<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
</table>
| 42 CFR §438.50 | F. **List Other Eligible Groups (Not Previously Mentioned) Who Will Be Exempt From Mandatory Enrollment**  
   i. AFDC-related medically needy and aged, blind, disabled medically needy individuals  
   ii. individuals under age 65 eligible as categorically needy blind or disabled and not receiving Medicare  
   iii. adults under 65 with severe and persistent mental illness who receive case management services. These are adults who have a mental illness and meet the statutory criteria in Minnesota’s Adult Mental Health Act.  
   iv. children with severe emotional disturbance who receive case management services. These are children with an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior and meet the statutory criteria in Minnesota’s Children’s Mental Health Act.  
   v. individuals described in item D, subitem 1 with cost-effective private health coverage or cost-effective employer-sponsored health coverage.  
   vi. enrollees described in item D, subitem 1 with private health coverage through a MCO.  
   vii. individuals residing in state institutions (not including state-operated foster care providers) at the time of enrollment.  
   viii. children receiving state-funded adoption assistance.  
   ix. optional categorically needy group of women in need of treatment for breast or cervical cancer.  
   x. individuals terminally ill whose primary care physician is not part of the MCO at the time of enrollment.  
   xi. individuals enrolled only in a Medicare Savings group (QMB, SLMB, QWD or QI).  
   xii. individuals who have a communicable disease with a terminal prognosis, a primary physician not participating in an MCO, and physician certification that disruption of the doctor-patient relationship would likely result in patient non-compliance.  
   xiii. noncitizens eligible for coverage of emergency medical conditions under §1903(b) of the Act.  
   xiv. individuals described in item D, subitem 1 for the months of retroactive coverage. |
State: MINNESOTA

Citation | Condition or Requirement
--- | ---

xv. a Medicaid-eligible person under item D, subitem 1 for the time period between application and MCO enrollment.

xvi. individuals who are participating in the Chemical Health Care Services Pilot Project authorized in Minnesota Statutes, section 254B.13.

xvii. Minnesota residents who are absent from the state for more than 30 consecutive days.

42 CFR §438.50 G. List All Other Eligible Groups Who Will be Permitted to Enroll on a Voluntary Basis

i. children with severe emotional disturbance who receive case management services. These are children with an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior and meet the statutory criteria in Minnesota’s Children’s Mental Health Act.

ii. adults under 65 with severe and persistent mental illness who receive case management services. These are adults who have a mental illness and meet the statutory criteria in Minnesota’s Adult Mental Health Act.

iii. children receiving state-funded adoption assistance.

iv. children receiving adoption assistance under Title IV-E.

v. children under 19 receiving SSI who choose an AFDC-related MAGI-based categorically needy group.

vi. individuals under age 65 who are receiving Medicare or are blind or disabled, who meet a basis of eligibility under item D, subitem 1.

vii. enrollees described in item D, subitem 1 with private MCO health coverage that is not cost effective, as long as the MCO is the same as the MCO the enrollee chooses.

H. Enrollment Process

§1932(a)(4)(D) 1. Definitions

i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient during the previous year. This may be established through state records of previous managed care enrollment or fee-for-service experience, or through contact with the recipient.

ii. A provider is considered to have “traditionally served” Medicaid recipients if it has experience in serving the Medicaid population.
State: MINNESOTA

Citation    Condition or Requirement

§1932(a)(5)(D) L. List all Services that are Excluded for Each Model (MCO & PCCM)

For MCOs, for some models:

i. Abortion
ii. Child welfare targeted case management
iii. Targeted case management services for persons not receiving services pursuant to a §1915 (c) waiver who are vulnerable adults, adults with developmental disabilities or related conditions, or adults without a permanent residence
iv. Services provided pursuant to an individualized education plan (IEP) or individual family service plan (IFSP)
v. Nursing facility services
vi. Relocation coordination services
vii. Officer-involved, community-based care coordination
viii. Personal care assistant services
ix. Services provided by a Rural Health Clinic, Federally Qualified Health Clinic, or the Indian Health Service or 638 facility.

§1932(a)(1)(A)(ii) M. Selective Contracting Under a §1932 State Plan Option

To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.

1. The state will __x__/will not ___ intentionally limit the number of entities it contracts with under a §1932 state plan option.
2. __x__ The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.
3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. (Example: a limited number of providers and/or enrollees) The Department may limit the number of entities it contracts with in a given area, depending on a number of factors, including MCO capacity, networks, and administrative cost and effort
4. __The selective contracting provision is not applicable to this state plan.

TN No. 19-13
Supersedes Approval Date:_________ Effective Date: 7/1/2019
TN No. 18-03 (15-26, 08-08, 05-03)