Table of Contents

State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 24-0036

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

Summan

Peviewahle I Inite

Versions

Correspondence Log

Analyst Notes

Approval Letter

Transaction Logs

News

elated Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Medicaid and CHIP Operations Group 601 East 12th Street, Room 355 Kansas City, MO 64016



Center for Medicaid & CHIP Services

December 10, 2024

John Connolly State Medicaid Director Department of Human Services 540 Cedar Street Saint Paul, MN 55155

Re: Approval of State Plan Amendment MN-24-0036

Dear John Connolly,

On September 30, 2024, the Centers for Medicare and Medicaid Services (CMS) received Minnesota State Plan Amendment (SPA) MN-24-0036, in which the state proposed to disregard state tax refunds, rebates, and credits, and certain teacher stipends, in determining eligibility for certain non-MAGI eligibility groups.

We approve Minnesota State Plan Amendment (SPA) MN-24-0036 with an effective date(s) of July 01, 2024.

If you have any questions regarding this amendment, please contact Sandra Porter at Sandra.Porter@CMS.hhs.gov, or via telephone at 312.353.8310

Sincerely,

Ruth A. Hughes

Acting Director, Divsion of Program Operations

Center for Medicaid & CHIP Services

Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

CMS-10434 OMB 0938-1188

Package Header

Package ID MN2024MS0006O

Submission Type Official Approval Date 12/10/2024

Superseded SPA ID N/A

State Information

State/Territory Name: Minnesota

Submission Component

State Plan Amendment

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date N/A

Medicaid Agency Name: Department of Human Services

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID N/A

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date N/A

SPA ID and Effective Date

SPA ID MN-24-0036

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Non-MAGI Methodologies	7/1/2024	MN-22-0009
Mandatory Eligibility Groups	7/1/2024	MN-22-0029
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability	7/1/2024	MN-22-0029
Qualified Medicare Beneficiaries	7/1/2024	MN-22-0029
Specified Low Income Medicare Beneficiaries	7/1/2024	MN-22-0029
Qualifying Individuals	7/1/2024	MN-22-0029
Optional Eligibility Groups	7/1/2024	MN-24-0004
Individuals Eligible for but Not Receiving Cash Assistance	7/1/2024	MN-22-0029
Individuals Eligible for Cash Except for Institutionalization	7/1/2024	MN-22-0029
Medically Needy Reasonable Classifications of Individuals under Age 21	7/1/2024	MN-22-0009
Medically Needy Populations Based on Age, Blindness or Disability	7/1/2024	MN-22-0029

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Adding more liberal income and asset methods for state tax-related items and a teacher stipend.

Goals and Objectives

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$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
No ite	ms available

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID N/A

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date N/A

Governor's Office Review

No comment

Ocomments 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.

This view was generated on 1/14/2025 1:52 PM EST

Versions

Correspondence Log

Analyst Notes

Approval Letter

Transaction Logs

Related Actions

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

CMS-10434 OMB 0938-1188

Package Header

Package ID MN2024MS00060

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Superseded SPA ID MN-22-0009

Effective Date 7/1/2024

System-Derived

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

A. Basic Financial Methodology

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

B. Use of Less Restrictive and More Restrictive Methodologies

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

Yes

No

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

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

SPA ID MN-24-0036

Superseded SPA ID MN-22-0009

System-Derived

C. Financial Responsibility of Relatives

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

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

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

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

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

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

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

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS00060

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0009

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

D. Family Size

- 1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:
 - a. The individual applying, or
 - b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
 - c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).
- 2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).
- 3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

S

No

a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)

- ☑ b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
- c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
- d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
- e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
- f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
- g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
- h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)
- 4. The state uses the same definition of family size for the selected FPL eligibility groups.

Yes

O No

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

Name of other definition:	Description:	
Household composition 9 Family size	Individual, individual's spouse, and biological or adopted children under age 21 of either spouse living in the household, and unborn children of any individual in the household.	
Household composition & Family size	For a child under age 21, the household includes the child's spouse, if any, the child's children if any, the biological or adopted parents, or stepparents; and full, half stepsiblings under age 21 with a mutual parent living in the household.	

