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State Plan Amendment (SPA) #: 19-0014

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CMS-10434 OMB 0938-1188

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



Center for Medicaid & CHIP Services

May 13, 2020

Christopher Jones
Executive Director
ND Medical Services
Dept 325
600 E Boulevard Ave
Bismarck, ND 58505

Re: Approval of State Plan Amendment ND-19-0014

Dear Christopher Jones:

On September 27, 2019, the Centers for Medicare and Medicaid Services (CMS) received North Dakota State Plan Amendment (SPA) ND-19-0014 to amend the State Plan to increase the eligibility income level for children with disabilities to 250% of the FPL effective July 1, 2019. The following Reviewable Units were included in this submission package as this is the first SPA North Dakota has completed in MACPro: Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability, Non-MAGI Methodologies, More Restrictive Requirements than SSI under 1902(f) - (209(b) States), Handling of Excess Income (Spendeddown), Mandatory Eligibility Groups, Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability, and Optional Eligibility Groups..

We approve North Dakota State Plan Amendment (SPA) ND-19-0014 on May 13, 2020 with an effective date(s) of July 01, 2019.

CMS acknowledges that North Dakota is working to bring its annuities methodology into compliance with federal law, with the submission of SPA ND 19-0017. This SPA was submitted in response to the companion letter that CMS issued with the approval of SPA ND 18-0015 on October 1, 2018.

Name	Date Created	
No items available		

If you have any questions regarding this amendment, please contact Curtis Volesky at curtis.volesky@cms.hhs.gov.

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS0001O | ND-19-0014

Package Header

Package ID	ND2019MS0001O	SPA ID	ND-19-0014
Submission Type	Official	Initial Submission Date	9/27/2019
Approval Date	5/13/2020	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: North Dakota

Medicaid Agency Name: ND Medical Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS0001O | ND-19-0014

Package Header

Package ID ND2019MS0001O	SPA ID ND-19-0014
Submission Type Official	Initial Submission Date 9/27/2019
Approval Date 5/13/2020	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID ND-19-0014

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	7/1/2019	ND-92-010
Non-MAGI Methodologies	7/1/2019	ND-92-010
More Restrictive Requirements than SSI under 1902(f) - (209(b) States)	7/1/2019	ND-93-13
Handling of Excess Income (Spendedown)	7/1/2019	ND-93-13
Mandatory Eligibility Groups	7/1/2019	ND-13-0017
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability	7/1/2019	ND-92-010
Optional Eligibility Groups	7/1/2019	ND-13-0017
Family Opportunity Act Children with a Disability	7/1/2019	ND-08-002

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS0001O | ND-19-0014

Package Header

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Submission Type	Official	Initial Submission Date	9/27/2019
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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Amends the State Plan to increase the eligibility income level for children with disabilities to 250% of the FPL effective July 1, 2019. The following Reviewable Units were included in this submission package as this is the first SPA North Dakota has completed in MACPro: Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability, Non-MAGI Methodologies, More Restrictive Requirements than SSI under 1902(f) - (209(b) States), Handling of Excess Income (Spendedown), Mandatory Eligibility Groups, Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability, and Optional Eligibility Groups. There were no changes to the information in these Reviewable Units.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$155178
Second	2020	\$620712

Federal Statute / Regulation Citation

1902(a)(10)(A)(ii)(XIX) of the Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS0001O | ND-19-0014

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Governor's Office Review

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

Describe Authority to prepare and submit Medicaid State Plans is provided to the Medicaid single state agency

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS0001O | ND-19-0014

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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

Submission - Tribal Input

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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:
7/1/2019	letter
8/20/2019	tribal consultation meeting


- All Urban Indian Organizations


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:
7/1/2019	letter
8/20/2019	tribal consultation meeting

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	
Kirstin Michel	9/26/2019 8:56 PM EDT	

Name Attendee List	Date Created 10/25/2019 11:56 AM EDT	
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Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS00010 | ND-19-0014

Package Header

Package ID	ND2019MS00010	SPA ID	ND-19-0014
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	User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

- 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- 2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

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The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive and More Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes
- No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.
3. The state applies more restrictive financial eligibility requirements to individuals who are age 65 or older or who have blindness or disability. The more restrictive requirements are no more restrictive than those requirements contained in the state's Medicaid plan in effect on January 1, 1972.
4. The more restrictive requirements are described in More Restrictive Methodologies Under 1902(f).

