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**STATE/TERRIORITY NAME: MINNESOTA**

**STATE PLAN AMENDMENT (SPA)#: 21-0006**

**This file contains the following documents in the order listed:**

- 1) Approval Letter**
- 2) CMS 179 Form**
- 3) Approved SPA Page**



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August 4, 2021

Cynthia M. MacDonald  
Assistant Commissioner and Medicaid Director  
Health Care Administration  
Minnesota Department of Human Services  
P.O. Box 64984  
St. Paul, MN, 55164-0984

Re: Minnesota State Plan Amendment (SPA) 21-0006

Dear Ms. MacDonald,

We have reviewed the proposed amendment to add section 7.4.A. rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to your state plan, as submitted under transmittal number (TN) 21-0006. This amendment proposes to rescind a rate increase for personal care assistance service at E.2.b.ii. of section 7.4, approved on December 8, 2020 via MN SPA Number 20-0021.


We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority and is intended to be in effect only for the duration of the COVID-19 public health emergency. TN 21-0006 is approved effective February 9, 2021 pursuant to 42 CFR 430.20(b)(3).

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Sandra Porter at 312-353-8310, or by email at [Sandra.Porter@CMS.hhs.gov](mailto:Sandra.Porter@CMS.hhs.gov) if you have any questions about this approval.


Sincerely,

Alissa M.  
Deboy -S

 Digitally signed by Alissa  
M. Deboy -S  
Date: 2021.08.04  
08 01:02 -04'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

cc: Patrick Hultman, MN DHS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: 21-0006	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 2/9/2021	
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:  Sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and Title XIX of the Social Security Act.		7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$0 b. FFY 2021 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Section 7.4.A Disaster Relief		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): New	
10. SUBJECT OF AMENDMENT: PCA payment rates			
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: Patrick Hultman Minnesota Department of Human Services 540 Cedar Street, PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Patrick Hultman Deputy Medicaid Director			
15. DATE SUBMITTED: 2/5/2021			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 02/05/2021		18. DATE APPROVED: August 4, 2021	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 02/09/2021		20. SIGNATURE OF REGIONAL OFFICIAL: Alissa M. <small>Digitally signed by Alissa M. Deboy -S Date: 2021.08.04 08 01:02 -04'00'</small>	
21. TYPED NAME: Alissa Mooney DeBoy		22. TITLE: Deboy -S On Behalf of Anne Marie Costello, Deputy Director CMCS	
23. REMARKS:			

State/Territory: Minnesota  
TN 21-0006  
Supersedes: NEW

Approval Date:  
Effective Date: 02/09/2021

#### **7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency**

Effective February 9, 2021, the agency rescinds the election at E.2.b.ii. of section 7.4 approved on December 8, 2020 in SPA Number MN-20-0021 of the state plan to provide a rate increase for personal care assistance service. Minnesota applied an 8.4 percent increase to claims for personal care assistant services including those under the PCA choice option. This payment was in addition to the enhanced payment available to persons with complex needs. Payment for services provided on or after February 9, 2021 will revert to the methodology described in Attachment 4.19-B, page 74 of the state plan.

TN: 21-0006  
Supersedes: New

Approval Date: 8/4/2021  
Effective Date: 2/9/2021