Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



December 11, 2015

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 #15-0018

--Revises the definition of assertive community treatment (ACT) and expands the use of telemedicine for certain residential treatment services.

--Effective Date: July 1, 2015

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

Enclosure

cc: Ann Berg, MDHS Sean Barrett, MDHS Brandon Smith, CMSC

Rachel Dressler, CMSC

STATE: MINNESOTA ATTACHMENT 3.1-A

Page 54k

Effective: July 1, 2015

TN: 15-18

Approved: 12/11/15

Supersedes: 14-17 (05-01, 04-08, 03-26)

13.d. Rehabilitative services. (continued)

7. Provider service time paid as part of case management services.

- 8. Outreach services, defined on page 54g.
- Assertive community treatment (ACT) services are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan. Recipients must be over age 18-diagnosed with a mental illness, and:
 - 1. have substantial disability and functional impairment in several areas;
 - 2. have one of more of the following:
 - a. a history of two or more inpatient hospitalizations or a single stay in excess of 30 days, in the past year;
 - b. significant independent living instability_in independent
 living;
 - c. homelessness;
 - d. very frequent use of mental health and related services that result in poor outcomes; and
 - 3. in the written opinion of a licensed mental health professional, have mental health needs that cannot be met with other available community based services (for example, adult rehabilitative mental health services) or are likely to experience a mental health crisis or require a more restrictive setting (for example hospitalization) if ACT is not provided.

The following are eligible to provide ACT services:

1. Ceounty or other non-county entity certified by the Department.

STATE: MINNESOTA ATTACHMENT 3.1-A

Effective: July 1, 2015 Page 54p

TN: 15-18

Approved: 12/11/15

Supersedes: 14-17 (08-06, 05-01, 4-08, 03-26)

13.d. Rehabilitative services. (continued)

3. Services provided by volunteers.

- 4. Direct billing of days spent "on call" when not providing services.
- 5. Job-specific skills services, such as on-the-job training.
- 6. Performance of household tasks, chores, or related activities for the recipient.
- 7. Provider service time eligible for payment as case management services.
- 8. Outreach activities, as defined for adult rehabilitative mental health services on page 54g.
- 9. Inpatient hospital services. This includes services provided by an institution for mental disease.

Telemedicine services. Physicians' services provided to recipients through the intensive residential treatment services benefit, which are otherwise covered as direct face-to-face services, may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.

ATTACHMENT 3.1-B STATE: MINNESOTA Page 53k

Effective: July 1, 2015

TN: 15-18

Approved: 12/11/15

Supersedes: 14-17 (05-01, 04-08, 03-26)

Rehabilitative services. (continued)

7. Provider service time paid as part of case management services.

- 8. Outreach services, defined on page 53g.
- Assertive community treatment (ACT) services are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan. Recipients must be over age 18_{7} diagnosed with a mental illness, and:
 - 1. have substantial disability and functional impairment in several areas;
 - 2. have one of more of the following:
 - a. a history of two or more inpatient hospitalizations or a single stay in excess of 30 days, in the past year;
 - b. significant independent living instability in independent living;
 - c. homelessness;
 - d. very frequent use of mental health and related services that result in poor outcomes; and
 - 3. in the written opinion of a licensed mental health professional, have mental health needs that cannot be met with other available community-based services (for example, adult rehabilitative mental health services) or are likely to experience a mental health crisis or require a more restrictive setting (for example hospitalization) if ACT is not provided.

The following are eligible to provide ACT services:

1. Ccounty or other non-county entity certified by the Department.

STATE: MINNESOTA ATTACHMENT 3.1-B

Effective: July 1, 2015 Page 53p

TN: 15-18

Approved: 12/11/15

Supersedes: 14-17 (08-06, 05-01, 4-08, 03-26)

13.d. Rehabilitative services. (continued)

3. Services provided by volunteers.

- 4. Direct billing of days spent "on call" when not providing services.
- 5. Job-specific skills services, such as on-the-job training.
- 6. Performance of household tasks, chores, or related activities for the recipient.
- 7. Provider service time eligible for payment as case management services.
- 8. Outreach activities, as defined for adult rehabilitative mental health services on page 53g.
- 9. Inpatient hospital services. This includes services provided by an institution for mental disease.

Telemedicine services. Physicians' services provided to recipients through the intensive residential treatment services benefit, which are otherwise covered as direct face-to-face services, may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.