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0009

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

E. Use of MAGI-like Methodologies

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

Yes

No

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024 Superseded SPA ID MN-22-0009

Effective Date 7/1/2024

System-Derived

F. Countable Income Deductions for the Medically Needy

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

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

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0009

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

G. Additional Information (optional)

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

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

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

This view was generated on 1/14/2025 2:42 PM EST

Versions

Correspondence Log

Analyst Notes

Approval Letter Transaction Logs

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

CMS-10434 OMB 0938-1188

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-22-0029

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 ②
Infants and Children under Age 19	P			0	CONVERTED
Parents and Other Caretaker Relatives	P			0	CONVERTED
Pregnant Women	P	✓		0	CONVERTED
Deemed Newborns	P	✓		0	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	P	₩		0	NEW
Former Foster Care Children	P			0	APPROVED
Transitional Medical Assistance	P			0	NEW
Extended Medicaid due to Spousal Support Collections	2			0	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	P			•	APPROVED
Closed Eligibility Groups	P	₩			NEW
Individuals Deemed To Be Receiving SSI	P				NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type 🕜
Working Individuals under 1619(b)	P				NEW
Qualified Medicare Beneficiaries	P		₩.		APPROVED
Qualified Disabled and Working Individuals	P				NEW
Specified Low Income Medicare Beneficiaries	P	✓	✓	•	APPROVED
Qualifying Individuals	P		₩		APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

SPA ID MN-24-0036

Superseded SPA ID MN-22-0029

System-Derived

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	P	▽		0	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.

This view was generated on 1/14/2025 1:54 PM EST

Summan

Reviewable Unit

Versions

Correspondence Log

Analyst Notes

Approval Letter

Transaction Logs

Vews



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 | MN2024MS00060 | MN-24-0036

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

CMS-10434 OMB 0938-1188

Package Header

Package ID MN2024MS0006O

Submission Type Official

Initial Submission Date 9/30/2024

SPA ID MN-24-0036

Approval Date 12/10/2024

Effective Date 7/1/2924

Superseded SPA ID MN-22-0029

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.

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

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.

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

Between other income standards:

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

standard

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2924

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

Name of income type:	Description:
State Tax-related Items	Disregard all state tax refunds, credits and rebates.
Teacher Stipend	Disregard stipends paid to teachers for training purposes under the READ Act.

Less restrict	tive methodologie	s are used ir	n calculating	countable resources.

Yes

O No

The less restrictive resource methodologies are:

General resource disregard:

1	A si	necified	type	οf	resource	is	disregarded:
\sim	/\ 3	peciliea	Lypc	O1	i C30ui CC	. 13	uisi egai aca.

Name of disregard:	Description:
Family Disregard	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.

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.

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 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.

Name of resource type:	Description:
State Tax-related Items	Disregard state tax refunds, credits and rebates as resources for 12 months following the month of receipt.
Teacher Stipend	Disregard as resources all stipends to teachers for the purpose of training under the READ Act.

- ☑ 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.
- $\ensuremath{{\ensuremath{\square}}}$ The following less restrictive methodologies are used:

Name of methodology:	Description:
	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.
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 services 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 3 months of the month of application.
Child Assets	Disregard all assets of children under age 21.
Transition Disregard	For a disabled individual ineligible under section 1902(a)(10)(A)(ii)(XIII) due to loss of earnings, and qualifying for Medicaid under another category, continue to disregard for 12 consecutive months the assets allowed and excluded under the employment incentive category of section 1902(a)(10)(A).
Disregard of Employment Incentive Assets Account (EIAA)	Disabled individuals eligible under section 1902(a)(10)(A)(ii)(XIII) will, after 24 months of consecutive enrollment under such section, qualify to establish one or more Employment Incentives Asset Accounts (EIAA). Assets that may be designated as an EIAA include assets such as a savings account, investments, mutual funds, retirement and pension accounts, and medical expense accounts. An EIAA may contain the individual's retirement accounts and medical expense benefits through an employer. An EIAA may contain up to \$17,000 of the individual's other non-excluded liquid assets. An asset disregard will apply, under

Name of methodology:

Description:

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 \$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) (l), 1902(a)(10)(A) (ii)(V), 1902(a)(10(A)(ii) (VI), 1902(a) (10)(A)(ii) (XI); 1902(a)(10) (A)(ii) (XI); medically needy individuals age 65 and older eligible under §1902(a) (10)(C).

