected services include:
- Child welfare targeted case management
- Children’s mental health targeted case management
- Adult mental health targeted case management
- Vulnerable adult or adult with developmental disabilities (VA/DD) targeted case management

Tribal provider requirements

This change means that Indian Health Services (IHS), Sec. 638 Tribal providers, may receive the daily encounter payment when the contact between the case manager and the person receiving services happens by telephone instead of through an in-person face-to-face visit. Although the mode of how a service may be delivered is temporarily changing (for example, targeted case management services can be delivered via telephone temporarily), there are no changes to the payment methodology for the daily encounter payment. The same services and types of providers that are required to generate a daily encounter payment continue to be required when targeted case management services are delivered during the federal public health emergency. (pub. 10/22/21)

MMIS updated to pay state plan certified Certified Community Behavioral Health Clinics (CCBHC) a daily bundled rate

We have updated MMIS to pay a daily bundled rate to state plan certified CCBHCs for eligible fee-for-service claims effective Oct. 1, 2021.

This payment only applies to state plan certified CCBHCs. The payment policy for federal 223 Demonstration CCBHCs differs from state plan payment policy. CCBHCs participating in the federal 223 Demonstration will continue to be paid by a wrap-around process until they become state plan certified.

Review the MHCP Provider Manual - Home for more information on billing policy. Review the Certified Community Behavioral Health Clinics webpage for more information on Minnesota’s integrated model of care. (pub. 10/22/21)
2021 Legislative changes impacting the direct care workforce shortage

Key provisions passed during the 2021 Minnesota Legislative and Special Legislative Sessions can potentially assist with recruitment and retention of direct support professionals or reduce reliance on staff to provide supports.

Review the 2021 legislative changes that affect the direct care workforce shortage webpage to see these legislative updates. Additional information about the workforce shortage can be found on the new Direct care workforce shortage in Minnesota webpage. (pub. 10/22/21)

Enrollment information for Community Mental Health Center providers

The Affordable Care Act Section E, Section 6401, created provisions to provider screening and other enrollment requirements under Medicare, Medicaid and CHIP to establish program integrity. The provisions include a new level of screening, application fees and an application and enforcement component.

New requirement
According to Minnesota Statute 256B.04, subdivision 21, if you have more than one business location that provides a service, you must follow the instructions for new enrollments and enroll each business location. This includes all satellite locations. These instructions are located within the Provider Screening Requirements section of the Minnesota Health Care Programs Provider Manual.

Reminders
MHCP continues to review enrollment records to identify providers due for required revalidation. MHCP will attempt to rely on Medicare enrollment information whenever possible.

MHCP Provider Eligibility and Compliance notifies providers when it is time to complete revalidation. All providers are required to complete revalidation at least one time every five years. Providers will receive a notice when it is time for revalidation and can expect to receive an initial revalidation notice as soon as 3 ½ years after the most recent revalidation or enrollment date.

Providers seeking certification or licensure may be reviewed before their pre-scheduled revalidation date.

Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 or TTY: 711 or 800-627-3529 for more information. (pub. 10/20/21)

MN–ITS mailbox retention history change coming

Minnesota Health Care Programs (MHCP) will soon change to a 90-day retention history for all inbound and outbound batch transactions, including "Mailbox-Transaction Responses File Types." We recommend MN–ITS users archive old batch files. We will post additional information in a Provider News message after we determine the effective date of the change. (pub. 10/20/21)

U.S. Department of Health and Human Services (HHS) extends the federal COVID-19 public health emergency

HHS Secretary Xavier Becerra again renewed the federal COVID-19 public health emergency effective Oct. 18, 2021. See the HSS’ Renewal of Determination That A Public Health Emergency Exists webpage to read the official declaration of this renewal. (pub. 10/18/21)

Upcoming events related to autism services and supports

Minnesota Department of Human Services (DHS) is hosting several upcoming events related to autism services and supports. Registration for these events is required.

Connect with interpreters to understand their role in health care on Oct. 19, 2021
In this virtual event you will learn about the role of interpreters to facilitate communication in health care settings. Review the [Connect with interpreters to understand their role in health care](#) DSD eList announcement for registration and additional information.

**Virtual job fair opportunity with EIDBI providers on Oct. 21, 2021**

DHS is hosting a virtual job fair with employers from across Minnesota who provide services and supports to people with autism spectrum disorder (ASD) and related conditions.

