

October 24, 2025

John Connolly  
Assistant Commissioner and State Medicaid Director  
Minnesota Department of Human Services  
540 Cedar Street  
St. Paul, MN 55164-0983

RE: MN 25-0021 §1915(i) Home and Community-Based Services (HCBS) State Plan Amendment (SPA); MN 25-0032 §1932(a) SPA; and MN-0002.R05.03 §1915(b) waiver amendment

Dear Commissioner Connolly:

The Centers for Medicare & Medicaid Services (CMS) is approving Minnesota's request to amend its §1915(i) state plan Housing Stabilization Services benefit, transmittal number MN 25-0021. The effective date for this amendment is November 1, 2025. With this amendment, the state is terminating this benefit. Enclosed is a copy of the approved SPA.

CMS conducted the review of the state's §1915(i) submission according to statutory requirements in Title XIX of the Social Security Act and relevant federal regulations. It is important to note that CMS' approval of the §1915 (i) action solely addresses the state's compliance with the applicable Medicaid authority. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, §504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at [http://www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm).

Concurrently, CMS is approving Minnesota's §1932(a) SPA, transmittal number MN 25-0032, submitted on September 25, 2025. We conducted our review of this SPA according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. The purpose of this SPA is to remove the §1915(i) Housing Stabilization Services benefit under the state's §1932(a) managed care program effective November 1, 2025. The service is being removed because it will no longer be authorized under the state plan as of November 1, 2025.

Also concurrently, CMS is approving Minnesota's request to amend its §1915(b) waiver, CMS control number MN-0002.R05.03, titled Minnesota Senior Care Plus. This waiver amendment removes the §1915(i) Housing Stabilization Services benefit from the services included under the §1915(b) waiver because the service will no longer be authorized under the state plan as of November 1, 2025. This §1915(b) waiver is authorized under §1915(b)(1) of the Social Security Act and provides a waiver of the following sections of Title XIX:

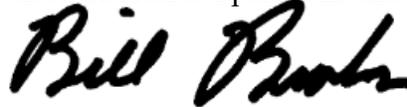
- Section 1902(a)(10)(B) Comparability
- Section 1902(a)(23) Freedom of Choice

Our decision is based on the evidence submitted to CMS demonstrating that the state's proposal is consistent with the purposes of the Medicaid program, will meet all the statutory and regulatory requirements for assuring beneficiaries' access to and quality of services, and will be a cost-effective means of providing services to enrollees under this waiver.

We appreciate the cooperation and effort provided by you and your staff during the review of these concurrent actions. If you have any questions concerning this information, please contact Shawn Zimmerman at [Shawn.Zimmerman@cms.hhs.gov](mailto:Shawn.Zimmerman@cms.hhs.gov) or (410) 786-8291 about the §1915(i) authority or Eowyn Ford at [Eowyn.Ford@cms.hhs.gov](mailto:Eowyn.Ford@cms.hhs.gov) or (312) 886-1684 about the §1932(a) and §1915(b) authorities.

Sincerely,

George P. Failla, Jr., Director  
Division of HCBS Operations and Oversight



Bill Brooks, Director  
Division of Managed Care Operations

Cc: Patrick Hultman, MN DHS  
Mark Seigel, MN DHS  
Michelle Long, MN DHS  
Cynthia Nanes, CMS  
Shante Shaw, CMS  
Matthew Klein, CMS  
Matt Rodriguez, CMS  
Lynell Sanderson, CMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER _____	2. STATE _____
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI	
4. PROPOSED EFFECTIVE DATE	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY _____ \$ _____ b. FFY _____ \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

9. SUBJECT OF AMENDMENT

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

**FOR CMS USE ONLY**

16. DATE RECEIVED September 23, 2025	17. DATE APPROVED October 24, 2025
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL George P. Failla, Jr.	21. TITLE OF APPROVING OFFICIAL Director, HCBS Operations and Oversight

22. REMARKS

## 1915(i) State plan Home and Community-Based Services

\*\*\* **Note:** This section is intentionally left blank and has been deleted effective November 1, 2025

## **Methods and Standards for Establishing Payment Rates**

**Note:** This section is left intentionally blank and has been deleted effective November 1, 2025