Non-MAGI Methodologies

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

2. In determining financial eligibility for individuals who are age 65 or older or who have blindness or a disability, the state may apply more restrictive requirements for relative responsibility than specified in B.1., but no more restrictive than the requirements under the Medicaid plan in effect on January 1, 1972. These methodologies are described in More Restrictive Methodologies under 1902(f).

Non-MAGI Methodologies

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D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No
- a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
- b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
- c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
- d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
- e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
- f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
- g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
- h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)

4. The state uses the same definition of family size for the selected FPL eligibility groups.

- Yes
- No

5. For the selected FPL eligibility groups, family size is defined as follows:

- a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.
- b. The state uses another definition of family.

Name of other definition:	Description:
Medicaid Unit	An applicant or recipient who is the caretaker of a blind or disabled child under eighteen years of age may select any of their non-blind or disabled children to be included in the Medicaid unit. Anyone whose needs are included in the unit for any month is subject to all Medicaid requirements which may affect the unit.

Non-MAGI Methodologies

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No

2. The election to use MAGI-like methodologies is described on the RU for each applicable eligibility group.

3. The MAGI-like methodology is consistent with 42 CFR 435.603(b) through (f) with respect to definitions, household income, and definition of household, except:

a. The agency elects to use the MAGI definition of parent when considering the financial responsibility of relatives, which includes natural or biological parents, as well as adopted parents and stepparents.

- Yes
- No

b. Less restrictive methodologies can be used, as described in section B.

c. The financial responsibility requirements for relatives are applicable, as described in section C.

d. The countable income deductions for the medically needy are applicable, when the MAGI-like methodologies are applied to the medically needy, as described in section F.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS0001O | ND-19-0014

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F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that are no more restrictive than those used under the Medicaid plan on January 1, 1972, and no more liberal than those used in determining eligibility under SSI or an optional state supplement, and
2. Amounts that are at least the same as those that would be deducted in determining eligibility under the eligibility group for individuals in 209 (b) states who are age 65 or older or who have blindness or a disability (described in 42 CFR 435.121).

Non-MAGI Methodologies

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS0001O | ND-19-0014

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The state applies more restrictive requirements than SSI under the authority of section 1902(f) of the Act, and consistent with 42 CFR 435.121.

A. Use of More Restrictive Requirements

The state applies more restrictive eligibility requirements to individuals who are age 65 or older or who have blindness or disability. The more restrictive requirements are no more restrictive than those requirements contained in the state's Medicaid plan in effect on January 1, 1972. The state does not apply more restrictive requirements if:

1. The requirement conflicts with the requirements of section 1924 of the Act, which governs the eligibility and post-eligibility treatment of income and resources of institutionalized individuals with community spouses;
2. The requirement conflicts with a more liberal requirement which the agency has elected to use under 42 CFR 435.601; or
3. The more restrictive requirement conflicts with a more liberal requirement the state has elected to use under §435.234(c) in determining eligibility for State supplementary payments.

B. Populations with More Restrictive Requirements

The state applies more restrictive requirements for the following populations:

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

C. Types of More Restrictive Requirements Used

The state applies more restrictive requirements for the following populations:

- 1. The state uses more restrictive requirements with respect to income.
- 2. The state uses more restrictive requirements with respect to resources.
- 3. The state uses more restrictive requirements with respect to the definition of disability.
- 4. The state uses more restrictive requirements with respect to the definition of blindness.
- 5. The state uses more restrictive requirements with respect to financial responsibility of relatives.
- 6. The state uses other more restrictive requirements.

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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D. More Restrictive Requirements with Respect to Income

The following more restrictive requirements are used with respect to income:

1. The state uses a lower income standard than the SSI or the Optional State Supplement standard for eligibility groups under Mandatory Coverage and Options for Coverage.

2. The state uses more restrictive income disregards or exclusions.

3. The state uses more restrictive requirements with respect to income from self employment.

Description:

No income from any other source may be used to offset a self-employment loss.

4. The state uses more restrictive requirements with respect to irregular/infrequent income.

Description:

All infrequent or irregular income is considered in the month received.

