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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 26-0022

This file contains the following documents in the order listed:

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

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

October 21, 2026

John Connolly, State Medicaid Director
Minnesota Department of Human Services
Federal Relations Unit
540 Cedar Street PO Box 64983
ST. Paul, MN 55167-0983

State Plan Amendment (SPA) MN-26-0022

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) MN-26-0022. This amendment proposes to remove an obsolete interagency Title IV-D agreement from Minnesota's State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Minnesota Medicaid SPA TN 26-0022 was approved on October 21, 2026, with an effective date of July 1, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Minnesota State Plan.

If you have any questions, please contact Courtenay Savage at Courtenay.Savage@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Megan K. Buck.

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Patrick Hultman
Patricia Callaghan
Leah Montgomery

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 2 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

July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 433.151 and 433.152

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 4.16-A, ~~pages 1-30~~

Table of Contents/First Page

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.16-A, page 1 revised; remove pages 24-31
from Attachment 4.16-A to delete outdated agreement #4 -
cooperation Agreement Between Health Care Programs
and Office of Child Support Enforcement.

Attachment 2 - 32 pages remaining.

9. SUBJECT OF AMENDMENT

Remove outdated interagency IV-D agreement

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

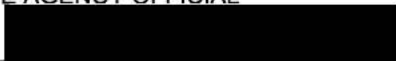


NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

8/23/2026

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

09/16/2026

17. DATE APPROVED

October 21, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Megan K. Buck

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

10/20/2026: Minnesota authorized a pen and ink change for Box 7. (CS)

STATE: MINNESOTA
Effective: July 1, 2026
TN: 26-0022
Approved: October 21, 2026
Supersedes: 95-39; 94-29

ATTACHMENT 4.16-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

**COOPERATIVE AGREEMENTS WITH DEPARTMENT OF HEALTH AND THE CHILD
SUPPORT ENFORCEMENT DIVISION AND WITH TITLE V GRANTEEES**

The current numbered agreements comprising Attachment 4.16-A to the State Plan remain in effect.

- | | |
|-------------------------|---|
| Agreement #1 | Agreement with the Title V grantees - Maternal and Child Health Services |
| Agreement #2 | Agreement with the Department of Health for certification and inspections of ICFs and NFs |
| Agreement #3 | Agreement with the Department of Health for Program Development, Training, and Evaluation of Child and Teen Checkup Services. |
| ~~Agreement #4~~ | ~~Cooperative Agreement between Health Care Programs and Child Support Enforcement Division~~ |
| Agreement #5 | Interagency Agreement with Department of Jobs and Training |