

Children and Adults Health Programs Group

July 10, 2013

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

Dear Ms. Backstrom:

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 25, 2013. 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^{th} final rule. As discussed with members of your staff, 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. Per 42 CFR 431.412(c)(2)(vii), the state must conduct public notice prior to submitting an extension request to CMS. In addition, please provide additional narrative detail regarding the changes requested in the demonstration, including objectives of the changes and the desired outcomes, as required in 42 CFR 431.412(c)(2)(ii). This additional narrative information should also be available for public comment pursuant to the public notice requirements in in 42 CFR 431.408(a)(1)(i)(C). We understand that your staff has already begun this process.

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.

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We look forward to working 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,

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Diane T. Gerrits Director, Division of State Demonstrations and Waivers

Enclosure

cc: Jennifer Ryan, 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)(ii).
 - a. If changes are requested, a narrative of the being requested along with the objective of the change and the desired outcomes.
- 2. Documentation of the state's compliance with the public notice process (42 C.F.R. 431.412(c)(vii)).
 - a. The state must provide at least a 30-day public notice and comment period prior to submitting an extension request to CMS.
 - b. The extension request submitted to CMS must include a report of the issues raised during the 30-day public comments period.