5. The state uses other more restrictive requirements with respect to income:

Name of requirement:	Description:
Ineligible Medical Assistance Unit	Twenty-five percent of that excess income of the ineligible medical assistance unit in the home which exceeds the appropriate medically needy income level will be deemed to be available to an eligible individual residing in a specialized facility
Unearned Income	Income from rental of rooms, apartments, or other property is unearned income, except that income from room rentals is considered "earned," if the recipient is actively engaged in the venture by such means as making the bed, changing linens, cleaning the room, etc.
Veterans Benefits	All veterans benefits (except Aid and Attendance) are considered non-exempt income for the Aged, Blind and Disabled.
Lump Sum Income	Non-recurring lump sum income is considered income in the month received and a resource thereafter except retroactive lump sum SSI payments which are disregarded in the month received.

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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E. More Restrictive Requirements with Respect to Resources

The following more restrictive requirements are used with respect to resources:

- 1. The state uses a lower resource standard than the SSI or the Optional State Supplement standard for eligibility groups under Mandatory Coverage and Options for Coverage.
- 2. The state uses more restrictive requirements with respect to the treatment of real property.
 - a. The state uses a more restrictive requirement with respect to the treatment of home property.
 - b. The state uses other more restrictive requirements related to real property.

Name of requirement:	Description:
Joint Ownership	Real Property includes land, buildings, mineral rights, burial plots, contractual rights on real property, etc. Joint ownership of real property will be considered available on an equal basis unless otherwise specified.

- 3. The state uses more restrictive requirements with respect to the treatment of lump sums.

Description:

Retroactive lump-sum SSI income payments are counted as resources in the month following the month in which they are received.

- 4. The state uses more restrictive requirements with respect to the treatment of personal property.

Description:

Personal property includes cash surrender value of life insurance policies, vehicles, machinery, livestock, grave markers, burial vaults, contractual rights on personal property, etc. Joint ownership of personal property will be considered available on an equal basis unless otherwise specified.

- 5. The state uses other more restrictive requirements with respect to resources:

Name of requirement:	Description:
Contract for Deed	The essential feature of a "Contract for Deed" is the right to receive periodic payments, usually coupled with a right to get the property back if the payments are not made. Contractual rights to receive monthly payments also arise out of other types of

Name of requirement:	Description:
Personal Vehicle	<p>transactions. The valuable contract documents may be called a note, accounts receivable, mortgage, or by some other name.</p> <p>Because many such contracts were entered into when interest rates were lower, the contracts are not negotiable at their face value. That is not to say they have no value. A proper valuation may be made by a process called "discounting", which will take into account the changes in the interest rates. The discounted value will be determined by the Legal Services Division of the Department of Human Services. A letter requesting the discounted value accompanied by the contract documents must be sent to the Legal Services Division.</p> <p>If the discounted value, alone or added to the value of other property, is in excess of program limits, the applicant/recipient is ineligible and may attempt to reduce property holdings to the allowable resource limits to establish eligibility. It is presumed that the contract, like any other property, is saleable without working an undue hardship.</p>
Resource Exemptions	<p>When one automobile or other personal vehicle is not exempt, because its primary purpose is not to serve the needs of members of the Medicaid unit, the entire value of the vehicle is counted as an asset.</p> <p>The home occupied by the individual or member of the Medical Assistance Unit will be exempt in determining eligibility for Medical Assistance. The home is defined as including the land on which it is located, providing the acreage does not exceed 160 contiguous acres if rural, or two acres if located in town. Acreage in excess of the 160 rural) or 2 (if located in town) would be declared " Real Property Other Than the Home."</p> <p>The home will be considered "occupied" and exempt if the individual or Medical Assistance Unit is temporarily absent but actually intends,</p>

