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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 25-0032

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 3 2

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 \$ 0b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1F Pages 1-24

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1F pages 1-12.

9. SUBJECT OF AMENDMENT

This amendment terminates housing stabilization services in Managed Care, 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 Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

September 25, 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

September 25, 2025

17. DATE APPROVED

October 24, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

November 1, 2025

19. SIGN

IAL

20. TYPED NAME OF APPROVING OFFICIAL

Bill Brooks

21. TITLE OF APPROVING OFFICIAL

Director, Division of Managed Care Operations

22. REMARKS

Citation	Condition or Requirement
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1932(a)(1)(A)	A. <u>Section 1932(a)(1)(A) of the Social Security Act.</u>
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The State of Minnesota enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization [MCOs], primary care case managers [PCCMs], and/or PCCM entities) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on state wideeness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230).

This authority may **not** be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries described in 42 CFR 438.50(d).

Where the state's assurance is requested in this document for compliance with a particular requirement of 42 CFR 438 et seq., the state shall place a check mark to affirm that it will be in compliance no later than the applicable compliance date. All applicable assurances should be checked, even when the compliance date is in the future. **Please see Appendix A of this document for compliance dates for various sections of 42 CFR 438.**

1932(a)(1)(B)(i) 1932(a)(1)(B)(ii) 42 CFR 438.2 42 CFR 438.6 42 CFR 438.50(b)(1)-(2)	B. <u>Managed Care Delivery System.</u>
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The State will contract with the entity(ies) below and reimburse them as noted under each entity type.

1. ☒ MCO
 - a. ☒ Capitation
 - b. ☒ The state assures that all applicable requirements of 42 CFR 438.6, regarding special contract provisions related to payment, will be met.
2. ☐ PCCM (individual practitioners)
 - a. ☐ Case management fee
 - b. ☐ Other (please explain below)
3. ☐ PCCM entity
 - a. ☐ Case management fee
 - b. ☐ Shared savings, incentive payments, and/or financial rewards(see 42 CFR 438.310(c)(2))
 - c. ☐ Other (please explain below)

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Citation	Condition or Requirement
	<p>If PCCM entity is selected, please indicate which of the following function(s) the entity will provide (as in 42 CFR 438.2), in addition to PCCM services:</p> <p><input type="checkbox"/> Provision of intensive telephonic case management</p> <p><input type="checkbox"/> Provision of face-to-face case management</p> <p><input type="checkbox"/> Operation of a nurse triage advice line</p> <p><input type="checkbox"/> Development of enrollee care plans.</p> <p><input type="checkbox"/> Execution of contracts with fee-for-service (FFS) providers in the FFS program</p> <p><input type="checkbox"/> Oversight responsibilities for the activities of FFS providers in the FFS program</p> <p><input type="checkbox"/> Provision of payments to FFS providers on behalf of the State.</p> <p><input type="checkbox"/> Provision of enrollee outreach and education activities.</p> <p><input type="checkbox"/> Operation of a customer service call center.</p> <p><input type="checkbox"/> Review of provider claims, utilization and/or practice patterns to conduct provider profiling and/or practice improvement.</p> <p><input type="checkbox"/> Implementation of quality improvement activities including administering enrollee satisfaction surveys or collecting data necessary for performance measurement of providers.</p> <p><input type="checkbox"/> Coordination with behavioral health systems/providers.</p> <p><input type="checkbox"/> Coordination with long-term services and supports systems/providers.</p> <p><input type="checkbox"/> Other (please describe): _____</p>

42 CFR 438.50(b)(4)

C. Public Process.

Describe the public process including tribal consultation, if applicable, utilized for both the design of the managed care program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan managed care program has been implemented. (*Example: public meeting, advisory groups.*)

If the program will include long term services and supports (LTSS), please indicate how the views of stakeholders have been, and will continue to be, solicited and addressed during the design, implementation, and oversight of the program, including plans for a member advisory committee (42 CFR 438.70 and 438.110)

Methods used for design and ongoing public involvement include:

- i. Legislative hearings regarding program changes where public testimony is taken and considered
- ii. Notice and publication in the *State Register* with comment period
- iii. Notice to American Indian Tribes with comment period
- iv. Notice of, and discussion at, Medicaid Advisory Committee meetings
- v. Public hearings by the Department to receive public comment
- vi. Publication of changes to the Department's quality strategy on the

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Department's website, along with notice of publication in the *State Register*

D. State Assurances and Compliance with the Statute and Regulations.

If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.

1932(a)(1)(A)(i)(I)
1903(m)

1. ☒ The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.