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2924

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

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

D. Resource Standard Used

The resource standard for this group is:

Individual: \$3750.00 **Couple:** \$6450.00

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2924

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2924

Superseded SPA ID MN-22-0029

System-Derived

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.

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS00060

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024 Superseded SPA ID MN-22-0029

Effective Date 7/1/2924

System-Derived

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.

This view was generated on 1/14/2025 1:57 PM EST

Correspondence Log

Analyst Notes

Approval Letter Transaction Logs

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

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.

CMS-10434 OMB 0938-1188

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-22-0029

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 | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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.

No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

☑ A specified type of income is disregarded:

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

1, 2020.

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.
State Tax-related Items	Disregard state tax refunds, credits, and rebates.
Teacher Stipend	Disregard stipends paid to teachers for purposes of training under the READ Act.

_				
3.	Less restrictive	methodologies a	re used in calculatin	g countable resources.

Yes

No

The less restrictive resource methodologies are:

General resource disregard:

Real property not otherwise excluded is disregarded.

☑ A specified type of resource is disregarded:

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

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.

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



Name of resource type:	Description:
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 declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.
State Tax-related Items	Disregard state tax refunds, credits and rebates for 12 months following the month of receipt.
Teacher Stipend	Disregard from resources all stipends paid to teachers for purposes of training under the READ Act.

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 | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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 | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS00060

Submission Type Official

Approval Date 12/10/2024 Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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.

This view was generated on 1/14/2025 1:59 PM EST

Correspondence Log

Analyst Notes

Approval Letter Transaction Logs

Related Actions

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

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 MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-22-0029

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 | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024 Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036 Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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.

No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

☑ A specified type of income is disregarded:

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

1, 2020.

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.
State Tax-related Items	Disregard state tax refunds, credits and rebates.
Teacher Stipend	Disregard stipends paid to teachers for purposes of training under the READ Act.

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

Yes

No

The less restrictive resource methodologies are:

General resource disregard:

Real property not otherwise excluded is disregard	led.
---	------

☑ A specified type of resource is disregarded:

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

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.

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



Name of resource type:	Description:
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 declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.
State Tax-related Items	Disregard from resources state tax refunds, credits and rebates for 12 months following the month of receipt.
Teacher Stipend	Disregard from resources all stipends paid to teachers for purposes of training under the READ Act.

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 | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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 | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived F. Additional Information (optional)

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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

This view was generated on 1/14/2025 2:01 PM EST

MN - Submission Package - MN2024MS0006O - (MN-24-0036) - Eligibility

Correspondence Log

Analyst Notes

Approval Letter Transaction Logs

Related Actions

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

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 MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-22-0029

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 | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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.

No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

A specified type of income is disregarded:

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

1, 2020.

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.
State Tax-related Items	Disregard state tax refunds, credits, and rebates.
Teacher Stipend	Disregard stipends paid to teachers for purposes of training under the READ Act.

_				
3.	Less restrictive	methodologies a	re used in calculatin	g countable resources.

Yes

No

The less restrictive resource methodologies are:

General resource disregard:

Real property not otherwise excluded is disregarded.

☑ A specified type of resource is disregarded:

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

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.

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



Name of resource type:	Description:
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 declared by the governor in 2020, authorized under 2022 Laws of Minnesota, chapter 50, article 2 sections 1 through 3.
State Tax-related Items	Disregard from resources state tax refunds, credits, and rebates for 12 months following the month of receipt.
Teacher Stipend	Disregard from resources all stipends paid to teachers for purposes of training under the READ Act.

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 | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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 | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029 System-Derived

F. Additional Information (optional)

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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

This view was generated on 1/14/2025 2:05 PM EST

MN - Submission Package - MN2024MS0006O - (MN-24-0036) - Eligibility

Versions

Correspondence Log

Analyst Notes

Approval Letter Transaction Logs

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

CMS-10434 OMB 0938-1188

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-24-0004

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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 paperbased 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	P			0	NEW
Reasonable Classifications of Individuals under Age 21	Ø			0	CONVERTED
Children with Non-IV-E Adoption Assistance	P			0	CONVERTED
Independent Foster Care Adolescents	P			0	NEW
Optional Targeted Low Income Children	P			0	CONVERTED
Individuals above 133% FPL under Age 65	P			0	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	Ø			0	NEW
Individuals Eligible for Family Planning Services	P	✓		0	CONVERTED
Individuals with Tuberculosis	P			0	NEW
Individuals Electing COBRA Continuation Coverage	9			0	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	P			•	APPROVED
Individuals Eligible for Cash Except for Institutionalization	P			•	APPROVED
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules	P			•	APPROVED
Optional State Supplement Beneficiaries	P			•	NEW
Individuals in Institutions Eligible under a Special Income Level	P	₩		•	NEW
PACE Participants	P			0	NEW
Individuals Receiving Hospice	P			0	NEW
Children under Age 19 with a Disability	P	✓			NEW
Age and Disability- Related Poverty Level	P				NEW
Work Incentives	P	✓			APPROVED
Ticket to Work Basic	P			0	NEW
Ticket to Work Medical Improvements	P			0	NEW
Family Opportunity Act Children with a Disability	P			0	NEW
Individuals Receiving State Plan Home and Community-Based Services	P			0	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	P			0	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-24-0004

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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	P			0	APPROVED
Medically Needy Children under Age 18	Ø			0	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	9	✓		0	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	9			0	APPROVED
Medically Needy Parents and Other Caretaker Relatives	9	₩		0	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	P	 ☑		0	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS00060

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-24-0004

System-Derived

C. Additional Information (optional)

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

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

Eligibility Groups Deselected from Coverage

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

N/A

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

This view was generated on 1/14/2025 2:08 PM EST

MN - Submission Package - MN2024MS0006O - (MN-24-0036) - Eligibility

Summan

Reviewable Units

Versions

Correspondence Log

Analyst Notes

Approval Letter

Transaction Logs

News

Related Actions

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

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 MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-22-0029

System-Derived

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 | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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 | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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.

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.

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.
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.
State Tax-related Items	Disregard any state tax refunds, credits, and rebates.
Teacher Stipend	Disregard stipends paid to teachers for purposes of training under the READ Act.

4. Less restrictive methodologies are used in calculating cou	intable resources

Yes

O No

The less restrictive resource methodologies are:

General resource disregard:

Real property not otherwise excluded is disregarded.

☑ A specified type of resource is disregarded:

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.

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.

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

Name of resource type:	Description:
	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.
State Tax-related Items	Disregard from resources state tax refunds, credits, and rebates for 12 months following the month of receipt.
Teacher Stipend	Disregard from resources all stipends paid to teachers for purposes of training under the READ Act.

- ☑ 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

Name of methodology:

Description:

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 \$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 | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024 Superseded SPA ID MN-22-0029

Effective Date 7/1/2024

System-Derived

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 | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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.

This view was generated on 1/14/2025 2:09 PM EST

MN - Submission Package - MN2024MS0006O - (MN-24-0036) - Eligibility

Versions

Correspondence Log

Analyst Notes

Approval Letter Transaction Logs

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

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 MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

Initial Submission Date 9/30/2024

SPA ID MN-24-0036

Effective Date 7/1/2024

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 | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

B. Individuals Covered

 ${\bf 1.}\ The\ state\ covers\ all\ individuals\ who\ meet\ the\ characteristics\ described\ in\ section\ A.$

Yes

No

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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:

Census Bureau wages are 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.

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.
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.
State Tax-related Items	Disregard any state tax refunds, credits, and rebates.
Teacher Stipend	Disregard stipends paid to teachers for purposes of training under the READ Act.

4. Less restrictive methodologies are used in calculating cou	intable resources

Yes

O No

The less restrictive resource methodologies are:

General resource disregard:

Real property not otherwise excluded is disregarded.

☑ A specified type of resource is disregarded:

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.

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.

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

Name of resource type:	Description:
	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.
State Tax-related Items	Disregard from resources state tax refunds, credits, and rebates for 12 months following the month of receipt.
Teacher Stipends	Disregard from resources all stipends paid to teachers for purposes of training under the READ Act.

