## DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



## Center for Medicaid, CHIP and Survey & Certification

Approved: August 1, 2011

Mr. David Godfrey Medicaid Director Minnesota Department of Human Services P.O. Box 64998 St. Paul, Minnesota 55164

Dear Mr. Godfrey:

The Centers for Medicare & Medicaid Services (CMS) is pleased to inform you that it has approved your request to amend Minnesota's section 1115 demonstration project, entitled Prepaid Medical Assistance Project Plus (PMAP+) (11-W-00039/5). The amendment is effective as of the date of this letter. Specifically, the amended section 1115 Demonstration provides the following:

- 1. Expenditure authority to expand coverage to adults without children ages 21-64 with family income above 75 percent of the Federal poverty level (FPL) and at or below 250 percent of the FPL;
- 2. Provide the MinnesotaCare Adults without Children population a limited benefit package
- 3. Allow copayments for the MinnesotaCare Adults without Children population that exceed the amounts allowed under the Minnesota Medicaid State plan;
- 4. Charge premiums on a sliding scale for MinnesotaCare Adults without Children; and
- 5. Eliminate the State's ability to provide continued eligibility for children with family income below 275 percent of the FPL whose parents do not return completed renewal forms while the State uses other available methods to verify family income.

In addition, the State must submit an operational protocol documenting the eligibility processes and procedures used to transition the adults without children population from the State-only funded MinnesotaCare program into the Demonstration prior to submitting claims for Federal financial participation. Through this protocol, the State will assure it complies with all Federal law, including but not limited to, citizenship verification and identification of MinnesotaCare enrollees who become incarcerated between eligibility determinations.

CMS approval of this section 1115 Demonstration amendment is subject to the limitations specified in the approved waiver and expenditure authorities and not applicables list. The State may deviate from the Medicaid State plan requirements only to the extent those requirements have been specifically listed as waived or not applicable to the expenditure authorities. All requirements of the Medicaid program as expressed in law, regulation, and policy statement not expressly waived or identified as not applicable, shall apply to the Minnesota PMAP+ demonstration. This approval is also conditioned

## Page 2 – David Godfrey

upon continued compliance with the enclosed special terms and conditions (STCs) defining the nature, character, and extent of Federal involvement in this project.

This award letter is subject to CMS receipt of your written acceptance of the award, including the expenditure authority and STCs, within 30 days of the date of this letter.

Your project officer is Ms. Jennifer Sheer. She is available to answer any questions concerning your section 1115 Demonstration. Ms. Sheer's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid, CHIP and Survey & Certification 7500 Security Boulevard Mailstop S2-01-16 Baltimore, MD 21244-1850 Telephone: (410) 786-1769

Facsimile: (410) 786-8534

E-mail: Jennifer.Sheer@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Sheer and to Ms. Verlon Johnson, Associate Regional Administrator for the Division of Medicaid and Children's Health in our Chicago Regional Office. Ms. Johnson's contact information is as follows:

Ms. Verlon Johnson Associate Regional Administrator Division of Medicaid and Children Health Operations Program 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519

If you have questions regarding this approval, please contact Victoria Wachino, Director, Children and Adults Health Program Group, Center for Medicaid, CHIP and Survey & Certification, at (410)786-5647.

Congratulations on the approval this amendment to your section 1115 Demonstration.

Sincerely,

//s//

Cindy Mann Director

## **Enclosures**

cc: Victoria Wachino, CMCS Verlon Johnson, Associate Regional Administrator, Region V Jennifer Sheer, CMCS