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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 14-0006

This file contains the following documents in the order listed:

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



May 21, 2018

Marie Zimmerman, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #14-0006 --Revises cost sharing participation for disabled
Medicaid consumers who are employed.

--Effective Date: October 1, 2014

--Approval Date: May 19, 2018

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at Sandra.Porter@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures

cc: Ann Berg, DHS
Pat Callaghan, DHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

14-06

2. STATE

Minnesota

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2014

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
1902(a)(10)(A)(ii)(XV)

7. FEDERAL BUDGET IMPACT:

a. FFY '15 \$ (2,000,000)

b. FFY '16 \$ (2,700,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 12m of Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Page 12m of Attachment 2.6-A

10. SUBJECT OF AMENDMENT: Revising cost sharing

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Ann Berg
Minnesota Department of Human Services
540 Cedar Street, PO Box 64983
St. Paul, MN 55164-0983

13. TYPED NAME:

Ann Berg

14. TITLE:

Deputy Medicaid Director

15. DATE SUBMITTED:

September 24, 2014

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 24, 2014

18. DATE APPROVED:

May 19, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

State/Territory: Minnesota

Citation

Condition or Requirement

1902(a)(10)(A)(ii)(XIII)
of the Act

Payment of Premiums or Other Cost Sharing Charges

For individuals eligible under the BBA eligibility group described in No. 23 on page 23d of Attachment 2.2-A:

X The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:

Payment of a minimum premium of \$65 per month or a premium on a sliding scale, whichever is greater, applies to all individuals. The sliding scale premium amount is based on a person’s income, the applicable family size and a sliding fee scale that begins at one percent of income at 100 percent of the Federal poverty guidelines and increases to 7.5 percent up to income of 300 percent of the Federal poverty guidelines, and remains at 7.5 percent for income above 300 percent of the Federal poverty guidelines.

Annual adjustments based upon changes in the federal poverty guidelines are effective July 1 of each year.

All individuals pay a cost-sharing charge of five percent of income.