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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 22-0029

This file contains the following documents in the order listed:

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- 3) Approved SPA Pages

MN - Submission Package - MN2022MS00050 - (MN-22-0029) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI Transaction Logs News Related Actions

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



Center for Medicaid & CHIP Services

December 06, 2023

Julie Marquardt
Commissioner and State Medicaid Director
Department of Human Services
540 Cedar Street
Saint Paul, MN 55155

Re: Approval of State Plan Amendment MN-22-0029

Dear Medicaid Director Marquardt,

On September 28, 2022, the Centers for Medicare and Medicaid Services (CMS) received Minnesota State Plan Amendment (SPA) MN-22-0029, in which the state proposed to add to its state plan additional income and resource disregards under section 1902(r)(2) of the Social Security Act.

We approve Minnesota State Plan Amendment (SPA) MN-22-0029 with an effective date of September 1, 2022. September 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,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

MN - Submission Package - MN2022MS00050 - (MN-22-0029) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

CMS-10434 OMB 0938-1188

Package Header

Package ID	MN2022MS00050	SPA ID	MN-22-0029
Submission Type	Official	Initial Submission Date	9/28/2022
Approval Date	12/06/2023	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Minnesota

Medicaid Agency Name: Department of Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

Package ID MN2022MS00050
Submission Type Official
Approval Date 12/06/2023
Superseded SPA ID N/A

SPA ID MN-22-0029
Initial Submission Date 9/28/2022
Effective Date N/A

SPA ID and Effective Date

SPA ID MN-22-0029

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	9/1/2022	MN-19-0005
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability	9/1/2022	MN-19-0005
Qualified Medicare Beneficiaries	9/1/2022	MN-18-02
Specified Low Income Medicare Beneficiaries	9/1/2022	MN-18-02
Qualifying Individuals	9/1/2022	MN18-02
Optional Eligibility Groups	9/1/2022	MN-22-0009
Individuals Eligible for but Not Receiving Cash Assistance	9/1/2022	MN-18-02
Individuals Eligible for Cash Except for Institutionalization	9/1/2022	MN-18-02
Age and Disability-Related Poverty Level	8/31/2022	MN 01-10
Medically Needy Pregnant Women	9/1/2022	MN-18-02
Medically Needy Parents and Other Caretaker Relatives	9/1/2022	MN-18-02
Medically Needy Populations Based on Age, Blindness or Disability	9/1/2022	MN-22-0009

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Adding an income and asset disregard to non-MAGI methods under section 1902(r)(2) of the Social Security Act

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
MN 22-29 Fiscal Page	9/14/2022 5:53 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

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Superseded SPA ID	N/A		

Governor's Office Review

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

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.

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MN - Submission Package - MN2022MS00050 - (MN-22-0029) - Eligibility

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	MN-19-0005		
	System-Derived		

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 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 checked="" type="radio"/>	APPROVED
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" 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 
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029




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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

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.

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MN - Submission Package - MN2022MS0005O - (MN-22-0029) - Eligibility

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 | MN2022MS0005O | MN-22-0029

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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	System-Derived		

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

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

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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:

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 ABD categorically needy 1902(f) standard

and this standard: 100% FPL, using federal poverty levels in effect on July 1 of each 12 month period.

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 09-1775 (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.
Frontline Worker Payments	Disregard payments made to workers on the frontline during the COVID-19 peacetime emergency declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.

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

Yes

No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:

Family Disregard

Description:

For one child living with disabled or elderly individual disregard an additional \$3000 in assets; and disregard \$200 for each additional child. For each child living with a married couple, disregard \$200 per child.

Real property not otherwise excluded is disregarded.

Description of disregard:

Disregard the homestead of a person in a long-term care facility if the home is the residence of the person's (a) sibling living 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) adult child or grandchild who lived in the home for at least 2 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:

State Catastrophe Funds

Description:

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

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/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.

COVID-19 Frontline Worker Pay

Disregard any payments made to workers on the frontline during the COVID-19 peacetime emergency declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3, without regard to the manner or period of retention.

