

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 16-0018**

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

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Chicago Regional Office  
233 N. Michigan  
Suite 600  
Chicago, Illinois 60601



December 19, 2016

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 a revised copy of the following State Plan Amendment (SPA):

Transmittal #16-0018 --Revises the state plan to eliminate the exclusion of coverage for gender confirmation surgery.

--Effective Date: July 1, 2016

A correction was required to CMS Form 179 to remove the state's reference to a "Preprint-page 87" in Box 8. The state informed CMS that this notation was placed in Box 8 in error. The CMS has incorporated a corrected Form 179 in this revised approval package.

The official approval date of this SPA remains November 8, 2016.

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](mailto:Sandra.Porter@cms.hhs.gov).

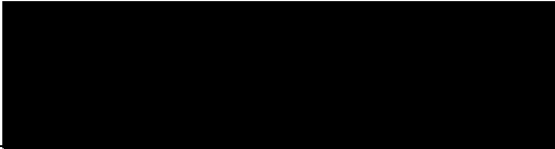
Sincerely,

/s/

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

Enclosure

cc: Ann Berg, MDHS  
Sean Barrett, MDHS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  16-18	2. STATE  Minnesota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  July 1, 2016	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. § 18116		7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '17: \$600 b. FFY '18: \$1,050	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: -Preprint page 87 (pen/ink change removing pg. 87. SP 12/13/16 Attachment 3.1-A, page 80b Attachment 3.1-B, page 79b CMS)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Same	
10. SUBJECT OF AMENDMENT: Nondiscrimination			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  		16. RETURN TO: Sean Barrett Minnesota Department of Human Services Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: September 28, 2016			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: September 28, 2016		18. DATE APPROVED: November 8, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL:  /s/	
21. TYPED NAME: Celestine Curry		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

STATE: MINNESOTA  
Effective: July 1, 2016  
TN: 16-18  
Approved: 11-8-16  
Supersedes: 07-08 (06-12, 05-08, 01-14, 01-13)

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ATTACHMENT 3.1-A  
Page 80b

**SUPPLEMENTARY NOTES (continued)**

21. except for an emergency, or as specified in the recipient's plan of care, more than one office, hospital, long-term care facility, or home visit by the same provider per recipient per day;
22. more than one home health aide visit per recipient per day, and more than two skilled nurse visits per recipient per day, except as specified in the recipient's plan of care;
23. record keeping, charting, or documenting a health service related to providing a covered service;
24. services for detoxification that are not medically necessary to treat an emergency;
25. artificial insemination;
26. reversal of voluntary sterilization;
27. surgery primarily for cosmetic purposes; and
28. ear piercing; ~~and~~
29. ~~sex reassignment surgery~~
30. Effective July 1, 2007, circumcision, unless the procedure is medically necessary.
31. Effective October 1, 2005, payment for visits to a hospital emergency room, that are coded as such visits, which are not for emergency and emergency post-stabilization care or urgent care.

**SUPPLEMENTARY NOTES (continued)**

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