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State/Territory Name: Minnesota

State Plan Amendment (SPA) #:15-0006

This file contains the following technical correction

documents in the order listed:

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

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Minnesota**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

MN-15-0006

Proposed Effective Date

01/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(10)(A)(ii)(XXI) and 1902(ii) (there is no final regulation for 42 CFR section 435.214)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$ 12505743.00
Second Year	2017	\$ 12985106.00

Subject of Amendment

Eligibility under the family planning state option, and reasonable classification of children for family planning state option; supersedes S59 under TN 13-0027.

Governor's Office Review

- Governor's office reported no comment
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Pat Callaghan**
Last Revision Date: **Nov 29, 2016**
Submit Date: **Jun 5, 2015**

PLAN APPROVED – ONE COPY ATTACHED

DATE RECEIVED: June 5, 2015

EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017
TYPED NAME: Todd McMillion

DATE APPROVED: 12/23/16
SIGNATURE OF REGIONAL OFFICIAL: /s/
TITLE: Acting Associate Regional Administrator



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MN - 15 - 0006

Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services

S59

1902(a)(10)(A)(ii)(XXI)
42 CFR 435.214

Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

Yes No

The state attests that it operates this eligibility group in accordance with the following provisions:

The individual may be a male or a female.

Income standard used for this group

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is the highest of the following:

- The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
- The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.
- The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
- The state's current effective income level for pregnant women under a CHIP 1115 demonstration.

The amount of the maximum income standard is: % FPL

Income standard chosen

The state's income standard used for this eligibility group is:

- The maximum income standard
- Another income standard less than the maximum standard allowed.

The amount of the income standard is: % FPL

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.



Medicaid Eligibility

In determining eligibility for this group, the state uses the following household size:

- All of the members of the family are included in the household
- Only the applicant is included in the household
- The state increases the household size by one

In determining eligibility for this group, the state uses the following income methodology:

- The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).
- The state considers only the income of the applicant.

Benefits for this eligibility group are limited to family planning and related services described in the Benefit section.

Presumptive Eligibility

The state makes family planning services and supplies available to individuals covered under this group when determined presumptively eligible by a qualified entity.

- Yes No

The state also covers medical diagnosis and treatment services that are provided in conjunction with a family planning service in a family planning setting during the presumptive eligibility period.

- Yes No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Other reasonable limitation:



Medicaid Eligibility

The state requires that a written application be signed by the applicant or representative.

- Yes No
 - The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
 - The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

- The presumptive eligibility determination is based on the following factors:
 - The individual must not be pregnant.
 - Household income must not exceed the applicable income standard specified for this group.
 - State residency
 - Citizenship, status as a national, or satisfactory immigration status

- The state uses entities, as defined in section 1920C, to determine eligibility presumptively for this eligibility group.
 - These entities must be eligible to receive payment for services under the state's approved Medicaid state plan and determined by the state to be capable of determining presumptive eligibility for this group.

The types of entities used to determine presumptive eligibility for this eligibility group are:

	Name of entity	Description	
+	Other	Enrolled Medicaid health care providers who are certified by signing an agreement and completing training and who are: family planning providers (physicians, nurse practitioners, certified nurse midwives, physician-directed clinics, community health clinics, rural health clinics, outpatient hospital departments, pharmacies, public health clinics, and family planning agencies); or clinical nurse specialists, laboratories, ambulatory surgical centers, federally qualified health centers, Indian health services, public health nursing clinics, or physician assistants.	X

- The state assures that it has communicated the requirements for entities, at 1920C of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.



Medicaid Eligibility

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 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.

V.20140415

INDIVIDUALS ELIGIBLE FOR FAMILY PLANNING SERVICES
(Attachment to S59)

TRANSMITTAL NUMBER:

15-006

STATE:

Minnesota

In addition to coverage of individuals age 21 and older described in 1902(ii) with the elections in S59, the state also covers a categorical population listed under section 1902(a)(10)(A)(ii)(XXI) of the Social Security Act: individuals described in clause (i) of 1905(a) who are individuals under age 21 and who are described in section 1902(ii).

The elections in S59 for income limit, household size, and benefits apply to this population, but in determining eligibility for this reasonable classification of children the state applies the election under 1902(ii)(3) and considers only the income of the applicant or recipient.