

## **Table of Contents**

**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: 22-0009**

This file contains the following documents in the order listed:

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

# MN - Submission Package - MN2021MS0004O - (MN-22-0009) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	MN2021MS0004O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	MN
<b>SPA ID</b>	MN-22-0009	<b>Region</b>	Chicago, IL
<b>Version Number</b>	2	<b>Package Status</b>	Approved
<b>Submitted By</b>	Patricia Callaghan	<b>Submission Date</b>	3/2/2022
<b>Package Disposition</b>		<b>Approval Date</b>	4/14/2022 10:22 AM EDT
<b>Priority Code</b>	P2		
<b>Lead Division</b>	DMEP		

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

April 14, 2022

Cynthia MacDonald  
Assistant Commissioner and Medicaid Director, Health Care Administration  
Department of Human Services  
540 Cedar St  
P.O. Box 64984  
Saint Paul, MN 55164-0984

Re: Approval of State Plan Amendment MN-22-0009

Dear Cynthia MacDonald,

On March 02, 2022, the Centers for Medicare and Medicaid Services (CMS) received Minnesota State Plan Amendment (SPA) MN-22-0009. This SPA proposes to increase an income disregard for certain medically needy groups.

We approve Minnesota State Plan Amendment (SPA) MN-22-0009 with an effective date(s) of July 01, 2022.

If you have any questions regarding this amendment, please contact Sandra Porter at Sandra.Porter@CMS.hhs.gov, or via telephone at 312-353-8310.

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS0004O | MN-22-0009

### Package Header

**Package ID** MN2021MS0004O  
**Submission Type** Official  
**Approval Date** 4/14/2022  
**Superseded SPA ID** N/A

**SPA ID** MN-22-0009  
**Initial Submission Date** 3/2/2022  
**Effective Date** 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 | MN2021MS00040 | MN-22-0009

### Package Header

**Package ID** MN2021MS00040  
**Submission Type** Official  
**Approval Date** 4/14/2022  
**Superseded SPA ID** N/A

**SPA ID** MN-22-0009  
**Initial Submission Date** 3/2/2022  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** MN-22-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Non-MAGI Methodologies	7/1/2022	MN-19-0005
Optional Eligibility Groups	7/1/2022	MN-19-0016
Medically Needy Reasonable Classifications of Individuals under Age 21	7/1/2022	MN-19-0016
Medically Needy Populations Based on Age, Blindness or Disability	7/1/2022	MN-19-0017

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS00040 | MN-22-0009

### Package Header

**Package ID** MN2021MS00040  
**Submission Type** Official  
**Approval Date** 4/14/2022  
**Superseded SPA ID** N/A

**SPA ID** MN-22-0009  
**Initial Submission Date** 3/2/2022  
**Effective Date** N/A

### Executive Summary

**Summary Description Including Goals and Objectives** Revising income disregard for medically needy aged, blind, disabled group and reasonable classifications of children

### Federal Budget Impact and Statute/Regulation Citation


#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$3882000
Second	2023	\$22099000

#### Federal Statute / Regulation Citation

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

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal impact ABD med needy 100 FPG	2/23/2022 4:38 PM EST	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS0004O | MN-22-0009

### Package Header

**Package ID** MN2021MS0004O  
**Submission Type** Official  
**Approval Date** 4/14/2022  
**Superseded SPA ID** N/A

**SPA ID** MN-22-0009  
**Initial Submission Date** 3/2/2022  
**Effective Date** N/A

### Governor's Office Review

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

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS0004O | MN-22-0009

#### Package Header

<b>Package ID</b>	MN2021MS0004O	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0005		
	System-Derived		

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

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS00040 | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS00040	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0005		
	System-Derived		

## 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

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS00040 | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS00040	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0005		
	System-Derived		

## 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:

- The individual applying, or
- If the individual lives together with his or her spouse, the individual applying and the spouse, or
- 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:
Household composition & Family size	<p>Individual, individual's spouse, and biological or adopted children under age 21 of either spouse living in the household, and unborn children of any individual in the household.</p> <p>For a child under age 21, the household includes the child's spouse, if any, the child's children if any, the biological or adopted parents, or stepparents; and full, half stepsiblings under age 21 with a mutual parent living in the household.</p>

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS00040 | MN-22-0009

### Package Header

<b>Package ID</b>	MN2021MS00040	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0005		
	System-Derived		

### 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

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS0004O | MN-22-0009

### Package Header

<b>Package ID</b>	MN2021MS0004O	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0005		
	System-Derived		

### 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

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS00040 | MN-22-0009

### Package Header

<b>Package ID</b>	MN2021MS00040	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0005		
	System-Derived		

### G. Additional Information (optional)

Policies under items C and D above are not applicable to Certain Optional Child Groups:

- 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).