State: MINNESOTA

Citation	Condition or Requirement
42 CFR 438.50(c)(1)	
1932(a)(1)(A)(i)(I) 1905(t)	2. <input type="checkbox"/> The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts (including for PCCM entities) will be met.
42 CFR 438.50(c)(2) 1902(a)(23)(A)	
1932(a)(1)(A) 42 CFR 438.50(c)(3)	3. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring beneficiaries to receive their benefits through managed care entities will be met.
1932(a)(1)(A) 42 CFR 431.51 1905(a)(4)(C) 42 CFR 438.10(g)(2)(vii)	4. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.
1932(a)(1)(A)	5. <input checked="" type="checkbox"/> The state assures that it appropriately identifies individuals in the mandatory exempt groups identified in 1932(a)(1)(A)(i).
1932(a)(1)(A) 42 CFR 438 1903(m)	6. <input checked="" type="checkbox"/> The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs, PCCMs, and PCCM entities will be met.
1932(a)(1)(A)	7. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.4, 438.5, 438.7, 438.8, and 438.74 for payments under any risk contracts will be met.
42 CFR 438.4 42 CFR 438.5 42 CFR 438.7 42 CFR 438.8 42 CFR 438.74 42 CFR 438.50(c)(6)	
1932(a)(1)(A) 42 CFR 447.362 42 CFR 438.50(c)(6)	8. <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 447.362 for payments under any non-risk contracts will be met.
45 CFR 75.326	9. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 45 CFR 75.326 for procurement of contracts will be met.
42 CFR 438.66	10. Assurances regarding state monitoring requirements:

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Citation	Condition or Requirement
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☒ The state assures that all applicable requirements of 42 CFR 438.66(a), (b), and (c), regarding a monitoring system and using data to improve the performance of its managed care program, will be met.

☒ The state assures that all applicable requirements of 42 CFR 438.66(d), regarding readiness assessment, will be met.

☒ The state assures that all applicable requirements of 42 CFR 438.66(e), regarding reporting to CMS about the managed care program, will be met.

1932(a)(1)(A)

E. Populations and Geographic Area.

1932(a)(2)

1. **Included Populations.** Please check which eligibility groups are included, if they are enrolled on a **Mandatory (M)** or **Voluntary (V)** basis (as defined in 42 CFR 438.54(b)) or **Excluded (E)**, and the geographic scope of enrollment. Under the **Geographic Area** column, please indicate whether the nature of the population's enrollment is on a statewide basis, or if on less than a statewide basis, please list the applicable counties/regions. Also, if type of enrollment varies by geographic area (for example, mandatory in some areas and voluntary in other areas), please note specifics in the **Geographic Area** column. Under the **Notes** column, please note any additional relevant details about the population or enrollment.

A. Mandatory Eligibility Groups (Eligibility Groups to which a state must provide Medicaid coverage)

1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Parents and Other Caretaker Relatives	§435.110	X			statewide	
2. Pregnant Women	§435.116	X			statewide	
3. Children Under Age 19 (Inclusive of Deemed Newborns under §435.117)	§435.118	X			statewide	
4. Former Foster Care Youth (up to age 26)	§435.150	X			statewide	
5. Adult Group (Non-pregnant individuals age 19-64 not eligible for Medicare with income no more than 133% FPL)	§435.119	X			statewide	
6. Transitional Medical Assistance (Includes adults and children, if not eligible under §435.116, §435.118, or §435.119)	1902(a)(52), 1902(e)(1), 1925, and 1931(c)(2) of SSA	X			statewide	
7. Extended Medicaid Due to Spousal Support Collections	§435.115	X			statewide	

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Citation

Condition or Requirement

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
8. Individuals Receiving SSI age 19 and over only (See E.2. below regarding age <19)	§435.120			X	statewide	
9. Aged and Disabled Individuals in 209(b) States	§435.121			X	statewide	
10. Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increase since April, 1977	§435.135			X	statewide	
11. Disabled Widows and Widowers Ineligible for SSI due to an increase of OASDI	§435.137			X	statewide	
12. Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	§435.138			X	statewide	
13. Working Disabled under 1619(b)	1619(b), 1902(a)(10)(A)(i)(II), and 1905(q) of SSA			X	statewide	
14. Disabled Adult Children	1634(c) of SSA			X	statewide	

B. Optional Eligibility Groups**1. Family/Adult**

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Optional Parents and Other Caretaker Relatives	§435.220					N/A
2. Optional Targeted Low-Income Children	§435.229	X			Statewide	
3. Independent Foster Care Adolescents Under Age 21	§435.226					N/A
4. Individuals Under Age 65 with Income Over 133%	§435.218					N/A
5. Optional Reasonable Classifications of Children Under Age 21	§435.222			X	Statewide	
6. Individuals Electing COBRA Continuation Coverage	1902(a)(10) (F) of SSA					N/A
7. Individuals eligible for coverage under the authority of Minnesota Prepaid Medical Assistance Project Plus (PMAP+) section 1115 waiver (11-W-00039/5)	1115(a) of SSA	X		X	Statewide	Presumptive eligibility months for Pregnant Women are excluded from managed care.