Name of requirement:	Description:
Parent Resources	<p>and is able, to return within a reasonable length of time; otherwise such property will be considered " Other Real Property." If the home is exempt for the aforementioned reason, adequate documentation and frequent review are required.</p> <p>The home of an individual in long term care or the State Hospital with no spouse or family at home may be considered exempt for a period of not more than six months when a physician has certified that the individual is likely to return to his home within that period.</p> <p>Except for individuals covered by Section 1924 of the Act, the resources of the parent(s) will be deemed available for those individuals who are in long term care, the State Hospital, or in a specialized facility and thus considered separated for purposes of the SSI Program. The resources of the spouse will be deemed available for these individuals who are in a specialized facility and thus considered separated for the purposes of the SSI Program. The medically needy resource provisions will be applied as though the individual(s) were all residing in the same household.</p>
Noninstitutionalized Spouse	<p>Except for individuals covered by Section 1924 of the Act, the ineligible, noninstitutionalized spouse who has lived apart from the applicant or recipient for at least six months may separately own resources (liquid, personal or real) up to the maximum amount allowed.</p>
Income Producing Property	<p>All SSI recipients are subject to the medically needy resource limit regarding income producing property.</p>
Liquid Assets	<p>Liquid assets include actual cash, savings, redeemable stocks and bonds, accounts receivable, etc. Liquid assets can be replenished at any time and may be accumulated out of exempted income during periods of eligibility. Liquid assets held in joint ownership will be considered available in</p>

Name of requirement:	Description:
Burial Insurance	total to the Medical Assistance Unit. Burial insurance is counted unless it specifically provides that the proceeds can be used only to pay burial expenses of the insured.
Available Property	Real or personal property which is essential to earning a livelihood is considered "available" in determining Medical Assistance eligibility unless the property owners are actively engaged in using the property to earn income and derive the total benefit of such income for their personal needs. An individual is actively engaged in utilizing the property if the individual contributes significant current personal labor in utilizing the property for income producing purposes. The payment of social security taxes on the income from such current personal labor is an indicator of the active utilization of the property. (Property which merely produces rental or lease income will be considered available in determining Medical Assistance eligibility.)
Funeral Set-Aside	Funeral set -asides not usually counted in the funeral expense allowance of the SSI program, i. e., headstones, vaults, caskets, etc., are subject to a \$4500 limitation over the Standard SSI 1500 limit, plus interest accrued.

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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	User-Entered		

J. Income Deductions

When applying more restrictive requirements, the state deducts SSI payments received by the individual and state supplement payments that meet the conditions specified in 42 CFR 435.232 and 435.234. The state also allows the following individuals to deduct incurred medical and remedial expenses (spend down) to become categorically eligible under the group for individuals in 209(b) states who are age 65 or over or who have blindness or a disability:

1. SSI beneficiaries and eligible spouses of SSI beneficiaries
2. State supplement recipients or individuals who are eligible for but not receiving a state supplementary payment.
3. Individuals who would be eligible for SSI/SSP but for OASDI COLA increases since April, 1977 (42 CFR 435.135)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
- c. None of the OASDI benefits is deducted from income.

4. Disabled widows and widowers ineligible for SSI due to increase in OASDI (42 CFR 435.137)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
- c. None of the OASDI benefits is deducted from income.

5. Disabled widows and widowers ineligible for SSI due to early receipt of social security (42 CFR 435.138)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
- c. None of the OASDI benefits is deducted from income.

6. Adult children with disabilities (1939(a)(2)(D) and 1634(c) of the Act)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
- c. None of the OASDI benefits is deducted from income.

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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K. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

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If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
 - i. 6 months
 - ii. 5 months
 - iii. 4 months
 - iv. 3 months
 - v. 2 months
 - vi. 1 month
- b. More than one budget period, as described below:

Handling of Excess Income (Spendedown)

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B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

- Yes
- No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spenddown)

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C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. Incurred medical and remedial expenses without regard to the age of the expenses.
2. Payments made during the budget period on eligible expenses incurred at any time, if not previously deducted in establishing eligibility.
3. Unpaid eligible expenses incurred at any time prior to the budget period, which have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spendedown)

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D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spendedown)

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E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

The state sets the following reasonable limits:

- 1. Medicare, Medicaid and other health insurance premiums and cost sharing.
- 2. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.

Description of reasonable limitations:

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or government.

Handling of Excess Income (Spendedown)

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F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
- No

Handling of Excess Income (Spendeddown)

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS00010 | ND-19-0014

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Mandatory Coverage







A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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 ?
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Deemed To Be Receiving SSI				<input type="radio"/>	
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Mandatory Eligibility Groups

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B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

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 - Mandatory Coverage

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS0001O | ND-19-0014

In 209(b) states, individuals who are 65 or older or who have blindness or a disability, who meet more restrictive criteria than used in SSI

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The state covers the mandatory eligibility group for individuals in 209(b) states who are age 65 or older or who have blindness or a disability in accordance with the following provisions:

A. Characteristics

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

1. Be age 65 or older or have blindness or a disability;
2. Meet more restrictive requirements than SSI, as defined by the state in section B;
3. Have income and resources at or below the standard for this group.

