

**TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM**

**(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))**

**State/Territory: MINNESOTA**

**(Name of State/Territory)**

**As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b)) MINNESOTA**



**(Signature of Deputy Medicaid Director, Date Signed)**

**submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.**

**The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):**

**Name: Julie Marquardt**

**Position/Title: Acting Assistant  
Commissioner, Health Care  
Administration, & Medicaid Director**

**Name: Julie Marquardt**

**Position/Title: Director, Purchasing &  
Service Delivery**

**Name: Sarah Orange**

**Position/Title: Health Care Budget &  
Finance Director**

Disclosure Statement This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the

information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## **Section 1. General Description and Purpose of the Children’s Health Insurance Plans and the Requirements**

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

### Original Plan

Effective Date: 9/30/1998

Implementation Date: 9/30/1998

**MN SPA 21-0016** SPA. Purpose of SPA: To implement the vaccine coverage provision of the American Rescue Plan Act, P.L. 117-2, section 9821 as of the effective date.

Proposed Effective Date: March 11, 2021

Proposed Implementation Date: March 11, 2021

TN: Approval Date - May 23, 2022

Effective Date - March 11, 2021

**1.4- TC** Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

On the same date as submission, June 30, 2021, tribal chairs, tribal health directors, Urban Indian Health Centers, and Indian Health Service directors were given notice of submission of this CHIP state plan amendment. No comments or questions have been submitted. This state plan amendment has no impact on tribes.

## **Section 6. Coverage Requirements for Children’s Health Insurance**

### **6.2.27 Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))**

#### **REQUIRED COVERAGE OF COVID–19 VACCINES AND TREATMENT**

Effective March 11, 2021, the state provides child health assistance without cost sharing, during the period beginning on the date of the enactment of this paragraph and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Act for all populations covered in the CHIP state child health plan:

(A) Coverage of COVID–19 vaccines and the administration of the vaccine in accordance with the requirements of section 2103(c)(11)(A) of the Act;

(B) Coverage of testing for COVID–19, in accordance with the requirements of section 2103(c)(11)(B) of the Act.

- The state assures that coverage of COVID-19 testing is consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

- The state assures that coverage includes all types of FDA authorized COVID-19 tests.

(C) The state assures that treatments for COVID-19 are provided without amount, duration, or scope limitations, in accordance with requirements of section 2103(c)(11)(B) of the Act, and that the state provides -

Coverage of COVID-19 treatment coverage including specialized equipment and therapies (including preventive therapies).

Coverage for treatment of an individual who is diagnosed with or presumed to have COVID–19, during the period during which such individual has (or is presumed to have) COVID–19, the treatment of a condition that may seriously complicate the treatment of COVID– 19, without amount, duration or scope limitations, if otherwise covered under the State child health plan (or waiver of such plan) and provided to beneficiaries without cost sharing, pursuant to section 2103(c)(11)(B) of the Act.

Coverage for any non-pharmacological item or service described in section 2110(a) of the Act in CHIP that is medically necessary for treatment of COVID-19.

Coverage for any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations.