

## **Table of Contents**

**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: 19-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179-like data included on SPA pages
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid  
Services 601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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February 26, 2020

Thomas Moss, Interim Medicaid Director  
Minnesota Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

Dear Mr. Moss:

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

Transmittal #19-0016	-- Reasonable classification of children under age 21 in state-funded foster care.
	--Effective Date: April 1, 2020
	--Approval Date: February 21, 2020

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at [Sandra.Porter@cms.hhs.gov](mailto:Sandra.Porter@cms.hhs.gov).

Sincerely,

/s/

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

cc: Ann Berg, DHS  
Patricia A. Callaghan, DHS

# MN - Submission Package - MN2019MS0007O - (MN-19-0016) - Eligibility

0938-1188

## Package Information

**Package ID** MN2019MS0007O  
**Program Name** N/A  
**SPA ID** MN-19-0016  
**Version Number** 2  
**Submitted By** Patricia Callaghan  
**Priority Code** P2

**Submission Type** Official  
**State** MN  
**Region** Chicago, IL  
**Submission Date** 12/31/2019

Effective date: 04/01/2020

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

## Package Header

**Package ID** MN2019MS00070  
**Submission Type** Official

**SPA ID** MN-19-0016  
**Initial Submission Date** 12/31/2019  
**Effective Date** 04/01/2020

## State Information

**State/Territory Name:** Minnesota

**Medicaid Agency Name:** Department of Human Services

## Submission Component

☒ State Plan Amendment

☐ Medicaid

☐ CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

### Package Header

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<b>Approval Date</b>	N/A	<b>Effective Date</b>	04/01/2020
<b>Superseded SPA ID</b>	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** Reasonable classification of children under age 21 in state-funded foster care

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$109486
Second	2021	\$300379

### Federal Statute / Regulation Citation

42 CFR 435.308

Supporting documentation of budget impact is uploaded (optional).


Name	Date Created
TN 19-0016 Fiscal Page	10/30/2019 4:32 PM EDT



## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

### Package Header

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<b>Approval Date</b>	N/A	<b>Effective Date:</b>	04/01/2020
<b>Superseded SPA ID</b>	N/A		
<b>Reviewable Unit Instructions</b>			

### Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

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<b>Superseded SPA ID</b>	N/A		

Indicate whether public comment was solicited with respect to this submission.

- ☐ Public notice was not federally required and comment was not solicited
- ☒ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:


- ☐ Newspaper Announcement
- ☐ Publication in state's administrative record, in accordance with the administrative procedures requirements
- ☒ Email to Electronic Mailing List or Similar Mechanism

**Date of Email or other electronic notification:** Dec 27, 2019

**Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used:** Parties or organizations that sign up to receive public notice.

- ☐ Website Notice
- ☐ Public Hearing or Meeting
- ☐ Other method

Upload copies of public notices and other documents used

Name	Date Created	
Public Notice Proposed SPA 19-16	12/18/2019 4:25 PM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created
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No items available

Indicate the key issues raised during the public comment period (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

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<b>Superseded SPA ID</b> N/A	

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

☒ Yes  
☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

☒ Yes  
☐ No

☒ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☒ All Indian Health Programs

Date of solicitation/consultation:  
11/27/2019

Method of solicitation/consultation:  
E-mail

☒ All Urban Indian Organizations

Date of solicitation/consultation:  
11/27/2019

Method of solicitation/consultation:  
E-mail

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☒ All Indian Tribes

Date of consultation:  
11/27/2019

Method of consultation:  
E-mail

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.



Name

Date Created

Proposed SPA 19-16 tribal consultation

12/18/2019 4:29 PM EST



Indicate the key issues raised (optional)



Access



Quality



Cost



Payment methodology



Eligibility



Benefits



Service delivery



Other issue

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

### Package Header

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<b>Approval Date</b>	N/A	<b>Effective Date</b>	4/1/2020
<b>Superseded SPA ID</b>	MN-19-0005		
	System-Derived		

### Reviewable Unit Instructions

## A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.































































☒ Yes ☐ No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

**Aged, Blind and Disabled**

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance					NEW
Individuals Eligible for Cash Except for Institutionalization					NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules					NEW
Optional State Supplement Beneficiaries					NEW
Individuals in Institutions Eligible under a Special Income Level					NEW
PACE Participants					NEW
Individuals Receiving Hospice					NEW
Children under Age 19 with a Disability					NEW
Age and Disability- Related Poverty Level					NEW
Work Incentives					NEW
Ticket to Work Basic					NEW
Ticket to Work Medical Improvements					NEW
Family Opportunity Act Children with a Disability					NEW
Individuals Receiving State Plan Home and Community-Based Services					NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers					NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

### Package Header

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<b>Superseded SPA ID</b>	MN-19-0005		
	System-Derived		

#### Reviewable Unit Instructions

### B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

☒ Yes ☐ No

The medically needy eligibility groups covered in the state plan are:

#### 1. Mandatory Medically Needy:

##### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women				<input type="radio"/>	NEW
Medically Needy Children under Age 18				<input type="radio"/>	NEW

##### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973				<input type="radio"/>	NEW

#### 2. Optional Medically Needy:

##### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21				<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives				<input type="radio"/>	NEW

##### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Populations Based on Age, Blindness or Disability					APPROVED

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

### Package Header

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#### Reviewable Unit Instructions

### C. Additional Information (optional)

Other Optional: Categorically Eligible Child Groups (found in Supplement 1 to Attachment 2.2-A as reasonable classifications of children, based on application of additional income methods):

- 1) Reasonable classification of children with a disability under 21 eligible for section 1915(c) home and community based services using institutional rules under 42 CFR section 435.217
- 2) Reasonable classification of children with a disability under 19, meeting criteria under section 1902(e)(3).

