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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 15-0024

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 #15-0024	Revises cost sharing for disabled employed individuals under the Balanced Budget Act.
	Effective Date: September 1, 2015
	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 <u>Sandra.Porter@cms.hhs.gov</u>.

Sincerely,

/s/

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

Enclosures

cc: Ann Berg, DHS Pat Callaghan, DHS

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
	15-0024	Minnesota
FOR: HEALTH CARE FINANCING ADMINISTRATION		
	3. PROGRAM IDENTIFICATION: TI	
	SOCIAL SECURITY ACT (MEDIC.	AID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	· · · · · · · · · · · · · · · · · · ·
HEALTH CARE FINANCING ADMINISTRATION	September 1, 2015	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		-
□ NEW STATE PLAN □ AMENDMENT TO BE CO		X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	ENDMENT (Separate Transmittal for each	h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
1902(a)(10)(A)(ii)(XIII)	a. FFY '15 \$ 225,000	
	b. FFY '16 \$2,700,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable)	
Page 12m of Attachment 2.6-A		
	Page 12m of Attachment 2.6-	4
	5	
10. SUBJECT OF AMENDMENT: Revising cost sharing for BBA eligi	ibility group	
11. GOVERNOR'S REVIEW (Check One):		1
x GOVERNOR'S OFFICE REPORTED NO COMMENT	□ OTHER, AS SPECIF	IED:
□ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	· · · · · · · · · · · · · · · · · · ·	
□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Ann Berg	
	Minnesota Department of Huma	n Services
	540 Cedar Street, PO Box 64983	
	St. Paul, MN 55164-0983	
13. TYPED NAME:	· · · · · · · · · · · · · · · · · · ·	
Ann Berg		·
14. TITLE:		
Deputy Medicaid Director		1
15. DATE SUBMITTED:		1
September 24, 2014		
FOR REGIONAL OFFICE USE ONLY		ê.
17. DATE RECEIVED:	18. DATE APPROVED:	2010
September 24, 2014	May 19,	2018
PLAN APPROVED – OI 19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL
	20. SIGINATORE OF REGIONAL OF	/s/
September 1, 2015 21. TYPED NAME:	22. TITLE:	151
		ol Office
Ruth A. Hughes	Associate Regiona	

j.

FORM HCFA-179 (07-92)

ATTACHMENT 2.6-A Page 12m OMB No.:

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:
	<u>X</u> 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 \$ <u>35</u> 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 <u>one-half of one</u> five percent of income.

Approval Date: <u>5/19/18</u>

Effective Date: <u>09/01/15</u> HCFA ID: