

## **Table of Contents**

**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: 25-0011**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



**Medicaid and CHIP Operations Group**

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April 24, 2025

Patrick Hultman, Deputy Medicaid Director  
Minnesota Department of Human Services  
540 Cedar Street  
PO Box 64983  
Saint Paul, MN 55164-0983

Re: MN 25-0011 §1915(k) Community First Choice State Plan Amendment

Dear Deputy Director Hultman:

The Centers for Medicare and Medicaid Services (CMS) is approving your request to amend the Community First Choice (CFC) state plan benefit submitted under transmittal number MN 25-0011. This amendment updates State Plan language regarding the Community First Choice program to permit remote reassessments under certain circumstances. CMS conducted the review of the state's submittal according to statutory requirements in Title XIX of the Social Security Act and relevant federal regulations.

The SPA is approved with a July 1, 2025 effective date. Enclosed is the following page to be incorporated into your approved state plan: Attachment 3.1-k, page 35.

It is important to note that CMS approval of this change to the state's 1915(k) CFC state plan benefit 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](http://www.ada.gov/olmstead/q&a_olmstead.htm).

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Shawn Zimmerman at [Shawn.Zimmerman@cms.hhs.gov](mailto:Shawn.Zimmerman@cms.hhs.gov) or (410) 786-8291.

Sincerely

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

cc: Patrick Hultman, MN DHS  
Mark Seigel, MN DHS  
Michelle Long, MN DHS  
Cynthia Nanes, CMS  
Shante Shaw, CMS  
Alexandra Eitel, CMS  
Deborah Benson, CMS  
Wendy Hill Petras, CMS

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 1

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

July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. 441.500-441.595

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-k, Page 35

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 3.1-k, Page 35

9. SUBJECT OF AMENDMENT

Permits remote reassessments in certain circumstances for Community First Services and Supports.

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

March 31, 2025

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

March 1, 2025

17. DATE APPROVED

April 24, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

George P. Failla, Jr.

21. TITLE OF APPROVING OFFICIAL

Director, Division of HCBS Operations and Oversight

22. REMARKS

Effective Date: July 1, 2025

Approved: April 24, 2025

Supersedes: 24-0021

**are followed:**

Reassessments are conducted by the county, tribal human services organization, or managed care organization. Reassessments are completed using the same assessment tool that is used for the initial assessment, in the same manner and many times by the same entity as the initial assessment. Up to two remote reassessments may be conducted following an in-person assessment or reassessment.

A different county, tribal human services organization, or managed care organization may complete the reassessment if, during the service plan year, the participant moved to a different region of the state or enrolled in managed care.

Reassessments must be completed at least every 12 months and whenever a significant change in the participant's condition warrants a comprehensive review. Annually, the CFSS provider agency (agency model) or FMS provider (CFSS budget model) requests a reassessment at least 60 days before the end of the service agreement. For participants enrolled in a §1915(c) HCBS waiver or is age 65 or older and enrolled in managed care, the CFSS provider agency or the FMS provider would collaborate the request for reassessment with the participant's case manager or care coordinator.

When a participant has a significant change in condition, the participant, CFSS provider agency (agency model) or FMS provider (budget model) can request a reassessment using the Referral for Reassessment form (PDF). The request for assessment goes to the county, tribal human services organization, or managed care organization who conducts the assessment. After receiving the request, the county, tribal human services organization, or managed care organization will determine if it should complete:

- A 45-day temporary increase in CFSS services
- A full reassessment

**Person-Centered Service Plan**

**The CFC service plan must be developed using a person-centered and person-directed planning process. This process is driven by the individual and includes people chosen by the individual to participate.**

**The state will claim costs associated with CFC person-centered planning process as:**

☒ Box checked: A Medicaid Service

☐ Box unchecked: An Administrative Activity

**Indicate who is responsible for completing the Community First Choice person-centered service plan.**

☐ Box unchecked: Case Manager. Specify qualifications:

☐ Box unchecked: Social Worker. Specify qualifications:

☐ Box unchecked: Registered Nurse, licensed to practice in the state, acting within scope of practice under state law.

☐ Box unchecked: Licensed Practical Nurse or Vocational Nurse, acting within scope of practice under state law.