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2. Aged/Blind/Disabled Individuals						
Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
7. Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	§435.210 and §435.230			X	Statewide	
8. Individuals eligible for Cash except for Institutionalized Status	§435.211			X	Statewide	
9. Individuals Receiving Home and Community-Based Waiver Services Under Institutional Rules	§435.217			X	Statewide	
10. Optional State Supplement Recipients - 1634 and SSI Criteria States – with 1616 Agreements	§435.232					N/A
11. Optional State Supplemental Recipients- 209(b) States and SSI criteria States without 1616	§435.234			X	Statewide	
12. Institutionalized Individuals Eligible under a Special Income Level	§435.236	X			Statewide	
13. Individuals Participating in a PACE Program under Institutional Rules	1934 of the SSA					N/A
14. Individuals Receiving Hospice Care	1902(a)(10)(A)(ii) (VII) and 1905(o) of the SSA					N/A
15. Poverty Level Aged or Disabled	1902(a)(10)(A)(ii) (X) and 1902(m)(1) of the SSA					N/A
16. Work Incentive Group	1902(a)(10)(A)(ii) (XIII) of the SSA			X	Statewide	
17. Ticket to Work Basic Group	1902(a)(10)(A)(ii) (XV) of the SSA					N/A
18. Ticket to Work Medically Improved Group	1902(a)(10)(A)(ii) (XVI) of the SSA					N/A
19. Family Opportunity Act Children with Disabilities	1902(a)(10)(A)(ii) (XIX) of the SSA					N/A
20. Individuals Eligible for State Plan Home and Community-Based Services	§435.219					N/A

State: MINNESOTA

Citation

Condition or Requirement

3. Partial Benefits

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
21. Family Planning Services	§435.214			X	Statewide	
22. Individuals with Tuberculosis	§435.215					N/A
23. Individuals Needing Treatment for Breast or Cervical Cancer (under age 65)	§435.213			X	Statewide	

C. Medically Needy

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Medically Needy Pregnant Women	§435.301(b)(1)(i) and (iv)			X	Statewide	
2. Medically Needy Children under Age 18	§435.301(b)(1)(ii)			X	Statewide	
3. Medically Needy Children Age 18 through 20	§435.308			X	Statewide	
4. Medically Needy Parents and Other Caretaker Relatives	§435.310			X	Statewide	
5. Medically Needy Aged	§435.320					N/A
6. Medically Needy Blind	§435.322					N/A
7. Medically Needy Disabled	§435.324					N/A
8. Medically Needy Aged, Blind and Disabled in 209(b) States	§435.330			X	Statewide	

2. **Voluntary Only or Excluded Populations.** Under this managed care authority, some populations cannot be subject to mandatory enrollment in an MCO, PCCM, or PCCM entity (per 42 CFR 438.50(d)). Some such populations are Eligibility Groups separate from those listed above in E.1., while others (such as American Indians/Alaskan Natives) can be part of multiple Eligibility Groups identified in E.1. above.

Please indicate if any of the following populations are excluded from the program, or have only voluntary enrollment (even if they are part of an eligibility group listed above in E.1. as having mandatory enrollment):

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Population	Citation (Regulation [42 CFR] or SSA)	V	E	Geographic Area	Notes
Medicare Savings Program – Qualified Medicare Beneficiaries, Qualified Disabled Working Individuals, Specified Low Income Medicare Beneficiaries, and/or Qualifying Individuals	1902(a)(10)(E), 1905(p), 1905(s) of the SSA		X	statewide	

State: MINNESOTA

Citation

Condition or Requirement

Population	Citation (Regulation [42 CFR] or SSA)	V	E	Geographic Area	Notes
“Dual Eligibles” not described under Medicare Savings Program - Medicaid beneficiaries enrolled in an eligibility group other than one of the Medicare Savings Program groups who are also eligible for Medicare				<u>statewide</u>	Enrollment follows the policy of the individual's age group, or specific eligibility group.
American Indian/Alaskan Native — Medicaid beneficiaries who are American Indians or Alaskan Natives and members of federally recognized tribes	§438.14	X	X	<u>statewide</u>	American Indian people who live on a reservation may enroll voluntarily.
Children Receiving SSI who are Under Age 19 - Children under 19 years of age who are eligible for SSI under title XVI	§435.120		X	<u>statewide</u>	
Qualified Disabled Children Under Age 19 - Certain children under 19 living at home, who are disabled and would be eligible if they were living in a medical institution.	§435.225 1902(e)(3) of the SSA		X	<u>statewide</u>	TEFRA children
Title IV-E Children - Children receiving foster care, adoption assistance, or kinship guardianship assistance under title IV-E *	§435.145	X		<u>statewide</u>	
Non-Title IV-E Adoption Assistance Under Age 21*	§435.227	X		<u>Statewide</u>	
Children with Special Health Care Needs - Receiving services through a family-centered, community-based, coordinated care system that receives grant funds under section 501(a)(1)(D) of Title V, and is defined by the State in terms of either program participation or special health care needs.			<u>X</u>	<u>N/A</u>	