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 services 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 services 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 3 months of the month of application.</p>
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. An asset disregard will apply, under the following terms:</p> <ol style="list-style-type: none"> 1) The individual shall identify to the state the account(s) that he or she designates as his or her Employment Incentives Assets Account(s) before disenrollment from the group. 2) The value of the assets in the EIAA are disregarded, including growth or appreciation, except that any amount by which the value of the other liquid assets exceeds \$17,000 in an EIAA is not disregarded. 3) Once the assets are designated as an EIAA they are only disregarded when the individual is enrolled in another group for individuals age 65 and older to which the EIAA

Name of methodology:

Description:

disregard is applied.

4) If a person's Medicaid eligibility ends at any point before turning age 65, the EIAA will cease to exist.

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).

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

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	System-Derived		

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	\$482.00
2	\$602.00
3	\$731.00
4	\$854.00
5	\$957.00
6	\$1063.00
7	\$1168.00
8	\$1259.00
9	\$1347.00
10	\$1423.00

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

Yes No

Incremental Amount

\$74.00

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:** \$3750.00
- Couple:** \$6450.00

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

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS0005O | MN-22-0029

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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)

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

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Superseded SPA ID	MN-18-02		
	User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

Package ID MN2022MS00050
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User-Entered

SPA ID MN-22-0029
Initial Submission Date 9/28/2022
Effective Date 9/1/2022

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. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

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, 2020.

A specified type of income is disregarded:

Name of income type:	Description:
Widow or widower(s) disregard	Disregard all RSDI cost of living increases effective January 1, 1984 or later for individuals who meet requirements of section 1634(d).
Pickle disregard	Disregard RSDI cost of living adjustments under the Pickle amendment.
Disabled adult children disregard	Disregard RSDI benefits of disabled adult children who meet requirements of section 1634.
1619(a) and (b) disregard	Disregard income of individuals deemed to be an SSI recipient under 1619(a) or (b).
Community spouse and family allowance disregard	Disregard the community spouse monthly income allowance and family allowance as defined at section 1924(d)(2) and (3) to the extent it is made available to the community spouse and family.
COLA	Disregard the annual cost of living adjustments to RSDI (title II) benefits from January 1 through June 30th of each year.
In-kind income	Disregard all in-kind income.
State Catastrophe Funds	Disregard payments from the Minnesota I-35 Catastrophe Relief Fund.
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/FLN).
NIH Study	Disregard payments made to parents participating in the "income and child development in the first three years of life" demonstration

Name of income type:	Description:
	project funded by the United States Department of Health and Human Services' National Institutes of Health.
COVID-19 frontline worker pay	Disregard payments made to workers on the frontline during the COVID-19 peacetime emergency declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.

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

Yes

No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
MSP General Disregard	Disregard the difference between three times the SSI asset limit for an individual, and \$10,000 in non-excluded assets; and the difference between three times the SSI asset limit for a couple, and \$18,000 in non-excluded assets

Real property not otherwise excluded is disregarded.

Description of disregard: Disregard the homestead of a person in a long-term care facility if the home is the residence of the person's (a) sibling living 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) adult child or grandchild who lived in the home for at least 2 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:
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/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
COVID-19 Frontline Worker Pay	Disregard payments made to workers on the frontline during the COVID-19 peacetime emergency

Name of resource type:

Description:

declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.

The following less restrictive methodologies are used:

Name of methodology:

Description:

Asset Reduction

Allow reduction of excess assets to achieve eligibility in the month of application by (i) paying incurred health services 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.

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 services costs incurred during the retroactive month.

Allow individuals who are permitted to designate assets for a \$1500 burial fund to make or change that designation within 3 months of the month of application.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS0005O | MN-22-0029

Package Header

Package ID	MN2022MS0005O	SPA ID	MN-22-0029
Submission Type	Official	Initial Submission Date	9/28/2022
Approval Date	12/06/2023	Effective Date	9/1/2022
Superseded SPA ID	MN-18-02		
	User-Entered		

C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

Package ID	MN2022MS00050	SPA ID	MN-22-0029
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Superseded SPA ID	MN-18-02		
	User-Entered		

F. 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.

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MN - Submission Package - MN2022MS0005O - (MN-22-0029) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS0005O | MN-22-0029

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

Package ID	MN2022MS0005O	SPA ID	MN-22-0029
Submission Type	Official	Initial Submission Date	9/28/2022
Approval Date	12/06/2023	Effective Date	<u>9/1/2022</u>
Superseded SPA ID	MN-18-02		
	User-Entered		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

Package ID MN2022MS00050
Submission Type Official
Approval Date 12/06/2023
Superseded SPA ID MN-18-02
User-Entered

SPA ID MN-22-0029
Initial Submission Date 9/28/2022
Effective Date 9/1/2022

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. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

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, 2020.

