

## **Table of Contents**

**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #13-0027-MM2**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Attachment 1 – Statement of use with respect to the alternative single, streamlined paper application
- 5) Attachment 2 – Statement of use with respect to the alternative single, streamlined online application

December 31, 2013

James Golden, State Medicaid Director  
Minnesota Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

Dear Mr. Golden:

Enclosed is an approved copy of Minnesota's state plan amendment (SPA) MN-13-0027-MM2, which was submitted to CMS on October 2, 2013. SPA MN-13-0027-MM2 incorporates the MAGI-based eligibility process requirements into Minnesota's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

Through July 1, 2014, the state is using interim alternative single streamlined paper and online applications. The state will implement the revised paper and online applications that address CMS' concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the new state plan pages to be incorporated within a separate section at the end of Minnesota's approved state plan:

- S94, pages S94-1 and S94-2;
- Attachment 1 – Statement of use with respect to the alternative single, streamlined paper application
- Attachment 2 – Statement of use with respect to the alternative single, streamlined online application

CMS appreciates the significant amount of work your staff dedicated to preparing this SPA. If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at [Courtenay.Savage@cms.hhs.gov](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely,

/s/

Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Ann Berg, MDHS  
Pat Callaghan, MDHS

Enclosure

**Medicaid State Plan Eligibility: Summary Page (CMS 179)**

State/Territory name: Minnesota

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

MN-13-0027-MM2

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435, subparts J &amp; M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$0.00
Second Year	2015	\$0.00

Subject of Amendment

Amendment MN-13-0027-MM2: New CMS template S94 on application and renewal processes for MAGI populations.

Notes:

Tribal input documentation for this SPA is included in SPA MN-13-0027-MM1.

The budget impact for this SPA is included in the budget impact listed on the 179 in SPA MN-13-0027-MM1.

Governor's Office Review

- ☒ Governor's office reported no comment  
☐ Comments of Governor's office received

Describe:

- ☐ No reply received within 45 days of submittal

- ☐ Other, as specified

Describe:

Signature of State Agency Official

Submitted By:

Pat Callaghan

Last Revision Date:

Dec 24, 2013

Submit Date:

Nov 12, 2013

DATE RECEIVED: 10/2/13	DATE APPROVED: 12/31/13
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL:  October 1, 2013	SIGNATURE OF REGIONAL OFFICIAL:  /s/
TYPED NAME: Verlon Johnson	TITLE: Associate Regional Administrator
REMARKS:	



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## General Eligibility Requirements Eligibility Process

S94

42 CFR 435, Subpart J and Subpart M

### Eligibility Process

- ☒ The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

#### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- ☐ The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- ☒ An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- ☐ An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- ☒ The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- ☐ An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

☐ Yes ☒ No



# Medicaid Eligibility

- ☒ The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

## Redetermination Processing

- ☒ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

☐ Once every 12 months

☐ Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional ☐ information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

- ☐ Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

☒ Once every 12 months

☒ Once every 6 months

☐ Other, more often than once every 12 months

## Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between ☒ Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

<b>USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION</b>	
<input checked="checked" type="checkbox"/> Paper Application <input type="checkbox"/> Online Application	
<b>TRANSMITTAL NUMBER:</b> MN-130027-MM2	<b>STATE:</b> Minnesota
<p>Through June 30, 2014 the state is using an interim paper alternative single streamlined application. After June 30, 2014, the state will use a revised paper alternative single streamlined application. The revised application will address the issues outlined in the CMS companion letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.</p>	

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

☐ Paper Application      ☒ Online Application

**TRANSMITTAL NUMBER:**

MN-130027-MM2

**STATE:**

Minnesota

Through June 30,2014 the state is using an interim online alternative single streamlined application. As of July 1, 2014 the state will use a revised online alternative single streamlined application. The revised application will address the issues outlined in the CMS companion letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.