* = Note – Individuals in these two Eligibility Groups who are age 19 and 20 can have mandatory enrollment in managed care, while those under TN No. 25-32

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age 19 cannot have mandatory enrollment. Use the Notes column to indicate if you plan to mandatorily enroll 19 and 20 year olds in these Eligibility Groups.

3. **(Optional) Other Exceptions.** The following populations (which can be part of various Eligibility Groups) can be subject to mandatory enrollment in managed care, but states may elect to make exceptions for these or other individuals. Please indicate if any of the following populations are excluded from the program, or have only voluntary enrollment (even if they are part of an eligibility group listed above in E.1. as having mandatory enrollment):

State: MINNESOTA

Citation Condition or Requirement

Population	V	E	Notes
Other Insurance --Medicaid beneficiaries who have other health insurance	X	X	Individuals with private health insurance coverage through an HMO licensed under Minnesota Statutes, Chapter 62D are excluded. These persons may enroll on a voluntary basis if the private HMO is the same as the MCO consumer will select under PMAP. Individuals with private health insurance that has been determined to be cost-effective are excluded from enrollment.
Reside in Nursing Facility or ICF/IID --Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).	X		
Enrolled in Another Managed Care Program --Medicaid beneficiaries who are enrolled in another Medicaid managed care program		X	
Eligibility Less Than 3 Months --Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program			<u>N/A</u>
Participate in HCBS Waiver --Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).	<u>X</u>		
Retroactive Eligibility --Medicaid beneficiaries for the period of retroactive eligibility.		X	
Other (Please define): Residents of State Institutions. This includes regional treatment centers, "institutions for mental diseases" and other state-operated facilities, if the individual resides in the state institution at the time of enrollment. Residents of state institutions who were already enrolled in managed care at the time of placement remain enrolled if the placement has been approved by the MCO.		X	
Noncitizens eligible for coverage of emergency medical conditions under § 1903(b) of the SSA.		X	

State: MINNESOTA

Population	V	E	Notes
Individuals with Terminal Illness (defined as a prognosis of six months or less to live) who, at the time of enrollment, have an established relationship with a primary care physician who is not part of a PMAP network are excluded. Individuals with a communicable disease and a prognosis of terminal are also excluded if the person's physician is not a participating provider and the physician certifies that disruption of the physician/patient relationship is likely to result in noncompliance with medication or other health services. This exclusion occurs even if the prognosis is more than six months.		X	
Persons who are eligible with a medical spenddown.	X		
Children with Severe Emotional Disturbance (SED).	X	X	Children with severe emotional disturbance that meets the definition of need for mental health targeted case management services are excluded but may enroll on a voluntary basis.
Adults with Serious and Persistent Mental Illness (SPMI).	X	X	Adults with SPMI that meets the definition of need for mental health targeted case management services are excluded, but may voluntarily enroll.
Women eligible for MA through the Breast and Cervical Cancer Control Program.		X	
Individuals Temporarily Out of the State		X	This applies to people who are absent from the state for more than 30 consecutive days.
Individuals who are participating in the Chemical Health Care Services Pilot Project authorized under Minnesota Statutes, section 254B.13.		X	
Individuals who are required to enroll are excluded for the time period between application and enrollment in the MCO.		X	
Individuals required to enroll or who enroll voluntarily are excluded for the months of retroactive coverage.		X	
Children under age 19 receiving SSI who choose MAGI-based categorically needy eligibility.			N/A

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Individuals under age 65 who are receiving Medicare or who are blind or disabled, who are in a eligibility group for which enrollment is mandated.			N/A
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1932(a)(4)

42 CFR 438.54

F. Enrollment Process.

Based on whether mandatory and/or voluntary enrollment are applicable to your program (see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)), please complete the below:

1. For **voluntary** enrollment: (see 42 CFR 438.54(c))

- a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3).

Eligible consumers are mailed an enrollment packet in advance of the annual health plan selection period. Materials describing the available managed care plans and the process to select one, or opt not to select and be enrolled in a default plan, or not to enroll in managed care and thus enroll in the FFS program, are provided.

State with voluntary enrollment must have an enrollment choice period or passive enrollment. Please indicate which will apply to the managed care program:

Enrollment choice period of 30 days.

