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MN - Submission Package - MN2020MS0001O - (MN-19-0017) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	MN2020MS0001O	Submission Type	Official
Program Name	N/A	State	MN
SPA ID	MN-19-0017	Region	Chicago, IL
Version Number	3	Package Status	Approved
Submitted By	Patricia Callaghan	Submission Date	12/23/2019
Package Disposition		Approval Date	5/22/2020 5:06 PM EDT
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 Medicaid and CHIP Operations Group
 601 E. 12th Street
 Room 355
 Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 22, 2020

Ann Berg
 Deputy Medicaid Director
 Department of Human Services
 540 Cedar St
 Saint Paul, MN 55155

Re: Approval of State Plan Amendment MN-19-0017

Dear Ann Berg:

On December 23, 2019, the Centers for Medicare and Medicaid Services (CMS) received Minnesota State Plan Amendment (SPA) MN-19-0017 to add income and resource disregards to certain individuals eligible for home and community-based waiver services under Section 1915c of the Social Security Act.

We approve Minnesota State Plan Amendment (SPA) MN-19-0017 on May 22, 2020 with an effective date(s) of October 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Sandra Porter at Sandra.Porter@CMS.hhs.gov.

Sincerely,
 James G. Scott
 Director, Division of Program
 Operations
 Center for Medicaid & CHIP
 Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS00010 | MN-19-0017

Package Header

Package ID	MN2020MS00010	SPA ID	MN-19-0017
Submission Type	Official	Initial Submission Date	12/23/2019
Approval Date	5/22/2020	Effective Date	N/A
Superseded SPA ID	N/A		

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 | MN2020MS0001O | MN-19-0017

Package Header

Package ID MN2020MS0001O	SPA ID MN-19-0017
Submission Type Official	Initial Submission Date 12/23/2019
Approval Date 5/22/2020	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID MN-19-0017

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	10/1/2019	MN-19-0005
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	10/1/2019	N/A
Medically Needy Populations Based on Age, Blindness or Disability	10/1/2019	MN-19-0005

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

Package Header

Package ID	MN2020MS0001O	SPA ID	MN-19-0017
Submission Type	Official	Initial Submission Date	12/23/2019
Approval Date	5/22/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Disregard of spouse's income and assets under P.L. 116-3, sec 2; P.L. 116-16, sec 2; P.L. 116-39, sec. 3; and P.L. 116-94, sec. 204, amending sec 2404 of P.L. 111-14; .

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

1902(r)(2) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

Package Header

Package ID	MN2020MS0001O	SPA ID	MN-19-0017
Submission Type	Official	Initial Submission Date	12/23/2019
Approval Date	5/22/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

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

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

Package Header

Package ID MN2020MS0001O	SPA ID MN-19-0017
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Approval Date 5/22/2020	Effective Date N/A
Superseded SPA ID 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: Nov 20, 2019

Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used: Individuals and entities that sign up to receive notice of proposed state plan amendments.

- Website Notice
- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
Public notice Proposed TN 19-17 correction	1/7/2020 11:36 AM EST	

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

Name	Date Created	
No items available		

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

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits

Service delivery

Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

Package Header

Package ID MN2020MS0001O	SPA ID MN-19-0017
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Approval Date 5/22/2020	Effective Date N/A
Superseded SPA ID 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:	Method of solicitation/consultation:
11/20/2019	E-mail

- All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
11/20/2019	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:	Method of consultation:
11/20/2019	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

Name	Date Created	
FW_ Proposed SPA 19-17 Tribal Consultation	1/7/2020 11:39 AM 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 | MN2020MS0001O | MN-19-0017

Package Header

Package ID	MN2020MS0001O	SPA ID	MN-19-0017
Submission Type	Official	Initial Submission Date	12/23/2019
Approval Date	5/22/2020	Effective Date	10/1/2019
Superseded SPA ID	MN-19-0005		
	System-Derived		

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 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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

Package Header

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Superseded SPA ID	MN-19-0005		
	System-Derived		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" 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 ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" 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 
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

Package Header

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	System-Derived		

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 - Options for Coverage

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

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Superseded SPA ID	N/A		
	User-Entered		

The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
 - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
 - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

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Superseded SPA ID	N/A		
	User-Entered		

B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

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

- Yes
- No

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

- Yes
- No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
Spousal disregard	For married individuals eligible under the section 435.217 group under the Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), or Developmental Disability (DD) waivers, disregard all assets of the spouse during any period in which the financial methodologies of Section 2404 of the Affordable Care Act mandatorily apply.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

Package Header

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Submission Type	Official	Initial Submission Date	12/23/2019
Approval Date	5/22/2020	Effective Date	10/1/2019
Superseded SPA ID	N/A		
	User-Entered		

C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

Package Header

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Superseded SPA ID	N/A		
	User-Entered		

D. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

Package Header

Package ID	MN2020MS0001O	SPA ID	MN-19-0017
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Superseded SPA ID	MN-19-0005		
	System-Derived		

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet at least one of the following:
 - a. Are age 65 or older;
 - b. Have blindness; or
 - c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

Package Header

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Superseded SPA ID	MN-19-0005		
	System-Derived		

B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MN2020MS0001O | MN-19-0017

Package Header

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Superseded SPA ID	MN-19-0005		
	System-Derived		

C. Financial Methodologies

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

- Yes
- No

2. The financial methodology used is:

- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. More restrictive requirements than SSI. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.
- c. 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.

