

**Minnesota's Section 1115 Prepaid Medical Assistance Project Plus (PMAP+)
Multiple Demonstration Amendment Requests
October 2009**

Greetings Federal Review Team,

Minnesota has forwarded several amendment requests to the current Medicaid section 1115 demonstration entitled, Prepaid Medical Assistance Project Plus (PMAP+). This overview document is designed to provide you with the significant history related to some of the key proposed amendment requests.. ***Please review the overview document and supporting documents and forward your questions/comments to me by COB November 13, 2009. Thank you in advance for your response to this request.***

Supporting Documents

- State's Coverletter to CMS Requesting Amendments
- Amendment Overview Chart
- PMAP+ Demonstration (MinnesotaCare) Budget Neutrality Status –Sept.2009
- PMAP+ Demonstration (MinnesotaCare) Proposed Rebase of Budget Neutrality
- Fiscal Impact of Requested Amendments on PMAP+ Demonstration Budget Neutrality

Rationale for Amendment Requests

The State reports that the proposed demonstration amendment requests are being submitted to CMS due to Minnesota's State Legislative Actions in 2007, 2008 and 2009. Some of the amendment requests included in the State's submission have been previously submitted to CMS and the State is requesting reconsideration of these items which include: Elimination of MinnesotaCare Farm Depreciation Add Back, Medicaid (MA) Bridge Kids, Coverage of Childless Adults using Unspent DSH Allotment and Rebase of the PMAP+ Budget Neutrality Agreement.

Background Discussion

Minnesota's section 1115 Prepaid Medical Assistance Project Plus (PMAP+) Demonstration was initially approved and implemented in July 1995. Minnesota was one of the early States to use health care reform waivers to cover uninsured populations. The PMAP+ demonstration provides health care services through a prepaid, capitated managed care delivery model that operates statewide for both MinnesotaCare Program eligibles and select Medicaid State plan groups. The PMAP+ Demonstration was renewed in August 2008 with a modification in special terms and conditions in October 2008. The three year extension period expires June 30, 2011.

Demonstration Eligibility

Certain individuals are eligible under the PMAP+ Demonstration who would not otherwise be eligible under the Medicaid State plan. These "demonstration eligibles" are described below:

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- a) Demonstration Eligibles are individuals who meet the eligibility standards as specified in the following chart. The first group is served through the State plan and the other groups are served through the MinnesotaCare program:

GROUPS MADE ELIGIBLE UNDER THE PMAP+ DEMONSTRATION			
Participating Groups	Eligibility Authority	Income Standards	Income Methodology (Net income test. Medicaid deeming rules apply)
MA One Year Olds: Infants age 12-23 months	Section 1115	At or below 275 % FPL	<ul style="list-style-type: none"> • Apply methods for MA infants
MinnesotaCare Pregnant Women	Section 1115	At or below 275 % FPL	<ul style="list-style-type: none"> • Gross household income and no Medicaid deeming. • No disregards /deductions
MinnesotaCare Children < 21 Years	Section 1115	At or below 275 % FPL	<ul style="list-style-type: none"> • Gross household income and no Medicaid deeming. • No disregards /deductions
MinnesotaCare Caretaker Adults (includes 3 subgroups)	Section 1115	<p>Subgroup 1 Up to 100% of FPL, or \$50,000 of annual income, whichever is lower –funded by title XIX.</p> <p>Subgroup 2 Between 100 % and 200% of the FPL, or \$50,000 of annual income, whichever is lower. This subgroup is funded by title XIX as described in STC # 42 (d)</p> <p>Subgroup 3 Between 200% and 275% of FPL, or \$50,000 of annual whichever is lower funded by title XIX</p>	<ul style="list-style-type: none"> • Gross household income and no Medicaid deeming. • No disregards /deductions

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- b) Medicaid State Plan Eligible Populations Affected by the Demonstration: In addition, under the PMAP+ demonstration certain Medicaid State Plan groups are mandated into mandatory managed care, which include the following:
- i. Medicare and Medicaid Dual eligibles under 65 years who are not using a disabled basis of eligibility;
 - ii. American Indians, as defined in 25 U.S.C. 1603(c);
 - iii. Disabled children under age 19 who are eligible for SSI under Title XVI who are not using a disabled basis of eligibility ;
 - iv. Children under age 19 who are in State-subsidized foster care or other out of home placement;
 - v. Children under age 19 who are receiving Foster Care under Title IV-E;
 - vi. Children under age 19 who are receiving adoption assistance under Title IV-E;
 - vii. Children under 19 with special health care needs who are receiving services through family-centered, community-based coordinated care system that receives grants funds under Section 501(a)(1)(D) of Title V who are not using a disabled basis of eligibility.