- ☑ 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

Name of methodology:

Description:

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 \$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 | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024 Superseded SPA ID MN-22-0029

Effective Date 7/1/2024

System-Derived

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 | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0029

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

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.

This view was generated on 1/14/2025 2:11 PM EST

MN - Submission Package - MN2024MS0006O - (MN-24-0036) - Eligibility

Summan

Reviewable Units

Versions

Correspondence Log

Analyst Notes

Approval Letter

Transaction Logs

News

Related Actions

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

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

CMS-10434 OMB 0938-1188

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-22-0009

System-Derived

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

A. Characteristics

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

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

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

Initial Submission Date 9/30/2024

SPA ID MN-24-0036

Submission Type Official

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-22-0009

System-Derived

B. Individuals Covered

The state covers the following populations:

1. All children under a specified age limit:

2. Reasonable classifications of children

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

Name: Child with a disability under section

1902(e)(3)

Age Covered: Under age 19

Name: Child with a disability eligible for HCBS

Age Covered: Under age 21

Name: Child in state-funded fostercare/kinship

Age Covered: Under age 21

Description: Child with a disability meeting TEFRA

requirements under section 1902(e)(3),

with excess income.

Description: Child with a disability eligible for home and

community-based waiver services under section 1915(c) using institutional rules,

with excess income

Description: Child under age 21 who is not eligible for

Title IV-E of the Social Security Act, but is eligible for foster care or kinship assistance under a state-funded program,

is eligible without an income test.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-22-0009

System-Derived

C. Financial Methodolo	ogies		
1. The state uses the same financiaYesNo	l methodology for all individuals covered.		
2. The financial methodologies are:			
Child in state-funded fostercare/kir	nship		
The financial methodology used is:			
	a. AFDC methodologies. Please refer as necessaryb. MAGI-like methodologies. Please refer as neces	_	•
3. Less restrictive methodologies are u	used in calculating countable income.		
• Yes • No			
The less restrictive income methodolo	ogies are:		
All income is disregarded. No incor	ne test is applied.		
4. Less restrictive methodologies are u	used in calculating countable resources.		
• Yes • No			
The less restrictive resource methodo	logies are:		
All resources are disregarded. No r	esource test is applied.		
Child with a disability eligible for H	CBS		
The financial methodology used is:			
	a. AFDC methodologies. Please refer as necessary	y to Non-MAGI Methodologies, co	mpleted by the state.
	b. MAGI-like methodologies. Please refer as neces	ssary to Non-MAGI Methodologie	s, completed by the state.
3. Less restrictive methodologies are u	used in calculating countable income.		
• Yes			
○ No			
The less restrictive income methodolo	gies are:		
The difference between one incom	e standard and another is disregarded.		
	Between the following percentages of the FPL:	Between this standard:	The medically needy income standard by family size
	Between the medically needy income limit and a percentage of the FPL:	and this standard:	70% FPL, effective July 1, 2001
	Between the SSI Federal Benefit Rate and: Potween other income standards:		75% FPL, effective July 1, 2002 80% FPL, effective July 1, 2016 81% FPL, effective June 1, 2019
	Between other income standards:		100% FPL, effective July 1, 2022
Census Bureau wages are disregar	ded.	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 disreg	garded:		

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 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.
State Tax Items	Disregard all state tax refunds, credits and rebates.

		State Tax Items	Disregard all state tax refunds, credits and rebates.
4. Less restrictive methodologies are	e used in calculating countable resources.		
• Yes			
○ No			
The less restrictive resource method	dologies are:		
All resources are disregarded. No	resource test is applied.		
Child with a disability under secti	on 1902(e)(3)		
The financial methodology used is:			
	a. AFDC methodologies. Please refer as neces	ssary to Non-MAGI Methodologies, cor	npleted by the state.
	 b. MAGI-like methodologies. Please refer as r 	necessary to Non-MAGI Methodologies	, completed by the state.
3. Less restrictive methodologies are	e used in calculating countable income.		
• Yes			
○ No			
The less restrictive income methodo	ologies are:		
The difference between one inco	me standard and another is disregarded.		
	Between the following percentages of the FPL:		The medically needy income standard by family size
	Between the medically needy income limit and a percentage of the FPL:	and this standard:	70% FPL, effective July 1, 2001 75% FPL, effective July 1, 2002
	Between the SSI Federal Benefit Rate and:		80% FPL, effective July 1, 2016 81% FPL, effective June 1, 2019
	Between other income standards:		100% FPL, effective July 1, 2022
Census Bureau wages are disrega	arded.	Description of disregard:	Disregard earned income of temporary census employees who were enrolled in Minnesota health care programs on March 1, 2000.