Employers will be offering information on:
- Job opportunities
- Practicum and internship opportunities
- Career paths in the industry

Review the [Virtual job fair opportunity on Oct. 21 with EIDBI providers](#) DSD eList announcement for registration and additional information.

**Learn about life experiences of young adults with autism Nov. 4, 2021**

You will hear from youth and young adults with autism share their lived experiences in this virtual event. Panelists will talk about several topics and be available to answer questions. Review the [Learn about life experiences of young adults with autism](#) DSD eList announcement for registration and additional information.

**Early Intensive Developmental and Behavioral Intervention (EIDBI) Beyond the Basics training Nov. 10, 2021**

This training is for EIDBI providers and others interested in expanding their knowledge and understanding of EIDBI services for people younger than age 21 with autism spectrum disorder (ASD) or a related condition. Review the [EIDBI Beyond the Basics training available in November](#) DSD eList announcement for registration and additional information. (pub. 10/15/21)

**$25.5 billion in Provider Relief Fund and American Rescue Plan rural federal funding available**

New funding is available for health care providers affected by the COVID-19 pandemic. The U.S. Department of Health and Human Services (HHS), through the Health Resources & Services Administration (HRSA), made $25.5 billion available. This funding includes $8.5 billion in American Rescue Plan resources for providers who serve rural Medicaid, Children’s Health Insurance Program (CHIP) or Medicare patients, and an additional $17 billion for Provider Relief Fund Phase 4 for a broad range of providers who can document revenue loss and expenses associated with the pandemic. Applications are due Oct. 26, 2021. Review the [HHS Announces the Availability of $25.5 Billion in COVID-19 Provider Funding](#) webpage for more information. Review the HRSA [Future Payments](#) webpage for application instructions and a schedule of technical assistance webinars to help you navigate the application portal. (pub. 10/4/21)

**Minnesota Department of Human Services (DHS) accepting applications for Waiver Reimagine Advisory Committee members**

We are accepting applications through Oct. 31, 2021, from people who want to join the new [Waiver Reimagine Advisory Committee](#). The committee will provide input about the implementation of [Waiver Reimagine](#) during virtual meetings held every other month.

Review the full [Request for applicants to join Waiver Reimagine Advisory Committee](#) DSD eList announcement for more information. (pub. 9/29/21)

**Individual Licensed Assisted Living Facilities can apply for Elderly Waiver Customized Living Services rate adjustment**

The 2021 Minnesota Legislature approved a minimum daily rate for individual licensed assisted living facilities that are designated as disproportionate share facilities. The facility must have at least 80% of the residents enrolled in the Elderly Waiver (EW) program on Oct. 1, 2021, to be designated as a disproportionate share facility.
Facilities can apply between October 1 - 31, 2021, to receive this designation and associated rate adjustments by submitting the Disproportionate Share Facility Application (DHS-8157-ENG) to Minnesota Department of Human Services (DHS). DHS will inform facilities of their application results and designate eligible facilities by Nov. 15, 2021.

Eligible facilities will receive a minimum daily rate of $119 for claims associated with EW participants who receive 24-hour customized living services at the facility between July 1, 2022, and Dec. 31, 2022, assuming the rate adjustment program receives federal approval.

For more information, visit the Elderly Waiver (EW) and Alternative Care (AC) Program section of the Minnesota Health Care Programs Provider Manual under billing or review the Elderly Waiver Customized Living Services Rate Adjustment Aging & Adult Services Division Community Supports for Seniors E-List message. (pub. 9/28/21)

Free-Standing Birth Center facility base rates updated

Free-Standing Birth Center facility base rates have been updated retroactively to July 1, 2018, using a percentage of the statewide average hospital payment for an uncomplicated vaginal birth as stated in Minnesota Statute 256B.0625, subdivision 54. Review the following table for rate effective dates.

### Free-standing Birth Center facility rates

<table>
<thead>
<tr>
<th>CPT Procedure Code</th>
<th>July 1, 2018</th>
<th>July 1, 2019</th>
<th>July 1, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>59400</td>
<td>$1,486.09</td>
<td>$2,201.29</td>
<td>$1,939.18</td>
</tr>
<tr>
<td>S4005</td>
<td>$318.45</td>
<td>$471.71</td>
<td>$415.54</td>
</tr>
</tbody>
</table>

Minnesota Health Care Programs will reprocess claims retroactive to July 1, 2018, on the Sept. 28, 2021, remittance advice. (pub. 9/28/21)

