

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

July 15, 2014

Dr. James Golden
Medicaid Director
State of Minnesota, Department of Human Services
540 Cedar Street PO Box 64983
St. Paul, MN 55167-0983

Dear Dr. Golden:

Thank you for your recent request to extend the state's Prepaid Medical Assistance Project Plus (PMAP+) section 1115 demonstration (11-W-00039/5). The Centers for Medicare & Medicaid Services (CMS) received your extension request on June 30, 2014. On April 27, 2012, CMS issued a final rule and guidance on section 1115 demonstration projects, outlining specific elements that need to be included in a state's extension request in order for CMS to determine that the request is complete. Once an extension request has been determined complete, CMS can begin the official review process, including initiation of the 30-day federal public comment period.

We have completed a preliminary review of your extension request in accordance with the April 27, 2012 final rule. We have determined that the state's extension request has not met the requirements for a complete extension request as specified under section 42 CFR 431.412(c). We have included the specific elements we identified during the review as missing in the enclosure. We have had productive discussions with your staff, who are working diligently to provide the outstanding information.

At this time, we will not begin our 30-day federal public comment and notice process as specified under 42 CFR 431.416(b). Once we receive a revised extension request that includes the missing elements as further described in the enclosure, or explain how the current request addresses the missing elements, we will conduct another preliminary review to determine if the revised request is complete. We will notify you of our determination no later than 15 days after receipt of your revised extension request.

We look forward to continuing to work with you and your staff, and are available to provide technical assistance as you revise the state's extension request. If you have additional questions or concerns, please contact your project officer Heather Hostetler, Division of State Demonstrations and Waivers, at (410) 786-4515, or at Heather.Hostetler@cms.hhs.gov.

Sincerely,

/s/

Angela D. Garner
Acting Director,
Division of State Demonstrations and Waivers

Enclosure

cc: Eliot Fishman, Director, Children and Adults Health Programs Group, CMCS
Verlon Johnson, ARA, CMS Chicago Regional Office

Request to Extend Prepaid Medical Assistance Plus Section 1115 Demonstration
Elements needed for “Complete” Extension Request

Specifically, the state did not include the following elements in its extension request:

1. Requirements for demonstration extension applications (42 CFR 431.412(c)(2)(vi).
 - a. An evaluation report of the demonstration, inclusive of evaluation activities and findings to date, plans for evaluation activities during the extension period, and if changes are requested, identification of research hypotheses related to the changes and an evaluation design for addressing the proposed revisions. Please include an updated evaluation report that is inclusive of the activities and findings to date, including the prior demonstration period through December 2013. Additionally, please include plans for evaluation activities during the extension period and changes to evaluation design for addressing the proposed changes to the demonstration for the 2015-2017 period.