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**STATE/TERRIORITY NAME: MINNESOTA**

**STATE PLAN AMENDMENT (SPA)#: 23-0011**

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

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

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



June 9, 2023

Julie Marquardt  
Assistant Commissioner and Minnesota Medicaid Director  
Minnesota Department of Human Services  
540 Cedar Street  
St. Paul, Minnesota 55164-0983

Re: Minnesota State Plan Amendment (SPA) 23-0011

Dear Ms. Marquardt:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) and accompanying section 1135 waivers submitted on March 15, 2023 under transmittal number (TN) 23-0011. This amendment corrects a mis-statement made in Attachment 7.7-A, page 2, which states that previously-approved SPA 21-0013 is a disaster relief SPA when it is actually a regular state plan amendment. Additionally, the state is adding a child rate related to COVID-19 vaccine rates to page 2 of Attachment 7.7-A.

Pursuant to section 1135(b)(5) of the Social Security Act (Act), for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Minnesota also requested a waiver to modify the public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is modifying public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(5) of the Act, CMS is approving the state's request to modify these notice requirements otherwise applicable to SPA submissions.

The State of Minnesota also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Minnesota's Medicaid SPA Transmittal Number 23-0011 is approved effective March 11, 2021.

If you have any questions, please contact Sandra Porter at 312-353-8310 or via email at [Sandra.Porter@cms.hhs.gov](mailto:Sandra.Porter@cms.hhs.gov).

Sincerely,



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

Enclosures

cc: Patrick Hultman  
Melorine Mokri  
Patricia Callaghan

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 1 1</u>	2. STATE <u>MN</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>March 11, 2021</b>
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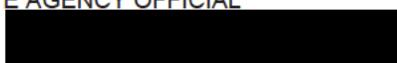
5. FEDERAL STATUTE/REGULATION CITATION <b>Sec 9811 PL117-2; Sec 1905(a)(4)(E)(F) &amp; Title XIX of Soc Sec Act</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2021</u> \$ <u>0</u> b. FFY <u>2022</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 7.7-A, page 2</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same</b>
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9. SUBJECT OF AMENDMENT  
**ARP Required COVID-19 mandated coverage for vaccines ATTACHMENT 7.7-A, page 2**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Patrick Hultman Minnesota Department of Human Services Federal Relations Unit 540 Cedar Street, PO Box 64983 Saint Paul, MN 55164
12. TYPED NAME Patrick Hultman	
13. TITLE Deputy Medicaid Director	
14. DATE SUBMITTED March 15, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED March 15, 2023	17. DATE APPROVED June 9, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL March 11, 2021	19.  IAL
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL On behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS  
**6/2/23: CMS made a pen and ink change to Box 5 per communication with state.**

**Reimbursement**

X The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

The Medicare rate for COVID-19 administration of vaccines was adopted in the Medicaid State Plan under Disaster Relief SPA 21- 09: where vaccine administration is separately reimbursable at the fee schedule rate, payment for administration of COVID-19 vaccinations is made at the rates established by Medicare in effect at the time the service is provided; COVID-19 vaccine administration will be paid at 100% of the geographically adjusted (GCPI) Medicare equivalent rates.

The Medicare rate for COVID-19 vaccines, separately administered, was adopted under ~~Disaster Relief~~ MN SPA 21-13: the rate is at 100% of the geographically adjusted (GCPI) Medicare equivalent rates.

The established rate for vaccine counseling for children under age 21 (Code #99401) is \$28.35.

     The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

     The state's rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:

- Medicare national average, OR
- Associated geographically adjusted rate.

     The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

     The state's fee schedule is the same for all governmental and private providers.