Customized Living Services (CLS) service authorization (SA) in pended status

Minnesota Health Care Programs (MHCP) is aware of the SA line items in pended status for CLS line items attempted to be created by lead agencies. The SA line item goes into pended status when the provider listed on the SA line item has a license or credential end date occurring before the SA line end date. The pended status on the SA occurred due to the License requirement changes for customized living services provider reflected on the Home and Community-Based Services provider enrollment record. Contact the lead agency for SA corrections to the service line dates. Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if your SA is in pended status due to your license or credentials and we will submit a case to Provider Eligibility and Compliance. (pub. 9/27/21)

Service rate and budget changes effective Oct. 1, 2021

The 2021 Minnesota Legislature authorized a number of rate and budget increases for home and community-based services. The following service rate and monthly budget increases are effective Oct. 1, 2021:

- 10.10% increase to Personal Care Assistant (PCA)
- 10.30% increase to PCA Complex
- 49.70% increase to PCA Supervision
- 3.16% increase to Elderly Waiver (EW), Alternative Care (AC), and EW and AC Consumer Directed Community Supports (CDCS) monthly case mix budget caps
- 1.58% increase to CDCS budgets under the Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), and Developmental Disabilities (DD) waiver programs
- 10.10% increase to Consumer Support Grant budgets
- $42.00 for CDCS background checks

The terms and conditions of the July 1, 2021, to June 30, 2023, SEIU collective bargaining agreement (CBA) go into effect Oct. 1, 2021. The rate increases related to the CBA fit within the 10.10% increase to PCA and are not calculated in addition to it.

New terms of the CBA include a new minimum wage and new paid time off (PTO) accrual rate for workers in the bargaining agreement. Effective Oct. 1, 2021, direct support workers providing PCA Choice, CDCS or CSG services must:

- be paid a minimum of $14.40 per hour
• accrue a minimum of one hour of PTO for every 30 hours worked

We will communicate more information about additional terms of the new CBA and provider responsibilities in a future communication sent to providers’ MN–ITS mailboxes.

Additional information and resources about these changes is available on the Long-term services and supports rates changes webpage.

Call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 or 800-366-5411, option #4, for more information. (pub. 9/27/21)

Electronic visit verification (EVV) vendor HHAeXchange provider support contact information

HHAeXchange has dedicated the following phone number and email address to better support Minnesota’s providers with EVV implementation.
• Phone number: 855-573-1521
• Email: MNSupport@hhaexchange.com
(pub. 9/24/21)

Minnesota Health Care Programs (MHCP) Uniform Preferred Drug List changes

The MHCP Uniform Preferred Drug List (PDL) is changing beginning Oct. 1, 2021. Two of the biggest changes include:

• Entresto and Eliquis changing from nonpreferred to preferred status on the Uniform PDL.
• Branded inhalers Proair HFA, Ventolin HFA and Advair Diskus continuing to have preferred status on the Uniform PDL. The generic versions of these inhalers are moving from preferred status to nonpreferred status.

Review all the changes on the Uniform PDL and preferred drug list changes (PDF). We have created the following resources to help you understand your role in keeping MHCP members on a nonpreferred drug or transitioning members to a preferred drug on or after Oct. 1, 2021:

• Frequently Asked Questions for Providers Regarding the Uniform PDL (PDF)
• Preferred Drug List Flow Diagram for Providers (PDF)
• Continuation of Therapy Prior Authorization Criteria (PDF)
• Nonpreferred Drug Prior Authorization Criteria (PDF)

If you have additional questions, contact:
• MHCP Provider Call Center (for members in fee-for-service Medicaid) at 651-431-2700 or 800-366-5411; or
• Managed Care Organization (MCO) responsible for the MHCP member’s coverage (for members in Managed Care Medicaid or MinnesotaCare). See the following table for contact information.

MCO and Pharmacy contact phone numbers

<table>
<thead>
<tr>
<th>MCO plan</th>
<th>Pharmacy contact numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Plus – Prime Therapeutics</td>
<td>844-765-5940 (Blue Advantage)</td>
</tr>
<tr>
<td>HealthPartners</td>
<td>952-883-5813</td>
</tr>
<tr>
<td></td>
<td>800-492-7259</td>
</tr>
<tr>
<td>Hennepin Health – Navitus</td>
<td>612-596-1036</td>
</tr>
<tr>
<td></td>
<td>800-647-0550</td>
</tr>
<tr>
<td>Itasca Medical Care – Caremark</td>
<td>800-345-5413</td>
</tr>
<tr>
<td>Medica – CVS Health</td>
<td>800-364-6331</td>
</tr>
<tr>
<td>PrimeWest Health – MedImpact</td>
<td>800-788-2949</td>
</tr>
<tr>
<td>South Country Health Alliance – PerformRX</td>
<td>866-935-8874</td>
</tr>
<tr>
<td>UCare – Express Scripts, Inc. (ESI)</td>
<td>877-558-7523 (physician authorizations)</td>
</tr>
<tr>
<td></td>
<td>800-595-7140 (Fairview Specialty – specialty medications)</td>
</tr>
</tbody>
</table>