- b. ☒ If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(c)(1)(i) and 42 CFR 438.54(c)(2)(i), during which individuals who are subject to voluntary enrollment may make an active choice to enroll in the managed care program, or will otherwise continue to receive covered services through the fee-for-service delivery system.

- i. Please indicate the length of the enrollment choice period:

Consumers have 30 days to choose an MCO.

State: MINNESOTA

Citation	Condition or Requirement
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- | | |
|----|---|
| | <p>c. <input type="checkbox"/> If applicable, please check here to indicate that the state uses a passive enrollment process, as described in 42 CFR 438.54(c)(1)(ii) and 438.54(c)(2)(ii), for individuals who are subject to voluntary enrollment.</p> <p>i. If so, please describe the algorithm used for passive enrollment and how the algorithm and the state's provision of information meets all of the requirements of 42 CFR 438.54(c)(4),(5),(6),(7), and (8).</p> <p>ii. Please indicate how long the enrollee will have to disenroll from the plan and return to the fee-for-service delivery system:</p> <p>_____</p> |
| 2. | For mandatory enrollment: (see 42 CFR 438.54(d)) |
| a. | Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(d)(3). |
| 3. | |
| a. | <p><input checked="" type="checkbox"/> If applicable, please check here to indicate that the state provides an enrollment choice period, as described in 42 CFR 438.54(d)(2)(i), during which individuals who are subject to mandatory enrollment may make an active choice to select a managed care plan, or will otherwise be enrolled in a plan selected by the State's default enrollment process.</p> <p>i. Please indicate the length of the enrollment choice period:</p> <p>Consumers have 30 days to choose an MCO. Those who do not make a choice are enrolled via a default enrollment process.</p> |
| b. | <p><input checked="" type="checkbox"/> If applicable, please check here to indicate that the state uses a default enrollment process, as described in 42 CFR 438.54(d)(5), for individuals who are subject to mandatory enrollment.</p> <p>i. If so, please describe the algorithm used for default enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (5), (7), and (8).</p> <p>a. The Department determines whether the recipient or an associated household member has an existing MCO/recipient relationship. If there is a relationship, the recipient is enrolled in that same MCO.</p> <p>b. The system determines a default MCO by searching to determine if any household member is enrolled in managed care. If that MCO is available in the recipient's county of residence, that MCO becomes the default.</p> <p>c. If no household member is enrolled in an available MCO, then the state will direct enrollment into the default MCO for each county as determined by the results of the most</p> |

State: MINNESOTA

d.

recent managed care procurement. Defaults are assigned by the MMIS system and may be a single MCO or several MCOs assigned on a rotating basis. MCOs must have capacity to contract with DHS and be determined a default plan, however if there were a cap on enrollment current enrollees would receive priority enrollment. All default MCOs must not be subject to intermediate sanction. Each default MCO must have a broad network of providers that are accustomed to serving Minnesota's MA population.

- c. ☐ If applicable, please check here to indicate that the state uses a **passive enrollment** process, as described in 42 CFR 438.54(d)(2), for individuals who are subject to mandatory enrollment.
- i. If so, please describe the algorithm used for passive enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (6), (7), and (8).

1932(a)(4)
42 CFR 438.54

3. State assurances on the enrollment process.

Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.

42 CFR 438.52

- a. ☒ The state assures that, per the choice requirements in 42 CFR 438.52:

State: MINNESOTA

Citation	Condition or Requirement
	<ul style="list-style-type: none"> i. Medicaid beneficiaries with mandatory enrollment in an MCO will have a choice of at least two MCOs unless the area is considered rural as defined in 42 CFR 438.52(b)(3); ii. Medicaid beneficiaries with mandatory enrollment in a primary care case management system will have a choice of at least two primary care case managers employed by or contracted with the State; iii. Medicaid beneficiaries with mandatory enrollment in a PCCM entity may be limited to a single PCCM entity and will have a choice of at least two PCCMs employed by or contracted with the PCCM entity.
42 CFR 438.52	<ul style="list-style-type: none"> b. <input checked="" type="checkbox"/> The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs in accordance with 42 CFR 438.52(b). Please list the impacted rural counties: Morrison, Pipestone, Pope, Renville, Steele, Stevens, Todd, Traverse, Wadena, Waseca.
42 CFR 438.56(g)	<ul style="list-style-type: none"> <input type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment. c. <input checked="" type="checkbox"/> The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less. <input type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.
42 CFR 438.71	<ul style="list-style-type: none"> d. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.71 regarding developing and implementing a beneficiary support system that provides support to beneficiaries both prior to and after MCO, PCCM, or PCCM entity enrollment will be met.
1932(a)(4) 42 CFR 438.56	<p>G. <u>Disenrollment</u></p> <ul style="list-style-type: none"> 1. The state will <input checked="" type="checkbox"/>/ will not <input type="checkbox"/> limit disenrollment for managed care. 2. The disenrollment limitation will apply for <u>12 months</u> (up to 12 months). 3. <input checked="" type="checkbox"/> The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56. 4. Describe the state's process for notifying the Medicaid beneficiaries of their right to disenroll without cause during the 90 days following the date of their initial enrollment into the MCO, PCCM, or PCCM entity. (<i>Examples: state generated correspondence, enrollment packets, etc.</i>)

All enrollee rights information is included in enrollment packets.