☑ A specified type of income is disregarded:

Name of income type:	Description:
In-kind Income	Disregard all in-kind income.
COLA	Disregard the Cost of Living Adjustments to RSDI (title II) benefi from January 1 through June 30th c each year.
Jensen Settlement	Disregard payments to class members under the federal court order in Jensen et al v. Minnesota Department of Human Services, CN 08-1775 (DWF/FLN).
NIH Study	Disregard payments made to parents participating in the "incomand 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.

V	The	following	less	restrictive	methodo	logies	are	used:

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

4.	Less restrict	tive methodol	ogies are	used in	calculating	countable	resources

Yes

No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

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.

E. Resource Standard Used

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

F. Spenddown

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

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Approval Date 12/10/2024

Superseded SPA ID MN-22-0009

System-Derived

SPA ID MN-24-0036

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

G. Additional Information (optional)

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

This view was generated on 1/14/2025 2:15 PM EST

MN - Submission Package - MN2024MS0006O - (MN-24-0036) - Eligibility

Summan

Reviewable Units

Versions

Correspondence Log

Analyst Notes

Approval Letter

Transaction Logs

News

Related Actions

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

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 MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-22-0029

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.

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

Submission Type Official

Initial Submission Date 9/30/2024

Effective Date 7/1/2024

SPA ID MN-24-0036

Approval Date 12/10/2024 Superseded SPA ID MN-22-0029

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

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

 Approval Date
 12/10/2024

 Superseded SPA ID
 MN-22-0029

Effective Date 7/1/2024

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 percentag es of the FPL:

Between the medically needy income limit and a percentag e 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.
State Tax Items	Disregard all state tax refunds, credits and rebates
Teacher Stipend	Disregard stipends paid to teachers for purposes of training under the READ Act.

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

• Yes • No

The less restrictive resource methodologies are:

General resource disregard:

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

Real property not otherwise excluded is disregarded.

Name of disregard:	Description:
	elderly couple, exclude an additional \$200.

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

Name of resource type:	Description:
	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.
State Tax-related Items	Disregard from resources state tax refunds, credits, and rebates for 12 months following the month of receipt.
Teacher Stipend	Disregard from resources all stipends paid to teachers for purposes of training under the READ Act.

- ☑ 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)	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

Name of methodology:	Description:
	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 \$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.
	disregard is applied: Individuals age 65 and older eligible under \$1902(f), 1902(a)(10) (A)(ii) (I), 1902(a)(10(A)(ii) (VI), 1902(a)(10(A)(ii) (VI), 1902(a)(10) (A)(ii) (XI); medically needy individuals age 65 and older eligible under \$1902(a)(10)(C).
Disregard Assets of a Spouse	For married individuals eligible as medically needy for home and community-based services in the Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), or Developmental Disability (DD) waivers, disregard all assets of the spouse during any period in

Name of methodology:	which the financial methodologies of Section 2404 of the Affordable Care Act mandatorily apply.
Asset Reduction	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. 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.
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).

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-22-0029 System-Derived

D. Income Standard Used

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

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-22-0029

System-Derived

E. Resource Standard Used

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

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS00060 | MN-24-0036

Package Header

Package ID MN2024MS0006O

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024

Effective Date 7/1/2024

Superseded SPA ID MN-22-0029

System-Derived

F. Spenddown

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

MEDICAID | Medicaid State Plan | Eligibility | MN2024MS0006O | MN-24-0036

Package Header

Package ID MN2024MS0006O

14114202-14130000

SPA ID MN-24-0036

Submission Type Official

Initial Submission Date 9/30/2024

Approval Date 12/10/2024 Superseded SPA ID MN-22-0029

Effective Date 7/1/2024

System-Derived

G. Additional Information (optional)

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

This view was generated on 1/14/2025 2:16 PM EST