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**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: 16-0006-A**

This file contains the following documents in the order listed:

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

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



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January 5, 2017

Marie Zimmerman, State Medicaid Director  
Minnesota Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #16-0006-A --Spousal impoverishment eligibility changes.

--Effective Date: June 1, 2016

--Approval Date: January 5, 2017

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at [Sandra.Porter@cms.hhs.gov](mailto:Sandra.Porter@cms.hhs.gov).

Sincerely,

/s/

Mara Siler-Price  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosures

cc: Ann Berg, MDHS  
Patricia Callaghan, MDHS  
Sean Barrett, MDHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

16-0006A

2. STATE

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
June 1, 2016

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
1924 of the Social Security Act

7. FEDERAL BUDGET IMPACT: (actual)

a. FFY '16 \$ 830,000

b. FFY '17 \$4,278,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 26a of Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Page 26a of Attachment 2.6-A

10. SUBJECT OF AMENDMENT: changes to spousal impoverishment eligibility

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Ann Berg, Deputy Medicaid Director  
Minnesota Department of Human Services  
540 Cedar Street, PO Box 64983  
St. Paul, MN 55164-0983

13. TYPED NAME:

Ann Berg

14. TITLE:

Deputy Medicaid Director

15. DATE SUBMITTED:

June 30, 2016

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 30, 2016

18. DATE APPROVED:

January 5, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

June 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Mara Siler-Price

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS

State: MINNESOTA

C1

Citation	Condition or Requirement
1924 of the Act	<p>13. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post-eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p><u>X</u> the maximum standard permitted by law;</p> <p>_____ the minimum standard permitted by law; or</p> <p><del>—X—</del> a standard that is an amount between the minimum and the maximum. <del>The State has a minimum protected resource amount for the community spouse of \$22,828, which is greater than the minimum allowance in §1924, and is also subject to annual increases by the Consumer Price Index for urban consumers. The State also applies the maximum protected resource amount for the community spouse, currently at \$80,760.</del></p> <p><u>In determining asset eligibility for the institutionalized spouse, eligibility may be approved under a waiver granted for undue hardship if, based on an individualized review of the case:</u></p> <p><u>The institutionalized spouse has excess assets above the asset standard for one person plus the maximum community spouse resource allowance, is not able to use those assets without the consent of the community spouse, and</u></p> <p><u>A denial of eligibility would cause an undue hardship by creating an imminent threat to the health or well-being of the institutionalized spouse;</u></p>