State: MINNESOTA

5. Describe any additional circumstances of “cause” for disenrollment (if any).

- When travel time to an enrollee’s primary care provider is over 30 minutes from the enrollee’s residence;
- When an enrollee’s choice was incorrectly designated due to Department error.

State: MINNESOTA

Citation	Condition or Requirement
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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.

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

TN: 25 - 021

Supersedes TN No. 24 - 20 and 24 - 21

Approval Date _____

Effective Date: 11/1/2025

TN No. 25-32
Supersedes TN
No. 19-0013,05-03

Approval Date: 10/24/2025

Effective Date: 11/1/2025

State: MINNESOTA

State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
<u>Inpatient hospital services</u>	<u>3.1-A</u>		<u>1.</u>
<u>Outpatient hospital services</u>			<u>2.a.</u>
<u>Rural health clinic services</u>			<u>2.b.</u>
<u>Other laboratory services</u>			<u>3.</u>
<u>Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age</u>			<u>4.b.</u>
<u>Diagnostic assessments</u>		<u>16</u>	
• <u>Children's Therapeutic Services and Supports</u>		<u>16a-2</u>	
• <u>Crisis response services</u>		<u>16h</u>	
• <u>Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility.</u>		<u>16oo</u>	
• <u>Youth assertive community treatment</u>		<u>16rr</u>	
• <u>Family psychoeducation services</u>		<u>16uu</u>	
• <u>In-reach care coordination</u>		<u>16vv</u>	
• <u>Mental health clinical care consultation</u>		<u>16vv</u>	
• <u>Certified family peer specialists</u>		<u>16ww</u>	
• <u>Early Intensive Developmental and Behavioral Intervention (EIDBI)</u>		<u>16xx-1</u>	
<u>Family planning services and supplies</u>		<u>17</u>	<u>4.c.</u>
<u>Physicians' services</u>			<u>5.a.</u>
• <u>Psychiatric services</u>		<u>18</u>	
• <u>Sterilization procedures</u>		<u>18</u>	
• <u>Psychiatric consultations</u>		<u>18</u>	
• <u>Optometry Services</u>		<u>18</u>	

State: MINNESOTA

State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
<u>Health care home services</u>	3.1-A	<u>18b</u>	
<u>In-reach care coordination services</u>		<u>18d</u>	
<u>Community paramedic services</u>		<u>18e</u>	
<u>Community Emergency Medical Technician Services</u>		<u>18e</u>	
<u>Medical and surgical services furnished by a dentist</u>		<u>19</u>	<u>5.b.</u>
<u>Podiatrists' services</u>		<u>21</u>	<u>6.a.</u>
<u>Optometrists' services</u>		<u>22</u>	<u>6.b.</u>
<u>Chiropractors' services</u>		<u>23</u>	<u>6.c.</u>
<u>Other practitioners' services</u>		<u>24</u>	<u>6.d.</u>
<u>Mental health services</u>		<u>24</u>	
• <u>In-reach care coordination</u>		<u>24a</u>	
• <u>Public health nursing services</u>		<u>25</u>	
• <u>Acupuncture services</u>		<u>26</u>	
• <u>Certified nurse anesthetist</u>		<u>27</u>	
• <u>Nurse practitioner services</u>		<u>28</u>	
• <u>Case management for people receiving clozapine</u>		<u>29</u>	
• <u>Clinical nurse specialist services</u>		<u>31</u>	
• <u>Medication therapy management services</u>		<u>31.1</u>	
<u>Home Health services</u>		<u>32</u>	<u>7.</u>
<u>Intermittent or part-time nursing services provided by a home health agency or a registered nurse when no home health agency exists in the area.</u>		<u>33</u>	<u>7.a.</u>
<u>Home health aide services</u>			<u>7.b.</u>

