

State: MINNESOTA

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Citation	Condition or Requirement
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H. Information Requirements for Beneficiaries.

1932(a)(5)(c)  
 42 CFR 438.50  
 42 CFR 438.10

The state assures that its state plan program is in compliance with 42 CFR 438.10 for information requirements specific to MCOs, PCCMs, and PCCM entity programs operated under section 1932(a)(1)(A)(i) state plan amendments.

1932(a)(5)(D)(b)  
 1903(m)  
 1905(t)(3)

I. List all benefits for which the MCO is responsible.

Complete the chart below to indicate every State Plan-Approved services that will be delivered by the MCO, and where each of those services is described in the state’s Medicaid State Plan. For “other practitioner services”, list each provider type separately. For rehabilitative services, habilitative services, EPSDT services and 1915(i), (j) and (k) services list each program separately by its own list of services. Add additional rows as necessary.

In the first column of the chart below, enter the name of each State Plan-Approved service delivered by the MCO. In the second – fourth column of the chart, enter a State Plan citation providing the Attachment number, Page number, and Item number, respectively.

State: MINNESOTA

State Plan-Approved Service <b>Delivered by the MCO</b>	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
<p>All services listed in Attachments 3.1-A, 3.1-B, <del>and 3.1-I</del> and 3.1-k are included, with the following exceptions:</p> <ul style="list-style-type: none"> <li>• Abortions</li> <li>• Child welfare targeted case management</li> <li>• 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.</li> <li>• Services provided pursuant to an individualized education plan (IEP) or individual family service plan (IFSP).</li> <li>• Nursing facility services</li> <li>• Relocation coordination services</li> <li>• Officer-involved, community-based care coordination.</li> <li>• FQHC services</li> <li>• Services provided by an IHS or 638 facility.</li> <li>• Attachments 3.1-i.A and 3.1-k</li> </ul> <p>Exception: State plan services listed in Attachment 3.1-i.A and 3.1-k are included in managed care plans for elderly (mandated enrollment in MSC+ plans under a 1915(b) waiver); and included in Minnesota Senior Health Options plans (voluntary enrollment).</p>	3.1-A, 3.1-B, <del>and 3.1-I,</del> and 3.1-K		

1932(a)(5)(D)(b)(4)  
42 CFR 438.228

J.  The state assures that each MCO has established an internal grievance and appeal system for enrollees