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State/Territory Name: Minnesota

State Plan Amendment (SPA) #:15-0009

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 15-09	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 January 1, 2017	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(A)(ii)(XXI)		7. FEDERAL BUDGET IMPACT (in thousands): See TN-15-06 \$0 (zero) sporter-CMS	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pages 2 and 18 Attachment 3.1-B pages 2 and 17		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Family Planning State Option			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: Sean Barrett Minnesota Department of Human Services Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: August 5, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 5, 2015		18. DATE APPROVED: January 3, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Todd McMillion		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

State/Territory: MINNESOTA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations*

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

- 4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations With limitations*

- c.(i) Individuals eligible under 1902(a)(10)(A)(ii)(XXI). Family planning services available to the general Medicaid population in paragraph 4.C above are the same as those provided to this group.

- c.(ii) Family planning-related services provided to individuals described under Section 1902(a)(10)(A)(ii)(XXI) of the Social Security Act.

Provided: No limitations With limitations*

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations With limitations*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided: No limitations With limitations:

* Description provided on attachment.

TN No. 15-09

Supersedes

Approval Date 01/03/2017

Effective Date: 1/1/2017

TN No. 94-01, 92-38

4.c. Family Planning Services and Supplies

- Family planning services and supplies are health services or family planning supplies concerned with the voluntary planning of the conception and bearing of children and related to a recipient's condition of fertility.
- HIV blood screening testing performed as part of a package of sexually transmitted disease (STD) tests provided in conjunction with a family planning encounter is a family planning service. Counseling performed before and after the HIV blood-screening test is also a covered family planning service.
- Family planning services and supplies are covered services if the recipient requested the service, and the service is provided with the recipient's full knowledge and consent, and the provider complies with 42 CFR §441.250 to 441.259 concerning informed consent for voluntary sterilizations.
- Family planning-related services are those services provided as part of or as follow-up to a family planning visit.
- The following services are not covered:
 - a) Reversal of voluntary sterilization;
 - b) Hysterectomies for the purpose of sterilization;
 - c) Artificial insemination;
 - d) Fertility drugs when specifically used to enhance fertility;
and
 - e) In vitro fertilization.

State/Territory: MINNESOTA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO MEDICALLY
NEEDY GROUP(S): SEE ATTACHMENT 2.2-A

1. Inpatient hospital services other than those provided in an institution for mental diseases.
Provided: No limitations With limitations*
- 2.a. Outpatient hospital services.
Provided: No limitations With limitations*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic
(which are otherwise covered under the plan)
Provided: No limitations With limitations*
- c. Federally qualified health center (FQHC) services and other ambulatory services that are
covered under the plan and furnished by an FQHC in accordance with section 4231 of the
State Medicaid Manual (HCFA-Pub. 45-4).
Provided: No limitations With limitations*
3. Other laboratory and X-ray services.
Provided: No limitations With limitations*
- 4.a. Nursing facility services (other than services in an institution for mental diseases) for
individuals 21 years of age or older.
Provided: No limitations With limitations*
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21
years of age, and treatment of conditions found.*
Provided:
- c. Family planning services and supplies for individuals of childbearing age.
Provided: No limitations With limitations*
- c.(i) Individuals eligible under 1902(a)(10)(A)(ii)(XXI). Family planning services available to
the general Medicaid population in paragraph 4.C above are the same as those provided to
this group.
- c.(ii) Family planning-related services provided to individuals described under Section
1902(a)(10)(A)(ii)(XXI) of the Social Security Act.
Provided: No limitations With limitations*

* Description provided on attachment.

TN No. 15-09

Effective Date: 1/1/2017

Supersedes

Approval Date 01/03/2017

TN No. 91-34, 90-11

4.c. Family Planning Services and Supplies

- Family planning services and supplies are health services or family planning supplies concerned with the voluntary planning of the conception and bearing of children and related to a recipient's condition of fertility.
- HIV blood screening testing performed as part of a package of sexually transmitted disease (STD) tests provided in conjunction with a family planning encounter is a family planning service. Counseling performed before and after the HIV blood-screening test is also a covered family planning service.
- Family planning services and supplies are covered services if the recipient requested the service, and the service is provided with the recipient's full knowledge and consent, and the provider complies with 42 CFR §441.250 to 441.259 concerning informed consent for voluntary sterilizations.
- Family planning-related services are those services provided as part of or as follow-up to a family planning visit.
- The following services are not covered:
 - a) Reversal of voluntary sterilization;
 - b) Hysterectomies for the purpose of sterilization;
 - c) Artificial insemination;
 - d) Fertility drugs when specifically used to enhance fertility;
and
 - e) In vitro fertilization.