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

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	System-Derived		

#### Reviewable Unit Instructions

The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

## Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

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#### Reviewable Unit Instructions

### B. Individuals Covered

The state covers the following populations:

1. All children under a specified age limit:
2. Reasonable classifications of children

	Name of classification	Age Range
	Child with a disability under section 1902(e)(3)	Under age 19
	Child with a disability eligible for HCBS	Under age 21
	Child in state-funded fostercare/kinship	Under age 21
<b>Name:</b>	Child with a disability under section 1902(e)(3)	<b>Description:</b> Child with a disability meeting TEFRA requirements under section 1902(e)(3), with excess income.
<b>Age Covered:</b>	Under age 19	
<b>Name:</b>	Child with a disability eligible for HCBS	<b>Description:</b> Child with a disability eligible for home and community-based waiver services under section 1915(c) using institutional rules, with excess income
<b>Age Covered:</b>	Under age 21	
<b>Name:</b>	Child in state-funded fostercare/kinship	<b>Description:</b> Child under age 21 who is not eligible for Title IV-E of the Social Security Act, but is eligible for foster care or kinship assistance under a state-funded program, is eligible without an income test.
<b>Age Covered:</b>	Under age 21	



## Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

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#### Reviewable Unit Instructions

### C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

☐ Yes

☒ No

2. The financial methodologies are:

#### Child in state-funded fostercare/kinship

The financial methodology used is:

☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ All income is disregarded. No income test is applied.

4. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ All resources are disregarded. No resource test is applied.

#### Child with a disability eligible for HCBS

The financial methodology used is:

☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ The difference between one income standard and another is disregarded.

☐ Between the following percentages of the FPL:

**Between this standard:** The medically needy income standard by family size

**and this standard:** 70% FPL, effective July 1, 2001  
75% FPL, effective July 1, 2002

Between the medically needy income limit and a percentage of the FPL:

80% FPL, effective July 1, 2016  
81% FPL, effective June 1, 2019

Between the SSI Federal Benefit Rate and:

Between other income standards:

Census Bureau wages are disregarded.

**Description of disregard:** Disregard earned income of temporary census employees who were enrolled in Minnesota health care programs on March 1, 2000.

A specified type of income is disregarded:

**Name of income type:**

**Description:**

In-kind Income

Disregard all in-kind income.

COLA

Disregard the Cost of Living Adjustments to RSDI (title II) benefits from January 1 through June 30th of each year.

Jensen Settlement

Disregard payments to class members under the federal court order in Jensen et al v. Minnesota Department of Human Services, CN 08-1775 (DWF/FLN).

NIH Study

Disregard payments made to parents participating in the "income and child development in the first three years of life" demonstration project funded by the United States Department of Health and Human Services' National Institutes of Health.

State Catastrophe Funds

Disregard payments from the Minnesota I-35 Catastrophe Relief Fund.

The following less restrictive methodologies are used:

**Name of methodology:**

**Description:**

Child support

Disregard payments of child support from the child's income.

Title II benefits

Disregard from the child's income payments of RSDI (title II) benefits.

4. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

 All resources are disregarded. No resource test is applied.

**Child with a disability under section 1902(e)(3)**

The financial methodology used is:

☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.


☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

☒ Yes

☐ No

The less restrictive income methodologies are:

 The difference between one income standard and another is disregarded.

☐ Between the following percentages of the FPL:


☐ Between the medically needy income limit and a percentage of the FPL:

☐ Between the SSI Federal Benefit Rate and:


☐ Between other income standards:

**Between this standard:** The medically needy income standard by family size


**and this standard:** 70% FPL, effective July 1, 2001  
75% FPL, effective July 1, 2002  
80% FPL, effective July 1, 2016  
81% FPL, effective June 1, 2019

 Census Bureau wages are disregarded.

**Description of disregard:** Disregard earned income of temporary census employees who were enrolled in Minnesota health care programs on March 1, 2000.

 A specified type of income is disregarded:

Name of income type:	Description:
In-kind Income	Disregard all in-kind income.
COLA	Disregard the Cost of Living Adjustments to RSDI (title II) benefits from January 1 through June 30th of each year.
Jensen Settlement	Disregard payments to class members under the federal court order in Jensen et al v. Minnesota Department of Human Services, CN 08-1775 (DWF/FLN).
NIH Study	Disregard payments made to parents participating in the "income and child development in the first three years of life" demonstration project funded by the United States Department of Health and Human Services' National Institutes of Health.
State Catastrophe Funds	Disregard payments from the Minnesota I-35 Catastrophe Relief Fund.

 The following less restrictive methodologies are used:

Name of methodology:	Description:
Child support	Disregard payments of child support from the child's income.
Title II benefits	Disregard from the child's income payments of RSDI (title II) benefits.

4. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ All resources are disregarded. No resource test is applied.

## Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

### Package Header

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#### Reviewable Unit Instructions

### D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

### E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

### F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

## Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

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Reviewable Unit Instructions

### G. Additional Information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 2/10/2020 2:28 PM EST*