A specified type of income is disregarded:

Name of income type:	Description:
Widow or widower(s) disregard	Disregard all RSDI cost of living increases effective January 1, 1984 or later for individuals who meet requirements of section 1634(d).
Pickle disregard	Disregard RSDI cost of living adjustments under the Pickle amendment.
Disabled adult children disregard	Disregard RSDI benefits of disabled adult children who meet requirements of section 1634.
1619(a) and (b) disregard	Disregard income of individuals deemed to be an SSI recipient under 1619(a) or (b).
Community spouse and family allowance disregard	Disregard the community spouse monthly income allowance and family allowance as defined at section 1924(d)(2) and (3) to the extent it is made available to the community spouse and family.
COLA	Disregard the annual cost of living adjustments to RSDI (title II) benefits from January 1 through June 30th of each year.
In-kind income	Disregard all in-kind income.
State Catastrophe Funds	Disregard payments from the Minnesota I-35 Catastrophe Relief Fund.
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/FLN).
NIH Study	Disregard payments made to parents participating in the "income and child development in the first three years of life" demonstration

Name of income type:	Description:
	project funded by the United States Department of Health and Human Services' National Institutes of Health.
COVID-19 frontline worker pay	Disregard payments made to workers on the frontline during the COVID-19 peacetime emergency declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.

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

Yes

No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
MSP General Disregard	Disregard the difference between three times the SSI asset limit for an individual, and \$10,000 in non-excluded assets; and the difference between three times the SSI asset limit for a couple, and \$18,000 in non-excluded assets

Real property not otherwise excluded is disregarded.

Description of disregard: Disregard the homestead of a person in a long-term care facility if the home is the residence of the person's (a) sibling living 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) adult child or grandchild who lived in the home for at least 2 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:
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/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
COVID-19 Frontline Worker Pay	Disregard payments made to workers on the frontline during the COVID-19 peacetime emergency

Name of resource type:

Description:

declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.

The following less restrictive methodologies are used:

Name of methodology:

Description:

Asset Reduction

Allow reduction of excess assets to achieve eligibility in the month of application by (i) paying incurred health services 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.

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 services costs incurred during the retroactive month.

Allow individuals who are permitted to designate assets for a \$1500 burial fund to make or change that designation within 3 months of the month of application.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

Package ID	MN2022MS00050	SPA ID	MN-22-0029
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Superseded SPA ID	MN-18-02		
	User-Entered		

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

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F. 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.

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MN - Submission Package - MN2022MS0005O - (MN-22-0029) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS0005O | MN-22-0029

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

Package ID	MN2022MS0005O	SPA ID	MN-22-0029
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Superseded SPA ID	MN18-02		
	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

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Submission Type Official
Approval Date 12/06/2023
Superseded SPA ID MN18-02
User-Entered

SPA ID MN-22-0029
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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. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

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, 2020.

A specified type of income is disregarded:

Name of income type:	Description:
Widow or widower(s) disregard	Disregard all RSDI cost of living increases effective January 1, 1984 or later for individuals who meet requirements of section 1634(d).
Pickle disregard	Disregard RSDI cost of living adjustments under the Pickle amendment.
Disabled adult children disregard	Disregard RSDI benefits of disabled adult children who meet requirements of section 1634.
1619(a) and (b) disregard	Disregard income of individuals deemed to be an SSI recipient under 1619(a) or (b).
Community spouse and family allowance disregard	Disregard the community spouse monthly income allowance and family allowance as defined at section 1924(d)(2) and (3) to the extent it is made available to the community spouse and family.
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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/FLN).
NIH Study	Disregard payments made to parents participating in the "income and child development in the first three years of life" demonstration

Name of income type:	Description:
	project funded by the United States Department of Health and Human Services' National Institutes of Health.
COVID-19 frontline worker pay	Disregard payments made to workers on the frontline during the COVID-19 peacetime emergency declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.

