DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

FEB 1 1 2016

Ms. Marie Zimmerman
Medicaid Director
Minnesota Department of Human Services
540 Cedar St, PO Box 64983
St. Paul, MN 55167-0983

Dear Ms. Zimmerman:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved your request to extend Minnesota's section 1115 demonstration, Prepaid Medical Assistance Project Plus (PMAP+) (Project No. 11-W-00039/5). This approval is effective through December 31, 2020. This extension is granted under the authority of section 1115(a) of the Social Security Act. This five-year extension allows the state to continue:

- Medicaid coverage for one-year olds with incomes above 275 percent of the federal poverty level (FPL) and at or below 283 percent of the FPL;
- Waiver of requirements to redetermine the basis for eligibility for Medicaid Caretaker adults with incomes at or below 133 percent of the FPL living with child (ren) age 18 who are not full time secondary school students;
- Full Medical assistance benefits for pregnant women during their hospital presumptive eligibility period; and,
- Graduate Medical Education (GME) payments through the Medical Education and Research Costs (MERC) trust fund.

The demonstration no longer contains authority related to:

- American Indians, as defined in 25 U.S.C. 1603(c), who would not otherwise be mandatorily enrolled in managed care;
- Children under age 19 who are in state-subsidized foster care or other out-of-home placement; and
- Children under age 19 who are receiving foster care under title IV-E.

CMS's approval of the PMAP+ extension includes the following changes to the Special Terms and Conditions (STCs):

- Additional MERC evaluation and reporting requirements; and
- Deletion of the Comprehensive State Quality Strategy requirements.

CMS's approval of the PMAP+ extension is conditioned upon continued compliance with the enclosed special terms and conditions (STCs) defining the nature, character, and extent of anticipated federal involvement in the project. The award is also subject to receipt of your written acknowledgement of the award and acceptance of the STCs within 30 days of the date of this letter.

Please send your written acceptance and any communications or official correspondence concerning the demonstration to your project officer, Ms. Dina Payne. Ms. Payne can be reached at (410) 786-3574, dina.payne1@cms.hhs.gov or at the following address:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Mailstop: S2-01-16
Baltimore, MD 21244-1850

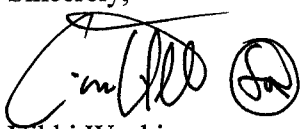
Please send official communications regarding program matters simultaneously to Ms. Payne and to Ms. Ruth Hughes, Acting Associate Regional Administrator for the Division of Medicaid and Children's Health in our Chicago Regional Office. Ms. Hughes' contact information is:

Ms. Ruth Hughes
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations Program
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

If you have questions regarding this approval, please contact Mr. Eliot Fishman, Director, State Demonstrations Group, Center for Medicaid & CHIP Services, at (410) 786-9535.

We look forward to continuing to work with you and your staff.

Sincerely,



Vikki Wachino
Director

Enclosures

cc: Ruth Hughes, Associate Regional Administrator, CMS Region V