(pub. 9/20/21)
Connect with interpreters to understand their role in health care virtual event scheduled Oct. 19

The Minnesota Department of Human Services will hold a virtual event to learn from interpreters about effective communication in health care settings. The event is scheduled Tuesday, Oct. 19, 2021, and registration is required. The event will include a panel of interpreters who will answer questions about collaboration, effective practices and their experiences in health care settings. Read the Connect with interpreters to understand their role in health care DSD eList announcement for registration and more information. (pub. 9/20/21)

DHS will resume PCA Steps for Success October 20-22 for PCA agency owners and managers

The Minnesota Department of Human Services (DHS) notified all Personal Care Assistance (PCA) providers earlier this year to prepare to sunset the PCA program while we worked to initiate a new program, Community First Services and Supports (CFSS).

However, we must delay this timeline due to our need for additional time to receive approvals on waiver and state plan amendments from the federal Centers for Medicare & Medicaid Services (CMS). See AASD, DSD and CFSS Implementation Council eList announcement for more information.

Now, the earliest possible implementation date for the Community First Services and Supports program will be June 1, 2022. This delay will not affect people’s ability to continue receiving services or access assessments to start services.

We are accepting PCA agency applications and will offer the PCA Steps for Success training Oct. 20-22, 2021. This training does not cover CFSS. Attendees of the Oct. 20-22 training will also need to complete training on CFSS before DHS implements CFSS. New owners and managers must start the enrollment process for their PCA agency before CFSS is implemented.

New qualified professionals (QPs) do not need to take the PCA Steps for Success class. We will continue accepting a PCA qualified professional test certificate for new QPs based on the online training and successful completion of the test for qualified professionals. For more information, see the Steps for Success workshop training webpage. (pub. 9/20/21)

DHS working on the category of service system edit for Pfizer-Biontech and Moderna COVID-19 vaccines third dose administration codes

We are aware of the category of service edit that is occurring for the third vaccine administration codes regarding the Pfizer-Biontech CPT code 0003A and the Moderna CPT 0013A code. We are currently working on a system edit. Continue to follow the billing instructions under Vaccines in the Billing section of the Coronavirus (COVID-19) Minnesota Health Care Programs Provider Manual section. Watch for a future Provider News message on this webpage for further billing instructions once we complete the system update. (pub. 9/14/21)

Housing Stabilization and Services update on remote support changes and federal public health and state peacetime emergencies

We are informing Housing Stabilization Services providers about updates to remote support and the federal public health and state peacetime emergencies. Visit the Housing Stabilization Services policy webpage to see the Information on the Important Program Announcements. (pub. 9/14/21)
Third dose for COVID-19 vaccines approved for certain immunocompromised individuals

The American Medical Association approved Current Procedural Terminology COVID-19 vaccine third dose codes 0003A for Pfizer and 0013A for Moderna for only certain immunocompromised individuals effective Aug. 12, 2021. The Centers for Disease Control and Prevention (CDC) has issued guidance on people recommended to receive a third dose of the COVID-19 vaccine. See the COVID-19 Vaccines for Moderately to Severely Immunocompromised People and How to Talk with Patients Who Are Immunocompromised CDC webpages. The CDC-recommended third dose of an mRNA COVID-19 vaccine is to be administered 28 or more days from administration of the second dose. However, the physician or other qualified health care professional should use clinical judgment to determine whether a third dose is appropriate for the patient.

Minnesota Health Care Programs (MHCP) will only reimburse for the administration of the vaccine. As a reminder, vaccines are exempt from cost-sharing. Use the following administration codes to report the administration of the third dose for only Pfizer and Moderna COVID-19 vaccines:

- **Pfizer-Biontech**
  - Administration code **0003A**: ADM SARSCOV2 30MCG/0.3ML 3RD DOSE

- **Moderna**
  - Administration code **0013A**: ADM SARSCOV2 100MCG/0.5ML 3RD DOSE

You may now submit claims. MHCP will cover administration codes 0003A and 0013A retroactive to dates of service on or after Aug. 12, 2021.