<input type="radio"/>	Between this standard:	The
<input type="radio"/>	Between the following percentage standards of the FPL:	medically needy income standard by family size
<input type="radio"/>	Between the medically needy income limit and the percentage	and this standard: 70% FPL, effective July 1, 2001
<input type="radio"/>	Between the medically needy income limit and the percentage	75% FPL, effective
<input type="radio"/>	Between the medically needy income limit and the percentage	75% FPL, effective

ge of the FPL: Between the SSI Federal Benefit Rate and: Between other income standards:

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 or seasonal employees who were enrolled in Minnesota's health

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A specified type of income is disregarded:

Name of income type:	Description:
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).
In-kind Income	Disregard all in-kind income.
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.

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

Yes No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Disregard for Children Living with Adults	For one child living with a disabled or elderly individual, exclude an additional \$3,000, and \$200 for each additional child. For each child living with a disabled or elderly couple, exclude an additional \$200.

Real property not otherwise excluded is disregarded.

Description of disregard: Disregard the homestead of a person residing in a long term care facility if the home is used as the residence of the per

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A specified type of resource is disregarded:

Name of resource type:	Description:
State Catastrophe Funds	Disregard payments from the Minnesota I-35 Catastrophe Relief Funds.
Jensen Settlement	Disregard payments to class members under the federal court order in Jensen et al v. Minnesota Department of Human Services, CN 09-1775 (DWF/FLM).
NIH Study	Disregard as assets any 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.

Name of resource type:	Description:
------------------------	--------------

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Asset Reduction	<p>Allow reduction of excess assets to achieve eligibility in the month of application by (i) paying incurred health service expenses for services otherwise covered by Medicaid and/or (ii) reducing excess assets in any manner not considered an uncompensated transfer subject to penalty as defined in state and federal Medicaid law.</p> <p>Allow reduction of excess assets to achieve eligibility in any retroactive month by (i) designating a \$1500 burial fund for oneself, a spouse and each eligible dependent child and/or (ii) paying for health service costs incurred during the retroactive period.</p> <p>Allow individuals who are permitted to designate assets for a \$1500 burial fund to make or change that designation within three months of the month of application.</p>

Name of methodology:	Description:
Child Assets	Disregard all assets of children under age 21.
Transition Disregard	For a disabled individual ineligible under section 1902(a)(10)(A)(ii)(XIII) due to loss of earnings, and qualifying for Medicaid under another category, continue to disregard for 12 consecutive months the assets allowed and excluded under the employment incentive category of section 1902(a)(10)(A).
Disregard of Employment Incentive Assets Account (EIAA)	Disabled individuals eligible under section 1902(a)(10)(A)(ii)(XIII) will, after 24 months of consecutive enrollment under such section, qualify to establish one or more Employment Incentives Asset Accounts (EIAA). Assets that may be designated as an EIAA include assets such as a savings account, investments, mutual funds, retirement and pension accounts, and medical expense accounts. An EIAA may contain the individual's retirement accounts and medical expense benefits through an employer. An EIAA may contain up to \$17,000 of the

Name of methodology:	Description:
	<p>individual's other non-excluded liquid assets. An asset disregard will apply, under the following terms:</p> <ol style="list-style-type: none"> 1) The individual shall identify to the state the account(s) that he or she designates as his or her Employment Incentives Assets Account(s) before disenrollment from the group. 2) The value of the assets in the EIAA are disregarded, including growth or appreciation, except that any amount by which the value of the other liquid assets exceeds \$17,000 in an EIAA is not disregarded. 3) Once the assets are designated as an EIAA they are only disregarded when the individual is enrolled in another group for individuals age 65 and older to which the EIAA disregard is applied. 4) If a person's Medicaid eligibility ends at any point before turning age 65, the EIAA will cease to exist. <p>Group to which disregard is applied: Individuals age 65 and older eligible under §1902(f), 1902(a)(10)(A)(ii)(I), 1902(a)(10)(A)(ii)(V), 1902(a)(10)(A)(ii)(VI), 1902(a)(10)(A)(ii)(X), 1902(a)(10)(A)(ii)(XI);</p>

Name of methodology:	Description:
	medically needy individuals age 65 and older eligible under §1902(a)(10)(C).
Disregard Assets of a Spouse	For married individuals eligible as medically needy for home and community-based services in the Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CAD), or Developmental Disability (DD) waivers, disregard all assets of the spouse during any period in which the financial methodologies of Section 2404 of the Affordable Care Act mandatorily apply.

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Submission Type	Official	Initial Submission Date	12/23/2019
Approval Date	5/22/2020	Effective Date	10/1/2019
Superseded SPA ID	MN-19-0005		
	System-Derived		

D. Income Standard Used

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

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E. Resource Standard Used

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

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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.

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G. Additional Information (optional)

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