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS00040 | MN-22-0009

### Package Header

<b>Package ID</b>	MN2021MS00040	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0016		
	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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Work Incentives		<input 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 | MN2021MS00040 | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS00040	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0016		
	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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<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
Protected Medically Needy Individuals Who Were Eligible in 1973		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<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
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS00040 | MN-22-0009

### Package Header

<b>Package ID</b>	MN2021MS00040	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0016		
	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 - Medically Needy

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

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS00040 | MN-22-0009

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

#### Package Header

<b>Package ID</b>	MN2021MS00040	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0016		
	System-Derived		

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

#### A. Characteristics

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

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

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS00040 | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS00040	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0016		
	System-Derived		

## B. Individuals Covered

The state covers the following populations:

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

Name of classification	Age Range
Child with a disability under section 1902(e)(3)	Under age 19
Child with a disability eligible for HCBS	Under age 21
Child in state-funded fostercare/kinship	Under age 21

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

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS00040 | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS00040	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0016		
	System-Derived		

## C. Financial Methodologies

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

- Yes  
 No

2. The financial methodologies are:

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

The financial methodology used is:

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

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

- Yes  
 No

The less restrictive income methodologies are:

All income is disregarded. No income test is applied.

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

- Yes  
 No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

#### Child with a disability eligible for HCBS

The financial methodology used is:

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

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

- Yes  
 No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:  
 Between the medically needy income limit and a percentage of the FPL:  
 Between the SSI Federal Benefit Rate and:  
 Between other income standards:

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

**and this standard:** 70% FPL, effective July 1, 2001  
75% FPL, effective July 1, 2002  
80% FPL, effective July 1, 2016  
81% FPL, effective June 1, 2019  
100% FPL, effective July 1, 2022

Census Bureau wages are disregarded.

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

A specified type of income is disregarded:

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

The following less restrictive methodologies are used:

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

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

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

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

The financial methodology used is:

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

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

- Yes
- No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

**Between this standard:** The medically needy income standard by family size  
**and this standard:** 70% FPL, effective July 1, 2001  
75% FPL, effective July 1, 2002  
80% FPL, effective July 1, 2016  
81% FPL, effective June 1, 2019  
100% FPL, effective July 1, 2022

Census Bureau wages are disregarded.

**Description of disregard:** Disregard earned income of temporary census employees who were enrolled in

A specified type of income is disregarded:

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

The following less restrictive methodologies are used:

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

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

- Yes  
 No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS0004O | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS0004O	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0016		
	System-Derived		

## D. Income Standard Used

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

## E. Resource Standard Used

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

## F. Spenddown

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

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS0004O | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS0004O	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0016		
	System-Derived		

## G. 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 | MN2021MS0004O | MN-22-0009

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

#### Package Header

<b>Package ID</b>	MN2021MS0004O	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0017		
	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 | MN2021MS0004O | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS0004O	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0017		
	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 | MN2021MS00040 | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS00040	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0017		
	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.

Between the following percent ages of the FPL:

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

Between the medically needy income limit and a percent age of the FPL:

**and this standard:** 70% FPL, effective July 1, 2001  
75% FPL, effective July 1, 2002  
80% FPL, effective July 1, 2016  
81% FPL, effective June 1, 2019  
100% FPL, effective July 1, 2022

Between the SSI Federal Benefit Rate and:

Between other income standards:

Census Bureau wages are disregarded.

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

A specified type of income is disregarded:

Name of income type:	Description:
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 person's (a) sibling who lived in the home for at least one year immediately before the date of the client's admission to the long term care facility and who has an equity interest in the home; or (b) an adult child or grandchild who lived in the home for at least two years immediately before the date of the client's admission to the long term care facility and who provided verifiable care to the client to permit the client to live at home instead of the long term care facility.

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).

Name of resource type:	Description:
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.

- 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)	<p>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 individual's other non-excluded liquid assets.</p> <p>An asset disregard will apply, under the following terms:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2) The value of the assets in the EIAA are disregarded,</li> </ol>

Name of methodology:	Description:
Disregard Assets of a Spouse	<p>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.</p> <p>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.</p> <p>4) If a person's Medicaid eligibility ends at any point before turning age 65, the EIAA will cease to exist.</p> <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); medically needy individuals age 65 and older eligible under §1902(a)(10)(C).</p> <p>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 (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.</p>

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS0004O | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS0004O	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0017		
	System-Derived		

## D. Income Standard Used

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



# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS00040 | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS00040	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0017		
	System-Derived		

## E. Resource Standard Used

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

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS0004O | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS0004O	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0017		
	System-Derived		

## F. Spenddown

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

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MN2021MS0004O | MN-22-0009

## Package Header

<b>Package ID</b>	MN2021MS0004O	<b>SPA ID</b>	MN-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/2/2022
<b>Approval Date</b>	4/14/2022	<b>Effective Date</b>	7/1/2022
<b>Superseded SPA ID</b>	MN-19-0017		
	System-Derived		

## G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 4/14/2022 4:42 PM EDT*