You can find the covered codes on the MHCP fee schedule webpage. The MHCP COVID-19 vaccine billing instructions are in the Coronavirus (COVID-19) Billing section of the MHCP Provider Manual. (pub. 9/10/21)

Pre-Exposure Prophylaxis (PrEP) medications and associated services for HIV prevention have no copayment

Services required with PrEP medications used as HIV prevention are now covered with no co-pay effective Sept. 1, 2021, as part of a national HIV-prevention effort and the Affordable Cares Act. This includes no copayments for the quarterly clinic visits and lab tests required to maintain a PrEP prescription.

Primary diagnosis Z20.6 must be used for claims submission with a notation of “PREP” in all capital letters, placed in the notes section of the claim, to bypass the copayment for a PrEP related service. (pub. 9/10/21)

Payments ending for COVID-19 customized living rate add-on

Minnesota Department of Human Services (DHS) will not look for new or adjusted claims from providers eligible for customized living rate add-on payments described in Bulletin #20-25-02: Customized living rate add-on payments for settings with confirmed cases of COVID-19 (PDF) effective Sept. 30, 2021.

DHS will make one final round of add-on payments after Sept. 30, 2021, based on any eligible fee-for-service claims submitted before Sept. 30, 2021. DHS has informed managed care organizations (MCOs) of its plan to end payment processing for this program. MCOs will determine when they will stop processing add-on payments for services they coordinate.

See the Payments end for COVID-19 customized living rate add-on eList announcement for more details. (pub. 9/7/21)
Minnesota Health Care Programs (MHCP) enrollment screening will resume site visits

Due to the state’s COVID-19 peacetime emergency, we adopted many flexibilities recommended by the Centers for Medicare & Medicaid Services to respond effectively to local outbreaks, including changes to MHCP enrollment screening requirements. The Minnesota Department of Human Services’ (DHS) commissioner requested and received a federal section 1135 waiver to temporarily stop certain screening requirements for providers, including site visits (Code of Federal Regulation, title 42, section 455.432). The Minnesota peacetime emergency has ended and we will resume site visit operations. We will conduct enrollment screening site visits in a manner that complies with DHS, Minnesota and Centers for Disease Control and Prevention safety guidelines. (pub. 9/7/21)

Insulin pods are a covered benefit beginning Sept. 1, 2021

External ambulatory insulin delivery systems (insulin pods, code A9274) are a covered diabetic equipment and supplies benefit beginning Sept. 1, 2021. See the Covered Services section of the Diabetic Equipment & Supplies Minnesota Health Care Programs Provider Manual section for coverage criteria and more information. (pub. 9/7/21)

Electronic visit verification (EVV) information explaining next steps posted

Minnesota Department of Human Services posted new information for providers on the Electronic visit verification webpage Sept. 1, 2021, about the start of EVV later this year. The new information can be found on the Electronic visit verification webpage under the Attention tab. The information includes next steps for providers of home health and personal care services (including some waiver services) to comply with EVV requirements detailed in the federal 21st Century Cures Act. The information also directs providers to the Minnesota state-selected EVV vendor HHAeXchange webpage. (pub. 9/2/21)

2021 hearing aid volume purchase contract effective Sept. 1, 2021

The 2021 hearing aid volume purchase contract is effective Sept. 1, 2021. See the 2021 Hearing aid contract, vendors, models, prices and codes Effective 9/1/21 through 8/31/22 (DHS-7274I) (PDF) to view the contract. The 2020 contract expired Aug. 31, 2021. You have a 30-day grace period for dispensing instruments purchased, but not delivered, before the contract expired. You must dispense hearing aids obtained under the 2020 contract before the end of the grace period, Sept. 30, 2021. This includes hearing aids with approved authorizations. (pub. 9/2/21)

Youth Assertive Community Treatment (Youth ACT)/Intensive Rehabilitative Mental Health Services (IRMHS) legislative updates

The following is a summary of the changes to Youth ACT/IRMHS services that happened during the 2021 Minnesota Legislative Session. The changes are effective July 1, 2021.

Eligible member updates

- Expanded age eligibility to youth eight years old or older and under 26 years of age.
- Changed eligibility requirement from “Probable need for services from the adult mental health system within the next two years” to “Likely need for services from the adult mental health system during adulthood.”