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State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
<u>Medical supplies, equipment, and appliances suitable for use in the home.</u>	<u>3.1-A</u>	<u>35</u>	<u>7.c.</u>
<ul style="list-style-type: none"> <u>Augmentive and alternative communication devices</u> 		<u>35</u>	
<ul style="list-style-type: none"> <u>Asthma reduction services</u> 		<u>35</u>	
<u>Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency</u>		<u>36</u>	<u>7.d.</u>
<u>Private duty nursing services</u>		<u>37</u>	<u>8.</u>
<u>Clinic services</u>		<u>38</u>	<u>9.</u>
<ul style="list-style-type: none"> <u>Ambulatory surgical center services</u> 		<u>38</u>	
<u>Dental services</u>		<u>39</u>	<u>10.</u>
<u>Physical therapy and related services</u>			<u>11.</u>
<u>Physical therapy</u>		<u>41</u>	<u>11.a.</u>
<u>Occupational therapy</u>		<u>41</u>	<u>11.b.</u>
<u>Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).</u>		<u>43</u>	<u>11.c.</u>
<ul style="list-style-type: none"> <u>Hearing aid services</u> 		<u>43e</u>	
<u>Drugs</u>		<u>45</u>	<u>12.a.</u>
<u>Dentures</u>		<u>46</u>	<u>12.b.</u>
<u>Prosthetic devices</u>		<u>47</u>	<u>12.c.</u>
<u>Eyeglasses</u>		<u>48</u>	<u>12.d.</u>
<u>Diagnostic services</u>		<u>50</u>	<u>13.a.</u>
<u>Screening services</u>		<u>51</u>	<u>13.b.</u>
<u>Preventive services</u>		<u>52</u>	<u>13.c.</u>

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State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
<u>Rehabilitative services</u>	<u>3.1-A</u>	<u>53</u>	<u>13.d.</u>
• <u>Community mental health services</u>		<u>53</u>	
• <u>Community health worker services</u>		<u>53b</u>	
• <u>Adult rehabilitative mental health services</u>		<u>53b</u>	
• <u>Mental health crisis response</u>		<u>53g.1</u>	
• <u>Dialectical behavioral therapy services</u>		<u>53j</u>	
• <u>Assertive community treatment</u>		<u>53k</u>	
• <u>Intensive residential treatment services</u>		<u>53m</u>	
• <u>Substance use disorder treatment services</u>		<u>53q</u>	
• <u>Certified Community Behavioral Health Center services</u>		<u>53u</u>	
<u>Inpatient psychiatric facility services for individuals under 22 years of age.</u>		<u>60</u>	<u>16.</u>
<u>Nurse-midwife services.</u>		<u>61</u>	<u>17.</u>
<u>Hospice care (in accordance with section 1905(o) of the Act)</u>		<u>62</u>	<u>18</u>
<u>Case management services</u>			<u>19.</u>
<u>Extended services for pregnant women</u>		<u>65</u>	<u>20.a.</u>
<u>Prenatal risk assessment</u>		<u>65</u>	
<u>Antepartum management and care coordination</u>		<u>65a</u>	
<u>Prenatal health and nutrition education</u>		<u>65b</u>	
<u>Postpartum home visiting</u>		<u>65g</u>	
<u>Doula services</u>		<u>65i</u>	
<u>Services for any other medical conditions that may complicate pregnancy</u>		<u>66</u>	<u>20.b.</u>
<u>Certified pediatric or family nurse practitioners' services</u>		<u>69</u>	<u>23.</u>
<u>Transportation</u>		<u>71</u>	<u>24.a.</u>
<u>Care and services provided in religious nonmedical health care institutions</u>		<u>73</u>	<u>24.c.</u>
<u>Emergency hospital services</u>		<u>75</u>	<u>24.e.</u>
<u>Personal care services</u>		<u>77</u>	<u>26.</u>
<u>Freestanding birth center services</u>		<u>78a</u>	<u>28.</u>
<u>Integrated care models</u>		<u>79b</u>	<u>31</u>
<u>Cost of routine care in clinical trials</u>		<u>78b.3</u>	<u>30</u>
<u>Medication Assisted Treatment</u>	3.1-A Supplement 7	<u>1</u>	<u>31</u>

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State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
State Plan	3.1 i a	all	
Community First Supports; included only in MCOs for elderly (enrollment in MSC+ plans is mandated under a 1915(b) waiver); and included in Minnesota Senior Health Options plans (voluntary enrollment).	3.1 k	all	

