

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



January 4, 2017

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 #15-0006 --Adds the optional Medicaid eligibility group which provides coverage to women and men that is limited to family planning and family planning-related services under the state plan.

--Effective Date: January 1, 2017

--Approval Date: December 23, 2016

The state advised CMS that a correction is required because an attachment, titled "*Individuals Eligible for Family Planning Services*", was omitted in error from the S-59 pages. This attachment is now incorporated into the approval package as the last page.

As previously stated in CMS' original approval package, we note that during our review of the State Plan Amendment, the state has moved to adopt appropriate modified adjusted gross income-based methodologies and presumptive eligibility requirements. The state will continue to implement all applicable eligibility and enrollment requirements for modified adjusted gross income- based eligibility groups.

The official approval date of this SPA remains December 23, 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/

Todd McMillion  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

cc: Ann Berg, MDHS  
Patricia Callaghan, MDHS  
Sean Barrett, MDHS



# Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MN - 15 - 0006

Expiration date: 10/31/2014

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.

**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	
<b>+</b>	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.	<b>X</b>

- 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.

FORM HCFA-179 (07-92)