Service standard updates

- Added a requirement for two separate treatment teams: one team for youth eight years old or older and under 16 years old; and one team for youth at least 14 years old or older and under 26 years of age.
- Added a requirement for teams to have specialized training in providing services to the specific age group of youth that the team will serve.
- Re-established requirement for each client to have an individual treatment plan, which was inadvertently left off the last statute revision.
Dialectical Behavior Therapy-Adolescent (DBT-A) Mental Health Information System (MHIS) data reporting requirements

DBT-A providers are required to report data via MHIS to meet the requirement of the rule outlined in Minnesota Rules 9505.0372, subpart 10 E3.

Data collection for DBT-A MHIS reporting began on July 1, 2021. MHIS data collection and reporting follows the cycle of two reporting periods.
- Data collection from July through December each calendar year, with data reported to MHIS by Jan. 31
- Data collection from January through June each calendar year, with data reported to MHIS by July 31

You should report DBT-A clients to MHIS at least once per reporting period they receive service. Providers should collect data at intake, at the six-month anniversary of the start date and at discharge to meet this requirement.

The MHIS reporting requirement will be complete with reporting data at intake and discharge if the client discontinues service at or before the six-month anniversary of the start date.

A client needs additional reporting if they continue with the DBT program for one year or longer, but that is unlikely due to program guidelines. Report the client at least once per reporting period while they continue to receive service.

MHIS does not collect adolescent assessment data. DBT-A providers are required to complete MHIS fields related to Borderline Symptom List (BSL) despite the assessment not being a requirement for DBT-A clients. Please use selection “[97] Not required” when BSL data is not available for a DBT-A client. Email dhs.amhis@state.mn.us for questions about MHIS and requests for training or resources. You may also review resources available on the Mental Health Information System (MHIS) technical assistance webpage. (pub. 9/2/21)

Individualized Education Plan (IEP) final rates for fiscal year 2019-2020 sent to school districts


You will find your document in the Miscellaneous Received folder in your MN–ITS mailbox under the file type IEP. It is named Final Rates for FY 19 – 20.

Final IEP rates for the period July 1, 2019, through June 30, 2020, were calculated based on actual time and encounter data submitted by the school districts, and final data information from the Minnesota Department of Education (MDE).

Review the numbers reported by the school district as well as the information provided by MDE.

School districts have 60 days from the date the rate notification was delivered to the MN–ITS mailbox to make a formal written appeal of the final rates to DHS. The 60-day review period will end on Oct. 30, 2021. If you believe the final rates for FY 2019-2020 are incorrect, the school district must file a timely appeal according to Minnesota Statutes 256B.0625, subdivision 26(f).

Call Jesusa Williams at 651-431-2538 or email her at jesusa.williams@state.mn.us if you have questions about this message. (pub. 9/1/21)

Revised: Verbal consent of individual treatment plans (ITPs) through telehealth

We revised language to clarify that the policy is in effect now and remains in effect; it does not begin Sept. 1, 2021. A temporary peacetime emergency waiver allowing the member’s verbal or electronic written approval of the ITP or change in the ITP for mental health services or assessments delivered through telehealth remains in effect Sept. 1, 2021,
based on new legislation. You may document the member’s verbal approval or electronic written approval of the treatment plan or change in the treatment plan instead of obtaining the member’s signature.

This is effective Sept. 1, 2021, for providers of the following services:

- Intensive Rehabilitative Mental Health Services
- Children’s Therapeutic Support Services
- Intensive Treatment Foster Care
- Adult Rehabilitative Mental Health Services
- Adult Mental Health Mobile Crisis Services
- Children’s Mental Health Mobile Crisis Services
- Outpatient Mental Health

Call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 8/25/21, rev. 8/26/21)

**Behavioral health provider recertification waivers update**

Minnesota Department of Human Services (DHS) approved temporary waivers for behavioral health provider recertification in response to the state’s COVID-19 peacetime emergency effective Mar. 20, 2020, through Aug. 30, 2021. This includes recertification for the following behavioral health services:

- Assertive Community Treatment (ACT)
- Adult Rehabilitative Mental Health Services (ARMHS)
- Intensive Treatment Foster Care (ITFC)
- Dialectical Behavior Therapy (DBT)

Statute or DHS policy requires initial certification and recertification on varying intervals for each one of these services. The temporary waivers allowed you to continue providing services without current certification and allowed Minnesota Health Care Programs (MHCP) members to continue accessing critical supports and services.