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

Yes

No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
MSP General Disregard	Disregard the difference between three times the SSI asset limit for an individual, and \$10,000 in non-excluded assets; and the difference between three times the SSI asset limit for a couple, and \$18,000 in non-excluded assets

Real property not otherwise excluded is disregarded.

Description of disregard: Disregard the homestead of a person in a long-term care facility if the home is the residence of the person's (a) sibling living 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) adult child or grandchild who lived in the home for at least 2 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:
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/FLN).
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COVID-19 Frontline Worker Pay	Disregard payments made to workers on the frontline during the COVID-19 peacetime emergency

Name of resource type:

Description:

declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.

The following less restrictive methodologies are used:

Name of methodology:

Description:

Asset Reduction

Allow reduction of excess assets to achieve eligibility in the month of application by (i) paying incurred health services 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.

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 services costs incurred during the retroactive month.

Allow individuals who are permitted to designate assets for a \$1500 burial fund to make or change that designation within 3 months of the month of application.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

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C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

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F. Additional Information (optional)

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MN - Submission Package - MN2022MS0005O - (MN-22-0029) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS0005O | MN-22-0029

CMS-10434 OMB 0938-1188

Package Header

Package ID	MN2022MS0005O	SPA ID	MN-22-0029
Submission Type	Official	Initial Submission Date	9/28/2022
Approval Date	12/06/2023	Effective Date	9/1/2022
Superseded SPA ID	MN-22-0009		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.


















Yes No

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

Families and Adults

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

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
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 | MN2022MS00050 | MN-22-0029

Package Header

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Submission Type Official
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Superseded SPA ID MN-22-0009
System-Derived

SPA ID MN-22-0029
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Effective Date 9/1/2022

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"/>	APPROVED
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"/>	APPROVED

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 | MN2022MS0005O | MN-22-0029

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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:

- Age and Disability-Related Poverty Level

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.

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MN - Submission Package - MN2022MS00050 - (MN-22-0029) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

CMS-10434 OMB 0938-1188

Package Header

Package ID	MN2022MS00050	SPA ID	MN-22-0029
Submission Type	Official	Initial Submission Date	9/28/2022
Approval Date	12/06/2023	Effective Date	9/1/2022
Superseded SPA ID	MN-18-02		
	User-Entered		

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- a. SSI
- b. Optional State Supplement
- c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

Package ID	MN2022MS00050	SPA ID	MN-22-0029
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Approval Date	12/06/2023	Effective Date	9/1/2022
Superseded SPA ID	MN-18-02		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

Package ID MN2022MS00050
Submission Type Official
Approval Date 12/06/2023
Superseded SPA ID MN-18-02
User-Entered

SPA ID MN-22-0029
Initial Submission Date 9/28/2022
Effective Date 9/1/2022

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being 65 years old or older or having blindness or disability, the following methodology is used:

- 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.

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:

Census Bureau wages are disregarded.

A specified type of income is disregarded:

Between this standard: The ABD categorically needy 1902(f) standard

and this standard: 100% FPL, using federal poverty levels in effect on July 1 of each 12 month period.

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

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.
In-kind Income	Disregard all in-kind income.
State Catastrophe Funds	Disregard payments from the Minnesota I-35 Catastrophe Relief Fund.
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/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.
Frontline Worker Pay	Disregard payments made to workers on the frontline during the

Name of income type:	Description:
	COVID-19 peacetime emergency declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.

4. 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/FLN).
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.
Frontline Worker Pay	Disregard any payments to workers on the frontline during the COVID-19 peacetime emergency declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2, sections 1 through 3, without regard to the manner or period of retention.

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:
Child Assets	Disregard all assets of children under age 21.
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>
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"> 1) The individual shall identify to the state the account(s) that he or she designates as his or her Employment Incentives Assets Account(s) before disenrollment from the group. 2) The value of the assets in the EIAA are disregarded, including growth or appreciation, except that any amount by which the value of the other liquid assets exceeds

Name of methodology:

Description:

\$17,000 in an EIAA is not disregarded.