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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B. Financial Methodologies

1. The more restrictive requirements used are described in the More Restrictive Requirements than SSI under 1902(f) RU.

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

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Guardian or Conservator	The legally appointed guardian or conservator may be allowed to retain 5 percent of a recipient's monthly benefits as reimbursement for services. The remainder of the recipient's monthly benefit shall be considered available to the Medical Assistance Unit.

A specified amount of unearned income is disregarded.

Amount: \$25.00

Description of disregard: The first \$25 of unearned income from rental of rooms, apartments, or other property from each unit is exempt to defray any associated expenses.

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to census activities are excluded.

Interest is disregarded.

Description of disregard: Dividend and interest income from liquid assets is disregarded as income.

Dividends are disregarded.

Description of disregard: Dividend and interest income from liquid assets is disregarded as income.

Training allowances and expenses are disregarded.

Description of disregard: For each individual who is not an aged, blind, or disabled recipient within a family who is employed or in training, deduct the \$30 standard work/ training expense allowance.

A specified type of income is disregarded:

Name of income type:	Description:
Income In-Kind	Income in-kind is to be excluded except that income in-kind which is in lieu of wages is considered earned income.
Extra Checks of Earned or Unearned Income	Extra checks of earned or unearned income received from a regularly recurring income source are disregarded as income. Bonus checks, or checks for any other reason, are not considered extra checks. The last check received in the month is considered the extra check.
Child Care Costs	Allow reasonable child care costs necessary for employment or training to be deducted from income.
Payroll Deductions and Union Dues	Gross earnings for employed individuals who are not aged, blind, or disabled applicants or recipients are reduced by mandatory payroll deductions and union dues actually withheld or actually paid or \$90 whichever is greater.
Child Support	The First \$50 per month of current child support, received on behalf of children in the Medicaid unit, will be disregarded from each budget unit that is budgeted with a separate income level.
Adult Dependent Care Expenses	Reasonable adult dependent care expenses incurred for any incapacitated or disabled adult in the Medicaid unit are allowed as a deduction from income so a caretaker or spouse can work or attend training.
Car Safety Seat	The cost to purchase or rent a car safety seat for a child through age 10 is allowed as a deduction if a seat is not otherwise reasonably available.
Subsidized Guardianship Payments	Disregard subsidized guardianship payments for children.
Child and Adult Food Program	Disregard payments from the Child and Adult Food Program for meals and snacks to licensed families who provide daycare in their home.
Military Personnel Additional Pay	Additional pay received by military personnel as a result of deployment to a combat zone is disregarded as income.

Name of income type: TANF Cash Grant	Description: Disregard TANF cash grant as income.
--	---

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

- Yes
- No

The less restrictive resource methodologies are:

- The state uses a less restrictive methodology with respect to resources set aside for burial.
 - Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Funds	Any prepayments or deposits which total \$6,000 or less which are designated and maintained by an applicant or recipient for their burial. The earnings accrued on the burial fund are excluded. A fund is considered to be designated for burial if identified as such on the account or by the applicant or recipient's statement.

- A specified type of resource is disregarded:

Name of resource type:	Description:
Resource Standards	Disregard countable resources, for single individuals, between \$2,000 and \$3,000, and, for couples (or 2-person households), between \$3,000 and \$6,000 (+\$25 for each additional individual).
Salability of "Contractual Rights to Receive Payment"	An applicant/recipient may rebut the presumption of the salability of "contractual rights to receive payment" by showing the following. <ul style="list-style-type: none"> a. That his interest in the contract was advertised for sale in a newspaper whose circulation area includes the area where the real property relating to the contract is located. This advertisement must be published successively for two weeks if the newspaper is a weekly and for one week if it is a daily. b. The sworn statement of the applicant/ recipient that no offers were received which equaled or exceeded the minimum price. If all offers were below the minimum price, the property is determined to be not saleable;