State: MINNESOTA

Citation	Condition or Requirement
1932(a)(5)(D)(b)(4) 42 CFR 438.228	J. <input checked="" type="checkbox"/> <u>The state assures that each MCO has established an internal grievance and appeal system for enrollees.</u>
1932(a)(5)(D)(b)(5) 42 CFR 438.62 42 CFR 438.68 42 CFR 438.206 42 CFR 438.207 42 CFR 438.208	K. <u>Services, including capacity, network adequacy, coordination, and continuity.</u> <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.62, regarding continued service to enrollees, will be met. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.68, regarding network adequacy standards, will be met. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.206, regarding availability of services, will be met. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.207, regarding assurances of adequate capacity and services, will be met. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.208, regarding coordination and continuity of care, will be met.
1932(c)(1)(A) 42 CFR 438.330 42 CFR 438.340	L. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.330 and 438.340, regarding a quality assessment and performance improvement program and State quality strategy, will be met.
1932(c)(2)(A) 42 CFR 438.350 42 CFR 438.354 42 CFR 438.364 1932 (a)(1)(A)(ii)	M. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.350, 438.354, and 438.364 regarding an annual external independent review conducted by a qualified independent entity, will be met. N. <u>Selective Contracting Under a 1932 State Plan Option.</u> To respond to items #1 and #2, place a check mark. The third item requires a brief narrative. 1. The state will <input checked="" type="checkbox"/> /will not <input type="checkbox"/> intentionally limit the number of entities it contracts under a 1932 state plan option.

State: MINNESOTA

Citation	Condition or Requirement
	<p>2. <input checked="" type="checkbox"/> The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.</p> <p>3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. (<i>Example: a limited number of providers and/or enrollees.</i>)</p> <p>The Department may limit the number of entities it contracts with in a given area, depending on a number of factors, including MCO capacity, networks, and administrative cost and effort.</p> <p>4. <input type="checkbox"/> The selective contracting provision in not applicable to this state plan.</p>

State: MINNESOTA

Citation	Condition or Requirement
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Appendix A: Compliance Dates (from Supplementary Information in 81 FR 27497, published 5/6/2016)

States must comply with all provisions in effect as of the issuance of this preprint. Additionally, the following compliance dates apply:

Compliance Dates	Sections
For rating periods for Medicaid managed care contracts beginning before July 1, 2017, States will not be held out of compliance with the changes adopted in the following sections so long as they comply with the corresponding standard(s) codified in 42 CFR part 438 contained in 42 CFR parts 430 to 481, edition revised as of October 1, 2015. States must comply with these requirements no later than the rating period for Medicaid managed care contracts starting on or after July 1, 2017.	§§ 438.3(h), 438.3(m), 438.3(q) through (u), 438.4(b)(7), 438.4(b)(8), 438.5(b) through (f), 438.6(b)(3), 438.6(c) and (d), 438.7(b), 438.7(c)(1) and (2), 438.8, 438.9, 438.10, 438.14, 438.56(d)(2)(iv), 438.66(a) through (d), 438.70, 438.74, 438.110, 438.208, 438.210, 438.230, 438.242, 438.330, 438.332, 438.400, 438.402, 438.404, 438.406, 438.408, 438.410, 438.414, 438.416, 438.420, 438.424, 438.602(a), 438.602(c) through (h), 438.604, 438.606, 438.608(a), and 438.608(c) and (d)
For rating periods for Medicaid managed care contracts beginning before July 1, 2018, states will not be held out of compliance with the changes adopted in the following sections so long as they comply with the corresponding standard(s) codified in 42 CFR part 438 contained in the 42 CFR parts 430 to 481, edition revised as of October 1, 2015. States must comply with these requirements no later than the rating period for Medicaid managed care contracts starting on or after July 1, 2018.	§§ 438.4(b)(3), 438.4(b)(4), 438.7(c)(3), 438.62, 438.68, 438.71, 438.206, 438.207, 438.602(b), 438.608(b), and 438.818
States must be in compliance with the requirements at § 438.4(b)(9) no later than the rating period for Medicaid managed care contracts starting on or after July 1, 2019.	§ 438.4(b)(9)
States must be in compliance with the requirements at § 438.66(e) no later than the rating period for Medicaid managed care contracts starting on or after the date of the publication of CMS guidance.	§ 438.66(e)
States must be in compliance with § 438.334 no later than 3 years from the date of a final notice published in the Federal Register.	§ 438.334
Until July 1, 2018, states will not be held out of compliance with the changes adopted in the following sections so long as they comply with the corresponding standard(s) codified in 42	§§ 438.340, 438.350, 438.354, 438.356, 438.358, 438.360, 438.362, and 438.364

State: MINNESOTA

Citation Condition or Requirement

Compliance Dates	Sections
CFR part 438 contained in the 42 CFR parts 430 to 481, edition revised as of October 1, 2015.	
States must begin conducting the EQR-related activity described in § 438.358(b)(1)(iv) (relating to the mandatory EQR-related activity of validation of network adequacy) no later than one year from the issuance of the associated EQR protocol.	§ 438.358(b)(1)(iv)
States may begin conducting the EQR-related activity described in § 438.358(c)(6) (relating to the optional EQR-related activity of plan rating) no earlier than the issuance of the associated EQR protocol.	§ 438.358(c)(6)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0933. The time required to complete this information collection is estimated to average 10 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

CMS-10120 (exp. TBD – currently 4/30/17)