3) Once the assets are designated as an EIAA they are only disregarded when the individual is enrolled in another group for individuals age 65 and older to which the EIAA disregard is applied.

4) If a person's Medicaid eligibility ends at any point before turning age 65, the EIAA will cease to exist.

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).

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

Package ID	MN2022MS00050	SPA ID	MN-22-0029
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Superseded SPA ID	MN-18-02		
	User-Entered		

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

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F. 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.

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MN - Submission Package - MN2022MS00050 - (MN-22-0029) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

CMS-10434 OMB 0938-1188

Package Header

Package ID	MN2022MS00050	SPA ID	MN-22-0029
Submission Type	Official	Initial Submission Date	9/28/2022
Approval Date	12/06/2023	Effective Date	9/1/2022
Superseded SPA ID	MN-18-02		
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The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are in a medical institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
 - a. SSI
 - b. Optional State Supplement
 - c. AFDC

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS0005O | MN-22-0029

Package Header

Package ID	MN2022MS0005O	SPA ID	MN-22-0029
Submission Type	Official	Initial Submission Date	9/28/2022
Approval Date	12/06/2023	Effective Date	9/1/2022
Superseded SPA ID	MN-18-02		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

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C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

- 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.

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 ABD categorically needy 1902(f) standard

and this standard: 100% FPL, using federal poverty levels in effect on July 1 of each 12 month period,

- 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.
Frontline Worker Payments	Disregard payments made to workers on the frontline during the COVID-19 peacetime emergency

Name of income type:

Description:

declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2, sections 1 through 3.

4. 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/FLN).

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.

Frontline Worker Pay

Disregard any payments to workers on the frontline during the COVID-19 peacetime emergency declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2, sections 1 through 3, without regard to the manner or period of retention.

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:
Child Assets	Disregard all assets of children under age 21. 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.
Asset Reduction	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. 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.
Transition Disregard	For a disabled individual ineligible under section 1902(a)(10)(A)(ii)(XIII) due to loss of earnings, and qualifying for Medicaid under another category, continue to disregard for 12 consecutive months the assets allowed and excluded under the employment incentive category of section 1902(a)(10)(A).
Disregard of Employment Incentive Assets Account (EIAA)	Disabled individuals eligible under section 1902(a)(10)(A)(ii)(XIII) will, after 24 months of consecutive enrollment under such section, qualify to establish one or more Employment Incentives Asset Accounts (EIAA). Assets that may be designated as an EIAA include assets such as a savings account, investments, mutual funds, retirement and pension accounts, and medical expense accounts. An EIAA may contain the individual's retirement accounts and medical expense benefits through an employer. An EIAA may contain up to \$17,000 of the individual's other non-excluded liquid assets. An asset disregard will apply, under the following terms: 1) The individual shall identify to the state the account(s) that he or she designates as his or her Employment Incentives Assets Account(s) before disenrollment from the group. 2) The value of the assets in the EIAA are disregarded, including growth or appreciation, except that any amount by which the value of the other liquid assets exceeds

Name of methodology:

Description:

\$17,000 in an EIAA is not disregarded.

3) Once the assets are designated as an EIAA they are only disregarded when the individual is enrolled in another group for individuals age 65 and older to which the EIAA disregard is applied.

4) If a person's Medicaid eligibility ends at any point before turning age 65, the EIAA will cease to exist.

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).

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

Package ID	MN2022MS00050	SPA ID	MN-22-0029
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Approval Date	12/06/2023	Effective Date	9/1/2022
Superseded SPA ID	MN-18-02		
	User-Entered		

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

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F. 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.

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MN - Submission Package - MN2022MS0005O - (MN-22-0029) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS0005O | MN-22-0029

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

CMS-10434 OMB 0938-1188

Package Header

Package ID	MN2022MS0005O	SPA ID	MN-22-0029
Submission Type	Official	Initial Submission Date	9/28/2022
Approval Date	12/06/2023	Effective Date	<u>8/31/2022</u>
Superseded SPA ID	MN 01-10		
	User-Entered		

Group No Longer Covered

Covered Through ⓘ 8/30/2022 **Terminated As Of** ⓘ 8/31/2022

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.

