

Table of Contents

State/Territory Name: MN

State Plan Amendment (SPA) #: 09-007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Brian Osberg, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

NOV 20 2009

Dear Mr. Osberg:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA):

Transmittal #09-007(A) - Reasonable Limits on Post-Eligibility Treatment of Income
--Effective Date: July 1, 2009

On May 22, 2009 Minnesota submitted SPA 09-007, proposing to place reasonable limits on the amounts of incurred necessary medical and remedial care expenses that must be deducted for institutionalized individuals under the post eligibility process. A request for additional information was issued on August 6, 2009.

Following discussions with members of your staff and CMS on September 30, 2009, to resolve the issues related to this SPA, it was decided to separate the amendment into two parts. This letter pertains to SPA 09-007(A). SPA 09-007(A) places an age limit on the bills for incurred medical and remedial care expenses that can be deducted under the post eligibility process. The deduction is limited to bills incurred within three months before the month of application. Therefore, expenses older than three months prior to the month of application are not allowed. The SPA also clarified that an incurred medical expense can only be deducted once under the post eligibility process.

As you are aware, SPA 09-007(B) is off the clock. The outstanding issue that needs to be addressed in this SPA pertains to how the State defines uncovered medical and remedial care expenses for post eligibility purposes. CMS will continue to work with the State to address the outstanding issues pertaining to SPA 09-007(B).

We have reviewed the State's response to SPA 09-007(A) and are pleased to inform you that the amendment is approved effective July 1, 2009. If you have any additional questions, please contact Charles Friedrich, of my staff, at (608) 442-9125 or by e-mail at Charles.Friedrich@cms.hhs.gov.

Sincerely,



Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Lisa Knazan, MDHS

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

09-007 (A)

2. STATE

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2009

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

\$1902(f)(1)

7. FEDERAL BUDGET IMPACT:

a. FFY '09: \$ 52,325

b. FFY '10: \$ 205,301

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Supplement 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

Adding reasonable limits to post-eligibility

11. GOVERNOR'S REVIEW (Check One):

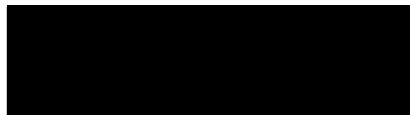
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Ann Berg
Minnesota Department of Human Services
540 Cedar Street, PO Box 64983
St. Paul, MN 55164-0983

13. TYPED NAME:

Ann Berg

14. TITLE:

Acting Medicaid Director

15. DATE SUBMITTED:

May 22, 2009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

May 22, 2009

18. DATE APPROVED:

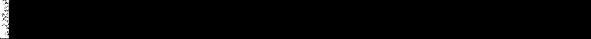
November 20, 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Verlon Johnson

22. TITLE:

Associate Regional Administrator

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Minnesota

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT
COVERED UNDER MEDICAID

**Post-eligibility Treatment of Institutionalized Individuals' Income Under B.3.c(ii) or B.4.d(ii) of
Attachment 2.6-A:**

[NOTE : B(3)(c) applies to an institutionalized person with a community spouse and B(4)(d)
applies to amounts for health care expenses not deducted in B(3) incurred by and for an
institutionalized person or institutionalized couple]

The state limits reasonable expenses for necessary medical or remedial care that are recognized
under state law, but not covered under the Medicaid State Plan and not subject to payment by a
third party, to the following:

1. The deduction for medical and remedial care expenses that were incurred as the result
of imposition of a transfer of assets penalty period is limited to zero.
2. A deduction for the amount of an expense not previously used as a deduction from
income.
3. A deduction is limited to bills incurred within three months before the month of
application.
4. ~~A deduction for long-term care facility expenses incurred within three months before
the month of application is limited to expenses people incur in accordance with state
laws requiring an admission assessment.~~