

STATE: MINNESOTA
Effective: 7/1/2025
TN: 25-23
Approved:
Supersedes:24-50

ATTACHMENT 4.19-B
Page 51

2c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by a FQHC. (Continued)

DHS will establish a Prospective Payment System (PPS) methodology for the Tribal facility so that the agency can determine on an annual basis that the published, all-inclusive rate is higher than the PPS rate.

The PPS rate is established by reference to payment to one or more other clinics in the same or adjacent areas. Tribal FQHCs are not required to report their costs for the purposes of establishing a PPS rate.

To elect the FQHC designation, Tribes must file a signed Assurance Statement with OHS. Tribes have the option to withdraw the Assurance Statement and end the tribal FQHC designation at any time.

For FQHCs and rural health clinics resulting from a merger of existing clinics or the acquisition of an existing clinic by another existing clinic, encounter rates must use the combined costs and caseloads from the clinics participating in the merger or acquisition to set the encounter rate for the new clinic organization resulting from the merger or acquisition. The scope of services for the newly formed clinic must be inclusive of the scope of services of the clinics participating in the merger or acquisition.

STATE: MINNESOTA
Effective: July 1, 2025
TN: 25-23
Approved:
Supersedes: 22-22

ATTACHMENT 4.19-B
Page 57h

19.a. Mental health targeted case management services as defined in, and to the group specified in Supplement 1a to Attachments 3.1-A/B (in accordance with 1905(a)(19) or section 1915(g) of the Act).

Counties may request an adjustment to the standard caseload size. The Direct Care Service Hours Factor used to compute the rate in item (iii) may be adjusted to accommodate variations in caseload size that result when increasing or decreasing the average number of direct care hours provided to recipients. Adjustments to the standard value for caseload size must be preapproved by the Department and must be based on the needs of the specific population of recipients.

Counties may request a rate adjustment for the provision of culturally specific services. The adjustment will provide for an increase to the standard values for the Wage Factor described in item (i) and the Absence Factor in item (iv). Adjustments for culturally specific services must be preapproved by the Department and must be based on the needs of individuals from particular linguistic, racial, ethnic or social backgrounds.

Counties may request adjustments for caseload size and adjustments for the provision of culturally specific services separately or together.

Providers contracting with counties identified below will be paid an adjusted rate for services provided from July 1, 2022 through December 31, 2023. Providers will receive one adjusted rate for the first six month period and a different adjusted rate for the subsequent twelve month period. Effective January 1, 2024, providers contracting with the identified counties will be paid one-hundred percent of the standard rate. At that time, counties may request an adjustment for caseload size and/or the provision of culturally specific services.

County	MH TCM	7/1/22 - 12/31/22	1/1/23 - 12/31/24
Clay	Children	75% of standard rate	88% of standard rate
Itasca	Children	65% of standard rate	80% of standard rate
Itasca	Adults	85% of standard rate	95% of standard rate
Olmsted	Adults	115% of standard rate	105% of standard rate
St. Louis	Adults	115% of standard rate	105% of standard rate

FQHC reimbursement for mental health targeted case management services is limited to those under contract with a county. The county remains responsible for the non-federal share costs of the MH-TCM services provided by the FQHC.