

**CENTERS FOR MEDICARE AND MEDICAID SERVICES
WAIVER AND EXPENDITURE AUTHORITIES**

NUMBER: 11-W-00039/5

TITLE: Minnesota Prepaid Medical Assistance Project Plus (PMAP+)

AWARDEE: Minnesota Department of Human Services

(b)(5)

Pages 2 through 4 redacted for the following reasons:

Exemption 5 - Draft Document

(b)(5)

DRAFT