

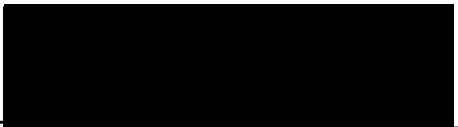
## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 14-0010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: 14-10	2. STATE Minnesota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(q)		7. FEDERAL BUDGET IMPACT: a. FFY '14: \$ 20,000 b. FFY '15: \$100,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 12 to Attachment 2.6-A, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 12 to Attachment 2.6-A, page 1	
10. SUBJECT OF AMENDMENT:			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Ann Berg Minnesota Department of Human Services 540 Cedar Street, PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: <i>Acting</i> Deputy Medicaid Director			
15. DATE SUBMITTED: September 29, 2014			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: September 29, 2014		18. DATE APPROVED: December 19, 2014	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Alan Freund		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

December 19, 2014

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

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #14-0010 - Variations in Personal Needs Allowance  
--Effective Date: July 1, 2014

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/

Alan Freund  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: Ann Berg, MDHS  
Sean Barrett, MDHS  
Pat Callaghan, MDHS

Enclosure

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Minnesota

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

For individuals with greater need, the following allowances are provided:

(I) 5% of gross monthly income to a maximum of \$100 for reimbursement of guardianship or conservatorship services.

(ii) for disabled individuals receiving employment wages under an individual plan of rehabilitation, the following are deducted from gross earned income:

- (a) \$80 special personal allowance
- (b) Actual FICA withheld
- (c) Actual transportation expenses
- (d) Actual employment expenses such as tools and uniforms
- (e) Actual state and federal taxes withheld (only when the person is not exempt from withholding)

(iii) Income garnished for child support under a court order, up to a maximum of \$250 per month but only to the extent that the amount garnished is not deducted as a monthly allowance for children under Item B(4)(a), on page 5 of Attachment 2.6-A.

(iv) Income garnished for spousal maintenance under a judgment and decree for dissolution of marriage, and any administrative fees garnished for collection efforts.

In addition to the basic personal needs allowance, the personal needs allowance is increased by the amount of the payment made to a class member under the federal court order *Jensen et al. v. Minnesota DHS*, to comply with the court order that the settlement amount will not affect in any way Class members eligibility for disability, benefits or otherwise jeopardize the Class members' benefits or programming.

Disclosure statement for Post-Eligibility Preprint

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 is #0938-0673. The time required to complete this information collection is estimated at 5 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.