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MN - Submission Package - MN2022MS00050 - (MN-22-0029) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	MN-18-02		
	User-Entered		

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
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 Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

Package ID MN2022MS00050
Submission Type Official
Approval Date 12/06/2023
Superseded SPA ID MN-18-02
User-Entered

SPA ID MN-22-0029
Initial Submission Date 9/28/2022
Effective Date 9/1/2022

B. Financial Methodologies

1. 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.

2. 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:

- Census Bureau wages are disregarded.

- A specified type of income is disregarded:

Between this standard: The AFDC-related medically needy income standards in effect on July 1, 2000, by family size.
and this standard: 133% FPL, effective April 1, 2014.

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

Name of income type:	Description:
Earned income disregard	Disregard 17 percent of earned income for four months for applicants or recipients.
Disregard for children	Disregard up to \$2000 annually in cash gifts received from tax- exempt organizations for the benefit of a child with a life- threatening illness.
State Catastrophe Funds	Disregard payments from the Minnesota I-35 Catastrophe Relief Fund.
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/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.
Frontline Worker Pay	Disregard payments made to workers on the frontline during the COVID-19 peacetime emergency

Name of income type:

Description:

declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.

3. 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 Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

Package ID	MN2022MS00050	SPA ID	MN-22-0029
Submission Type	Official	Initial Submission Date	9/28/2022
Approval Date	12/06/2023	Effective Date	9/1/2022
Superseded SPA ID	MN-18-02		
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C. Income Standard Used

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

D. Resource Standard Used

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

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.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

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F. 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.

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MN - Submission Package - MN2022MS0005O - (MN-22-0029) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS0005O | MN-22-0029

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

Package Header

Package ID	MN2022MS0005O	SPA ID	MN-22-0029
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Approval Date	12/06/2023	Effective Date	<u>9/1/2022</u>
Superseded SPA ID	MN-18-02		
	User-Entered		

The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
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 Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

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B. Financial Methodologies

1. 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.

2. 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:

- Census Bureau wages are disregarded.

- A specified type of income is disregarded:

Between this standard: The AFDC-related medically needy income standards in effect on July 1, 2000, by family size.

and this standard: 133% FPL, effective April 1, 2014.

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

Name of income type:	Description:
Earned income disregard	Disregard 17 percent of earned income for four months for applicants or recipients.
Disregard for children	Disregard up to \$2000 annually in cash gifts received from tax- exempt organizations for the benefit of a child with a life- threatening illness.
State Catastrophe Funds	Disregard payments from the Minnesota I-35 Catastrophe Relief Fund.
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/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.
Frontline Worker Pay	Disregard payments made to workers on the frontline during the COVID-19 peacetime emergency declared by the governor in 2020.

Name of income type:

Description:

authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.

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

Yes

No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:

Description:

Non-excluded assets amount

Disregard up to \$9000 for one person, and up to \$19000 for two or more in the household.

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 live 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.

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-related Exclusions

Disregard burial funds, burial spaces, and burial space items excluded by SSI under 20 CFR 426.1231, as follows:
Exclude a burial fund for each parent or caretaker and the person's spouse and the parent or caretaker's eligible dependent children up to \$1500 including equity value in a burial Agreement. A burial fund may be established with one or more of the following burial insurance face or cash value of life insurance liquid assets a life insurance or annuity funded burial agreement, or up to \$2000 under an irrevocable Minnesota statutory prepaid burial trust agreement and POMS SI CHI 01130.421.

Exclude purchased burial space and burial space items allowed by SSI for the enrollee the enrollee's spouse and the following individuals related to the enrollee or spouse for whom the SSI program permits these exclusions: minor children, adult children, stepchildren, siblings, stepsiblings and spouses of any of the above.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: Disregard the value of one vehicle for each person that uses a vehicle for employment or for seeking employment.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside for retirement

Individual Retirement Accounts (IRA)

Description: Disregard assets in an IRA, Keogh plan and other individually owned pension and retirement funds.