<p>Name of resource type:</p>	<p>Description: any offer received that is equal to or in excess of the minimum price will establish that the property is saleable and the seller has the right to accept any of the offers. Rebuttals must be made immediately prior to each redetermination of eligibility for the property to continue to be treated as unsalable.</p>
<p>Effective Date of Eligibility</p>	<p>Effective Date of Eligibility - An individual is considered resource eligible for the full month if he/she attains resource eligibility on any day of the month, without regard to whether the individual was resource eligible on the first moment of the first day of the month.</p>
<p>Life Estate</p>	<p>Effective July 1, 1996 the value of a life estate will be excluded in determining if the available assets of an applicant or recipient exceed the asset limit.</p>
<p>Value of Mineral Acres</p>	<p>The value of mineral acres are excluded in determining if the available assets of an applicant or recipient exceed the asset limit.</p>
<p>Employee Benefit Annuity</p>	<p>The value of an employee benefit annuity that is an individual retirement annuity or is an annuity that was purchased with the proceeds from an individual retirement account (IRA), a Roth IRA, a simplified employee pension, an employer or employee association retirement account, or an employer simple retirement account, as described in § 408 of the Internal Revenue Code of 1986 is excluded.</p>
<p>Annuities</p>	<p>The value of an annuity that meets the following criteria is excluded: a. The annuity if irrevocable and cannot be assigned to another person; b. The issuing entity is an insurance company or other commercial company that sells annuities as part of the normal course of business; c. The annuity provides for level monthly payments; d. If the annuity was purchased before August 1, 2005, the annuity returns the full purchase price and</p>

Name of resource type:	Description:
	<p>interest within the purchaser's life expectancy;</p> <p>e. If the annuity was purchased on or after August 1, 2005, the annuity returns the full principle and has a guaranteed period that is equal to at least 85% of the annuitant's life expectancy;</p> <p>f. If the annuity was purchased before August 1, 2005, the monthly payments from the annuity do not exceed the minimum monthly maintenance needs allowance pursuant to § 1924(d)(3) of the Act.</p> <p>g. If the annuity was purchased on or after August 1, 2005, the monthly payments from all annuities that meet these requirements do not exceed the minimum monthly maintenance needs allowance pursuant to § 1924(d)(3) of the Act and, when combined with the annuitant's other income at the time of application for Medicaid, does not exceed 150% of the minimum monthly maintenance needs allowance; and</p> <p>h. If the annuity was purchased on or after August 1, 2005, if the applicant for Medicaid is age 55 or older, the North Dakota Department of Human Services is irrevocably named as the primary beneficiary of the annuity following the death of the applicant and the applicant's spouse, not to exceed the amount of benefits paid by Medicaid. If a minor child who resided and was supported financially by the applicant or spouse, or disabled child, survives the applicant and spouse, any payments from the annuity will be provided to those individuals.</p>
State Tax Refunds	State tax refunds and refundable tax credits are excluded as resources for nine months beginning after the month of receipt.
Real or Personal Property	Real or personal property which is not saleable without working an undue hardship may be considered unavailable in determining

Name of resource type:	Description:
	<p>Medical Assistance eligibility. Property which has been, in good faith, offered for sale, and for which no offer has been received which equals or exceeds 75% of the reasonable market value, will normally be treated as not saleable without working an undue hardship. A good faith offer to sell real property would normally include advertisements and listings with real estate agents or local dealers in real estate. The reasonable market value of real property may be established by appraisal or by any other method which is likely to produce an accurate valuation. Valuations established for real estate tax purposes shall not be used. A good faith offer to sell personal property would normally include advertisements, listing with real estate agents or local dealers. The reasonable market value of personal property may be established by appraisals or by any other method which is likely to produce an accurate valuation.</p>

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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C. Income Standard Used

The income standard for this group is:

- 1. A percentage of the federal poverty level:
- 2. A dollar amount
- 3. Another standard

Statewide standard

The statewide standard is:

Household size	Standard
1	\$500.00
2	\$516.00
3	\$666.00
4	\$800.00
5	\$908.00
6	\$1008.00
7	\$1083.00
8	\$1141.00
9	\$1200.00
10	\$1250.00

The state uses an additional incremental amount for larger household sizes.

