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STATE/TERRIORITY NAME: MINNESOTA

STATE PLAN AMENDMENT (SPA)#: 21-0027

This file contains the following documents in the order listed:

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

## 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

January 13, 2022

Cynthia MacDonald Assistant Commissioner and Medicaid Director Health Care Administration Minnesota Department of Human Services P.O. Box 64984 St. Paul, MN, 55164-0984

Re: Minnesota State Plan Amendment (SPA) 21-0027

Dear Ms. MacDonald:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0027. This amendment provides requirements for non-emergency medical transportation (NEMT).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Nebraska Medicaid SPA Transmittal Number 21-0027 is approved effective December 27, 2021.

If you have any questions, please contact Sandra Porter at 312-353-8310 or via email at Sandra.Porter@cms.hhs.gov.

Sincerely,

Digitally signed by James G. Scott -S Date: 2022.01.13 11:57:20 -06'00'

> James G. Scott, Director Division of Program Operations

Enclosures

cc: Patrick Hultman Alexandra Zoellner

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION Consolidated Appropriations Act, 2021 (Public Law 116-260)	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI  4. PROPOSED EFFECTIVE DATE  December 27, 2021  6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  a. FFY 2021  \$ 0  b. FFY 2022  \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 3.1D page 5a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) same
9. SUBJECT OF AMENDMENT	
Transportation Attestation	
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:
	15. RETURN TO
	Alley Zoellner Minnesota Department of Human Services
12. TYPED NAME Patrick Hultman	Federal Relations Unit
42 TITLE	540 Cedar Street, PO Box 64983 Saint Paul, MN 55164
Deputy Medicaid Director	Saint Faul, Win 55 104
14. DATE SUBMITTED December 23, 2021	
FOR CMS USE ONLY	
16. DATE RECEIVED December 23, 2021	17. DATE APPROVED January 13, 2022
PLAN APPROVED - OI	NE COPY ATTACHED
	19. SIGNATURE OF APPROVING OFFICIAL igitally signed by James G. Scott -S
December 27, 2021	ate: 2022.01.13 11:57:56 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REMARKS	

STATE: MINNESOTA ATTACHMENT 3.1-D

Effective: December 27, 2021 Page 5a

TN: 21-27

Approved: January 13, 2022

Supersedes: New

## METHODS OF PROVIDING TRANSPORTATION (continued)

The state assures that all minimum requirements outlined in section 1902 (a) (87) of the Act are met. Those requirements include the following:

- (A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- (B) Each such individual driver has a valid driver's license;
- (C) Each such provider has in place a process to address any violation of a state drug law; and
- (D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.