

Table of Contents

State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 25-0021

This file contains the following documents in the order listed:

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

October 24, 2025

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

RE: MN 25-0021 §1915(i) Home and Community-Based Services (HCBS) State Plan Amendment (SPA); MN 25-0032 §1932(a) SPA; and MN-0002.R05.03 §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 Housing Stabilization Services benefit, transmittal number MN 25-0021. The effective date for this amendment is November 1, 2025. With this amendment, the state is terminating this benefit. Enclosed is a copy of the approved SPA.

CMS conducted the review of the state's §1915(i) submission 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) action solely addresses the state's compliance with the applicable Medicaid authority. 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 25-0032, submitted on September 25, 2025. 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 remove the §1915(i) Housing Stabilization Services benefit under the state's §1932(a) managed care program effective November 1, 2025. The service is being removed because it will no longer be authorized under the state plan as of November 1, 2025.

Also concurrently, CMS is approving Minnesota's request to amend its §1915(b) waiver, CMS control number MN-0002.R05.03, titled Minnesota Senior Care Plus. This waiver amendment removes the §1915(i) Housing Stabilization Services benefit from the services included under the §1915(b) waiver because the service will no longer be authorized under the state plan as of November 1, 2025. 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) authority or Eowyn Ford at Eowyn.Ford@cms.hhs.gov or (312) 886-1684 about the §1932(a) and §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
Matthew Klein, CMS
Matt Rodriguez, CMS
Lynell Sanderson, CMS

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 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

November 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. 441.700-441.750

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ (6,317,009)b. FFY 2027 \$ (7,692,364)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-i-B., page 1
Supplement 5 to Attachment 4.19-B, page 18. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 3.1-i.-B, pages 1-55
Supplement 5 to Attachment 4.19-B, pages 1-2

9. SUBJECT OF AMENDMENT

This amendment terminates housing stabilization services effective November 1, 2025.

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 Hultman13. TITLE
Deputy Medicaid Director14. DATE SUBMITTED
September 23, 202515. 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
September 23, 202517. DATE APPROVED
October 24, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
November 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
George P. Failla, Jr.21. TITLE OF APPROVING OFFICIAL
Director, HCBS Operations and Oversight

22. REMARKS

1915(i) State plan Home and Community-Based Services

*** Note: This section is intentionally left blank and has been deleted effective November 1, 2025

Methods and Standards for Establishing Payment Rates

Note: This section is left intentionally blank and has been deleted effective November 1, 2025