The authority to waive recertification for ACT, ARMHS, ITFC and DBT service providers ends on Aug. 30, 2021. **ACT, ARMHS, ITFC and DBT providers, you have until Aug. 30, 2021, to recertify if your certification expired on or after Mar. 20, 2020.**

Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about recertification. (pub. 8/18/21)

**Personal Care Assistance (PCA) program policy updates due to the end of the state’s COVID-19 peacetime emergency**

The Minnesota COVID-19 peacetime emergency ended July 1, 2021, and the Minnesota Department of Human Services will end one temporary peacetime emergency PCA program change and reinstate another based on new legislation.

**Change that will expire**

The remote qualified professional visits waiver was extended through Aug. 30, 2021, and then will expire. Follow the rules listed in the [Qualified professional (QP) services](#) PCA policy manual for these visits effective Aug. 31, 2021.

**Change reinstated**

Parents of minors and spouses may care for their family members and be paid for PCA services effective July 1, 2021. Parents and spouses must be enrolled with Minnesota Health Care Programs (MHCP) as an individual PCA.

**Questions**

Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411, option #4, if you have questions about this message. (pub. 8/4/21)
Surveillance and Integrity Review Section (SIRS) of the Office of Inspector General in-person site visits have resumed

SIRS of the Office of Inspector General has resumed in-person site visits. SIRS has a detailed COVID-19 protection plan in place and will work with you to ensure safety and compliance of your policies while at the site. (pub. 8/3/21)

Revised: Substance Use Disorder (SUD) Service providers must request client spenddown amounts

We have revised this message to specify SUD Service providers.

SUD Service providers must request the spenddown amounts from their clients effective immediately. Minnesota Department of Human Services no longer had authority to pay spenddown amounts for SUD clients beginning Aug. 1, 2020. This change is effective for claims with a date of service on or after Aug. 1, 2020.

Refer to Spenddowns in the Billing the Member (Recipient) section of the Minnesota Health Care Programs (MHCP) Provider Manual for more information.

Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 7/30/21, rev. 10/1/21)

Revised: Early Intensive Developmental and Behavioral Intervention (EIDBI) legislative updates

We have revised this message to correct the effective date for Definitions impacted by uniform standards. The following is a summary of the changes to EIDBI services that happened during the 2021 Minnesota Legislative Session. Visit the Minnesota Session Laws - 2021, 1st Special Session webpage to review the changes.

Background studies
EIDBI providers will soon be required to complete all background studies through the commissioner's NETStudy 2.0 system. We will update you on this change on this webpage.

The following update is effective July 1, 2021.

Telehealth
- Replaced “telemedicine” language with “telehealth”
- Removed “face-to-face” language from coordinated care conference and intervention service description
- Replaced “face-to-face” in the travel service description with “in-person”

The Minnesota Telehealth Act affects these other EIDBI service provisions.
- EIDBI services delivered via telehealth must now be delivered with the same service thresholds, authorization requirements and reimbursement rates as services delivered in-person as outlined on the EIDBI billing grid
- Until July 1, 2023, telehealth also includes audio-only communication between a health care provider and a participant according to subdivision 6, paragraph (b) of the Minnesota Telehealth Act.

We updated the Telehealth EIDBI policy manual to reflect these changes. See the EIDBI Telehealth services policy manual webpage.

The following update is effective July 1, 2022.

Definitions impacted by uniform standards
- Mental health professional (Minnesota Statutes 256B.0949, subdivision 2 is amended by Chapter 30, Article 17, Section 104)
- Standard diagnostic assessment (Minnesota Statutes 256B.0949, subdivision 4 is amended by Chapter 30, Article 17, Section 105)
Clinical trainee (Minnesota Statutes 256B.0949, subdivision 5a is amended by Chapter 30, Article 17, Section 106)

Questions
Email ASD.DHS@state.mn.us if you have questions about these EIDBI legislative updates. (pub. 7/22/21, rev. 8/31/21)

Update on COVID-19 waivers and end of the state peacetime emergency

On June 30, the Minnesota Legislature voted to end the state peacetime emergency effective Thursday, July 1, 2021, at 11:59 p.m. This will end the COVID-19 Peacetime Emergency authority the Department of Human Services (DHS) has under Executive Orders 20-11 and 20-12 to seek federal authority to change or waive federal requirements and to modify and waive certain statutes and rules related to DHS programs. We have used this authority to respond to the COVID-19 pandemic. We are quickly working to analyze the language in the 2021 HHS Omnibus bill that modified the transition timeline for a number of the COVID-19 “CV waivers and modifications” and also made several pandemic changes a part of permanent state law. We will be making updates to our DHS waivers and modifications webpage to reflect revised dates soon. Please watch DHS bulletins, manuals and other regular communication channels for program-specific guidance over the coming weeks. (pub. 7/2/21)

Training

Minnesota Health Care Programs (MHCP) on-demand video and online training updates

MHCP offers training for providers who provide services for members enrolled in MHCP. We have updated on-demand and online training opportunities on the MHCP provider training webpage.

