

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



December 20, 2013

Ms. Lucinda E. Jesson  
Commissioner  
Minnesota Department of Human Services  
540 Cedar St.  
St. Paul, MN 55101

Dear Ms. Jesson:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved a one-year temporary extension of Minnesota's section 1115 demonstration project, entitled Prepaid Medical Assistance Project Plus (PMAP+) (11-W-00039/5). This extension ensures the continued provision of services to residents with incomes at or below 200 percent of the federal poverty line, in order to not disrupt such coverage as the state prepares a request for a Basic Health Plan. The demonstration will continue to receive federal financial participation at the state's regular federal medical assistance percentage (FMAP) and is now set to expire on December 31, 2014.

This demonstration project is subject to the limitations specified in the enclosed lists of waiver and expenditure authorities. The state may deviate from Medicaid state plan requirements only to the extent those requirements have been specifically waived or, with respect to expenditure authorities, listed as not applicable to expenditures for demonstration populations and other services not covered under the state plan. As agreed, in order to preserve coverage benefits to certain adults with incomes under 200 percent of the federal poverty level, the amendments to this demonstration will be effective on January 1, 2014. Should you decide to pursue a Basic Health Plan in 2015, we will work with you on transitions to coverage. As discussed, if the state requests another extension of the demonstration, we will need to address the application of an overall out-of-pocket expenditure limit for adults in MinnesotaCare.

The state must assure that MinnesotaCare applicants have the opportunity to have their financial eligibility determined in accordance with the financial methodologies described in 42 CFR 435.603. The state must provide sufficient notice to enable applicants to determine if they may benefit from, and to request, application of such methods.

The approval of the PMAP+ extension is conditioned upon continued compliance with the enclosed special terms and conditions (STCs) defining the nature, character, and extent of

anticipated federal involvement in the project. The award is subject to our receiving your written acknowledgement of the award and acceptance of these STCs within 30 days of the date of this letter.

Written acceptance should be sent to your project officer, Ms. Heather Hostetler. Ms. Hostetler's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
7500 Security Boulevard  
Mailstop: S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-4515  
Facsimile: (410) 786-8534  
E-mail: [Heather.Hostetler@cms.hhs.gov](mailto:Heather.Hostetler@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Ms. Hostetler 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 correspondence, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Center for Medicaid & CHIP Services, at (410) 786-5647. We look forward to continuing to work with you and your staff on the PMAP+ demonstration.

Sincerely,

/s/

Cindy Mann  
Director

Enclosures

cc: Eliot Fishman, CMCS  
Verlon Johnson, Associate Regional Administrator, Region V  
Heather Hostetler, CMCS

