

Table of Contents

State/Territory Name: MN

State Plan Amendment (SPA) #: 24-0028

This file contains the following documents in the order listed:

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

August 29, 2024

John Connolly
Assistant Commissioner and State Medicaid Director
Minnesota Department of Human Services
540 Cedar Street
St. Paul, MN 55164-0983

RE: MN 24-0020 §1915(i) home and community-based services (HCBS) state plan amendment (SPA); MN 24-0021 §1915(k) Community First Choice SPA; MN 24-0028 §1932(a) SPA; and MN-0002.R05.02 §1915(b) waiver amendment

Dear Commissioner Connolly:

The Centers for Medicare & Medicaid Services (CMS) is approving Minnesota's request to amend its §1915(i) state plan HCBS benefit, transmittal number MN 24-0020. The effective date for this amendment is October 1, 2024. With this amendment, the state is changing the implementation date of the previously approved SPA MN 22-0006. Enclosed is a copy of the approved SPA.

The CMS is also approving the state's request to amend its §1915(k) Community First Choice (CFC) state plan benefit, transmittal number MN 24-0021. The effective date for this amendment is October 1, 2024. With this amendment, the state is changing the implementation date of the previously approved SPA MN 22-0005. Enclosed is a copy of the approved SPA.

CMS conducted the review of the state's §1915(i) and §1915(k) submittals according to statutory requirements in Title XIX of the Social Security Act and relevant federal regulations.

It is important to note that CMS' approval of the §1915 (i) and §1915(k) actions solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, §504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

Concurrently, CMS is approving Minnesota's §1932(a) SPA Transmittal Number MN 24-0028 submitted on August 1, 2024. We conducted our review of this SPA according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. The purpose of this SPA is to change the effective date of the exclusion of the §1915(i) and §1915(k) Community First Services and Supports under the state's §1932(a) managed care program from June 1, 2024 to October 1, 2024.

Also concurrently, CMS is approving Minnesota's request to amend its §1915(b) Waiver, CMS control number MN-0002.R05.02, titled Minnesota Senior Care Plus. This waiver amendment changes the date of the inclusion of the §1915(i) and §1915(k) Community First Services and Supports under the §1915(b) waiver to October 1, 2024. This §1915(b) waiver is authorized under §1915(b)(1) of the Social Security Act and provides a waiver of the following sections of Title XIX:

- Section 1902(a)(10)(B) Comparability
- Section 1902(a)(23) Freedom of Choice

Our decision is based on the evidence submitted to CMS demonstrating that the state's proposal is consistent with the purposes of the Medicaid program, will meet all the statutory and regulatory requirements for assuring beneficiaries' access to and quality of services, and will be a cost-effective means of providing services to enrollees under this waiver.

We appreciate the cooperation and effort provided by you and your staff during the review of these concurrent actions. If you have any questions concerning this information, please contact Shawn Zimmerman at Shawn.Zimmerman@cms.hhs.gov or (410) 786-8291 about the §1915(i) or §1915(k) authorities or Eowyn Ford at Eowyn.Ford@cms.hhs.gov or (312) 886-1684 about the §1932(a) or §1915(b) authorities.

Sincerely,

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

BILL BROOKS, Director
Division of Managed Care Operations

Cc: Patrick Hultman, MN DHS
Mark Seigel, MN DHS
Michelle Long, MN DHS
Cynthia Nanes, CMS
Shante Shaw, CMS
Deborah Benson, CMS
Aimee Campbell-O'Connor, CMS
Lynell Sanderson, CMS
Michele Weller, CMS

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 8

2. STATE

MN3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

1915(i) and (k) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 385,399,000b. FFY 2026 \$ 934,550,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-F, pages 19 - 208. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 3.1-F, pages 19 - 20

9. SUBJECT OF AMENDMENT

Amend effective date for pages 19-20 of Attachment 3.1-F from June 1, 2024, to October 1, 2024

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

August 1, 2024

15. RETURN TO

Patrick Hultman

Minnesota Department of Human Services

Federal Relations Unit

540 Cedar Street, PO Box 64983

Saint Paul, MN 55164

FOR CMS USE ONLY

16. DATE RECEIVED

August 1, 2024

17. DATE APPROVED

August 29, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Bill Brooks

21. TITLE OF APPROVING OFFICIAL

Director, Division of Managed Care Operations (DMCO)

22. REMARKS

State: MINNESOTA

Citation	Condition or Requirement
----------	--------------------------

H. Information Requirements for Beneficiaries.

1932(a)(5)(c)
42 CFR 438.50
42 CFR 438.10

☒The state assures that its state plan program is in compliance with 42 CFR 438.10 for information requirements specific to MCOs, PCCMs, and PCCM entity programs operated under section 1932(a)(1)(A)(i) state plan amendments.

1932(a)(5)(D)(b)
1903(m)
1905(t)(3)

I. List all benefits for which the MCO is responsible.

Complete the chart below to indicate every State Plan-Approved services that will be delivered by the MCO, and where each of those services is described in the state's Medicaid State Plan. For "other practitioner services", list each provider type separately. For rehabilitative services, habilitative services, EPSDT services and 1915(i), (j) and (k) services list each program separately by its own list of services. Add additional rows as necessary.

In the first column of the chart below, enter the name of each State Plan-Approved service delivered by the MCO. In the second – fourth column of the chart, enter a State Plan citation providing the Attachment number, Page number, and Item number, respectively.

State: MINNESOTA

<p>All services listed in Attachments 3.1-A, 3.1-B, 3.1-I and 3.1-k are included, with the following exceptions:</p> <ul style="list-style-type: none"> • Abortions • Child welfare targeted case management • Targeted case management services for persons not receiving services pursuant to a § 1915(c) waiver who are vulnerable adults, adults with developmental disabilities or related conditions, or adults without a permanent residence. • Services provided pursuant to an individualized education plan (IEP) or individual family service plan (IFSP). • Nursing facility services • Relocation coordination services • Officer-involved, community-based care coordination. • FQHC services • Services provided by an IHS or 638 facility. • Attachments 3.1-i.A and 3.1-k <p>Exception: State plan services listed in Attachment 3.1-i.A and 3.1-k are included in managed care plans for elderly (mandated enrollment in MSC+ plans under a 1915(b) waiver); and included in Minnesota Senior Health Options plans (voluntary enrollment).</p>	<p>3.1-A, 3.1-B, 3.1-I, and 3.1-K</p>		
--	---------------------------------------	--	--

1932(a)(5)(D)(b)(4)
42 CFR 438.228

J. ☒ The state assures that each MCO has established an internal grievance and appeal system for enrollees