- Yes No

Incremental Amount

\$57.00

The dollar amounts increase automatically each year

- Yes No

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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D. Resource Standard Used

The resource standard for this group is:

Individual: \$2000.00

Couple: \$3000.00

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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E. 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.

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

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

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Superseded SPA ID ND-13-0017	
User-Entered	

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 checked="" type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	NEW

Optional Eligibility Groups

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C. Additional Information (optional)

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

Eligibility Groups - Options for Coverage

Family Opportunity Act Children with a Disability

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS0001O | ND-19-0014

Children under age 19 who are considered to have a disability, with income equal to or less than a standard specified by the state.

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The state operates the Family Opportunity Act Children with a Disability 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 19;
2. Would be considered disabled under section 1614(a)(3)(C) of the Act, without regard to any income or asset eligibility requirements that apply under such title; and
3. Have income that does not exceed the standard established by the state

Family Opportunity Act Children with a Disability

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. More restrictive requirements than SSI are used in calculating countable income. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.

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

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Guardian or Conservator	The legally appointed guardian or conservator may be allowed to retain 5 percent of a recipient's monthly benefits as reimbursement for services. The remainder of the recipient's monthly benefit shall be considered available to the Medical Assistance Unit.

A specified amount of unearned income is disregarded.

Amount: \$25.00

Description of disregard: The first \$25 of unearned income from rental of rooms, apartments, or other property from each unit is exempt to defray any associated expenses.

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to census activities are excluded.

Interest is disregarded.

Description of disregard: Dividend and interest income from liquid assets is disregarded as income.

Dividends are disregarded.

Description of disregard: Dividend and interest income from liquid assets is disregarded as income.

Training allowances and expenses are disregarded.

Description of disregard: For each individual who is not an aged, blind, or disabled recipient within a family who is employed or in training, deduct

the \$30 standard work/ training expense allowance.

A specified type of income is disregarded:

Name of income type:	Description:
Income In-Kind	Income in-kind is to be excluded except that income in-kind which is in lieu of wages is considered earned income.
Extra Checks of Earned or Unearned Income	Extra checks of earned or unearned income received from a regularly recurring income source are disregarded as income. Bonus checks, or checks for any other reason, are not considered extra checks. The last check received in the month is considered the extra check.
Child Care Costs	Allow reasonable child care costs necessary for employment or training to be deducted from income.
Payroll Deductions and Union Dues	Gross earnings for employed individuals who are not aged, blind, or disabled applicants or recipients are reduced by mandatory payroll deductions and union dues actually withheld or actually paid or \$90 whichever is greater.
Child Support	The First \$50 per month of current child support, received on behalf of children in the Medicaid unit, will be disregarded from each budget unit that is budgeted with a separate income level.
Adult Dependent Care Expenses	Reasonable adult dependent care expenses incurred for any incapacitated or disabled adult in the Medicaid unit are allowed as a deduction from income so a caretaker or spouse can work or attend training.
Car Safety Seat	The cost to purchase or rent a car safety seat for a child through age 10 is allowed as a deduction if a seat is not otherwise reasonably available.
Subsidized Guardianship Payments	Disregard subsidized guardianship payments for children.
Child and Adult Food Program	Disregard payments from the Child and Adult Food Program for meals and snacks to licensed families who provide daycare in their home.

Name of income type:	Description:
Military Personnel Additional Pay	Additional pay received by military personnel as a result of deployment to a combat zone is disregarded as income.
TANF Cash Grant	Disregard TANF cash grant as income.

Family Opportunity Act Children with a Disability

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C. Income Standard Used

The income standard for this eligibility group is:

- 1. No income standard (FFP available only for individuals with income at or below 300% FPL)
- 2. 300% FPL
- 3. Other percent of FPL 250.00% FPL

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D. Resource Standard Used

There is no resource test for this eligibility group.

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E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

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F. Employer-Based Health Coverage

1. If the eligible individual is offered employer-sponsored coverage under a group health plan, the state requires the parent to apply for, enroll and pay premiums for such coverage, provided that the following conditions are met:

- a. The parent is eligible for the coverage; and
- b. The employer contributes at least 50 percent of the total cost of the premiums.

2. Requirements for premium assistance for this group are found in the premium assistance section of the state plan.

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G. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections as well as Attachment 2.6 of the eligibility section of the State Plan.

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