Tax exempt accounts - 401(k) and/or 403(b)

Description: Disregard assets in a 401(k) or 403(b) plan.

Specified types of accounts:

Name of account:

Description:

UCMA

Disregard all assets established under the Uniform Gift to Minors Act and the child owned portion of an account held jointly by an adult and child.

Household goods and services are disregarded as a resource.

Description of disregard: Disregard the value of household goods and personal effects.

A specified type of resource is disregarded:

Name of resource type:

Description:

Child Assets

Disregard all assets of children under age 21.

Settlements

Disregard court-ordered settlements up to \$10,000.

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/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.

Frontline Worker Pay

Disregard any payments to workers on the frontline during the COVID-19 peacetime emergency declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2, sections 1 through 3, without regard to the manner or period of retention.

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>
Asset Reduction	<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>
Asset Reduction	<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>
Transition Disregard	<p>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).</p>
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>
Disregard of Employment Incentive Assets Account (EIAA)	<p>An asset disregard will apply, under the following terms:</p> <ol style="list-style-type: none"><li data-bbox="1170 1640 1468 1776">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 data-bbox="1170 1787 1468 1944">2) The value of the assets in the EIAA are disregarded, including growth or appreciation, except that any amount by which the value of the other liquid assets exceeds \$17,000 in an EIAA is not disregarded.<li data-bbox="1170 1955 1468 2001">3) Once the assets are designated as an EIAA they are only disregarded

Name of methodology:

Description:

when the individual is enrolled in another group for individuals age 65 and older to which the EIAA disregard is applied.

4) If a person's Medicaid eligibility ends at any point before turning age 65, the EIAA will cease to exist.

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).

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

Package ID	MN2022MS00050	SPA ID	MN-22-0029
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C. Income Standard Used

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

D. Resource Standard Used

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

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.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

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F. 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.

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MN - Submission Package - MN2022MS0005O - (MN-22-0029) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS0005O | MN-22-0029

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

CMS-10434 OMB 0938-1188

Package Header

Package ID	MN2022MS0005O	SPA ID	MN-22-0029
Submission Type	Official	Initial Submission Date	9/28/2022
Approval Date	12/06/2023	Effective Date	9/1/2022
Superseded SPA ID	MN-22-0009		
	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 | MN2022MS0005O | MN-22-0029

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	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 | MN2022MS00050 | MN-22-0029

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Submission Type Official **Initial Submission Date** 9/28/2022
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Superseded SPA ID MN-22-0009
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 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:
COLA	Disregard the Cost of Living Adjustments to RSDI (title II) benefits

Name of income type:	Description:
	from January 1 through June 30th of each year.
In-kind Income	Disregard all in-kind income.
State Catastrophe Funds	Disregard payments from the Minnesota I-35 Catastrophe Relief Fund.
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/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.
Frontline Worker Payments	Disregard payments made to workers on the frontline during the COVID-19 peacetime emergency declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.

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 Fund.
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/FLN).
NIH Study	Disregard as assets any payments made to parents participating in the "income and child development in the first three years of life" demonstration project funded by the United States Department of Health and Human Services' National Institutes of Health.

Name of resource type:	Description:
Frontline Worker Pay	Disregard any payments to workers on the frontline during the COVID-19 peacetime emergency declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2, sections 1 through 3, without regard to the manner or period of retention,

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:
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. An asset disregard will apply, under the following terms:</p> <ol style="list-style-type: none"> 1) The individual shall identify to the state the account(s) that he or she designates as his or her Employment Incentives Assets Account(s) before disenrollment from the group. 2) The value of the assets in the EIAA are disregarded, including growth or appreciation, except that any amount by

Name of methodology:	Description:
	<p>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>
Disregard Assets of a Spouse	<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>
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>

Name of methodology:	Description:
	<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>
Child Assets	Disregard all assets of children under age 21.
Transition Disregard	<p>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).</p>

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

Package Header

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Approval Date	12/06/2023	Effective Date	9/1/2022
Superseded SPA ID	MN-22-0009		
	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 | MN2022MS0005O | MN-22-0029

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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

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F. Spenddown

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

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MN2022MS00050 | MN-22-0029

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