On-demand videos
On-demand videos are arranged by category, including Minnesota Provider Screening and Enrollment Portal (MPSE), MN–ITS and Billing. Each video can be viewed in 10 minutes or less and provides instructions on a concept or technique.

Online training
Online training is arranged by content for all providers or specific providers. Training is led by an instructor who will help attendees navigate the Minnesota Department of Human Services website and locate and use MHCP provider information and other related webpages or internet-based applications such as MN–ITS. Due to COVID-19, all instructor-led training is online only. We will update you on this webpage when, and if, we will continue in-person training. We have recently updated the look of the provider-specific training webpages and added the 2021 training dates. (pub. 12/22/20)

Free online Resources and MN–ITS training available

Minnesota Health Care Programs (MHCP) offers free online training for MHCP-enrolled providers. Go to the MHCP provider training webpage to see the list of available training.

We have added new training sessions for the following service providers:

- Psychiatric Residential Treatment Facilities
- Waiver and Alternative Care

(pub. 6/22/21)

Minnesota Health Care Programs offers new resources and MN–ITS training webinars

MHCP now offers online resources and MN–ITS training for the following providers:

- Intensive Residential Treatment Services
- Adult Residential Crisis Stabilization Services
- Inpatient Hospital
Visit the Intensive Residential Treatment Services (IRTS) and Adult Residential Crisis Stabilization Services (RCS) Resources and MN–ITS Training and Inpatient Hospital Resources and MN–ITS Training webpages for dates, registration and more information. (pub. 8/31/21)

**Changes to Waiver and Alternative Care (AC) Resources and MN–ITS Training sessions**

We have made changes to the Waiver and AC Resources and MN–ITS training due to feedback we received from providers via the Minnesota Health Care Programs provider training surveys. Training will now be offered in two half-day sessions instead of one full-day session. This change will be effective starting August 2021. See the Waiver and AC Resources and MN–ITS Training webpage for more information. (pub. 6/23/21)

**Free online Provider Basics and MN–ITS training available**

Minnesota Health Care Programs (MHCP) is offering free online Provider Basics Resources and MN–ITS training to all enrolled MHCP providers who bill fee-for-services claims. This training is being offered monthly beginning Mar. 10, 2021.

You will learn how to navigate the MHCP provider webpages and the MHCP provider manual, and how to use MN–ITS administration, mailbox and eligibility requests (270/271) features. Go to the Provider Basics webpage to register for this training.

Claim training is not provided in this training. See our MHCP provider training webpage to register for provider-specific claim training. (pub. 2/11/21)

**New on-demand training videos added**

Minnesota Health Care Programs (MHCP) offers free on-demand training videos arranged by category on the MHCP provider training webpage. Each video can be viewed in 10 minutes or less and provides instructions on a concept or technique.

New videos:
- **Guide to the MN-ITS Home Page** – You will learn about the different resources found on the MN–ITS home page and how they can help you in your role at your organization.
- **Functions and Features of the MN-ITS Claim Screens** – We demonstrate the various navigation elements found on the MN–ITS claim screens in this video. We also explain the different resources located in the right navigation panel used when completing a claim.
- **Sending an Attachment for a MN–ITS Claim** – We explain when an attachment is required, how to determine what documentation is needed and demonstrate how to fill out and submit the Administrative Uniformity Committee (AUC) cover sheet.

(pub. 9/17/21)

**Free online Minnesota Provider Screening and Enrollment (MPSE) training available, new videos added**

Minnesota Health Care Programs is providing free online training for our MPSE online portal.

We have added two new videos:
- **Managing Existing Affiliations to an Individual Provider in MPSE**
- **Managing Existing Affiliations to a Direct Support Worker in MPSE**

See the MPSE portal training webpage for registration, brief online tutorials to help prepare you for class and more information. (pub. 2/1/20, rev. 2/19/20)
Additional information

- Provider news and updates archive
- MHCP provider policies and procedures
- Latest Manual Revisions
- Grants and requests for proposals

Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this information.