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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 19-0005

This file contains the following documents in the order listed:

Approval Letter
 CMS 179-like data
 Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 233 N. Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



Regional Operations Group

September 11, 2019

Marie Zimmerman, 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 #19-0005	Proposes a 1% income disregard to the medically-needy Aged, Blind, and Disabled population.
	Effective Date: June 1, 2019
	Approval Date: September 11, 2019

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 <u>Sandra.Porter@cms.hhs.gov</u>.

Sincerely,

/s/ Ruth A. Hughes Deputy Director Center for Medicaid and CHIP Services Regional Operations Group

Enclosures

cc: Ann Berg, DHS Pat Callaghan, DHS

MN - Submission Package - MN2018MS0003O - (MN-19-0005) - Eligibility

CMS-10434 OMB 0938-1188

Package Information

Package ID	MN2018M50003O	Submission Type	Official
Program Name	N/A	State	MN
SPA ID	MN-19-0005	Region	Chicago, IL
Version Number	4	Package Status	Review
Submitted By	Patricia Callaghan	Submission Date	5/8/2019
Milestone Date	9/7/2019	Regulatory Clock	82 days remain
Priority Code	P2	Review Status	Review 2

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005

Package Header

Package ID MN2018MS0003O

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

State Information

State/Territory Name: Minnesota

Submission Component

State Plan Amendment

SPA ID MN-19-0005
Initial Submission Date 5/8/2019
Effective Date N/A

Medicaid Agency Name: Department of Human Services

Medicaid

Оснір

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005

Package Header

Package ID	MN2018MS0003O	SPA ID	MN-19-0005
Submission Type	Official	Initial Submission Date	5/8/2019
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID MN-19-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability		N/A
Non-MAGI Methodologies	6/1/2019	N/A
More Restrictive Requirements than SSI under 1902(f) - (209(b) States)	6/1/2019	N/A
Medically Needy Income Level	6/1/2019	N/A
Handling of Excess Income (Spenddown)	6/1/2019	N/A
Medically Needy Resource Level	6/1/2019	N/A
Mandatory Eligibility Groups	6/1/2019	N/A
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability	6/1/2019	N/A
Optional Eligibility Groups	6/1/2019	N/A
Medically Needy Reasonable Classifications of Individuals under Age 21	6/1/2019	N/A
Medically Needy Populations Based on Age, Blindness or Disability	6/1/2019	MN-16-0008

SPA ID MN-19-0005

Initial Submission Date 5/8/2019

Effective Date N/A

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005

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1N2018MS0003O

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

Executive Summary

Summary Description Including Increasing the amount of an income disregard for the medically needy aged, blind and disabled. Goals and Objectives

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$220000
Second	2020	\$762000

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created		
TN 19-0005 Fiscal impact ABD med needy 81 FPG	4/26/2019 1:19 PM EDT	asar	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005

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Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

Governor's Office Review

No comment

 \bigcirc Comments received

 \bigcirc No response within 45 days

Other

SPA IDMN-19-0005Initial Submission Date5/8/2019Effective DateN/A

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Approval Date N/A	Effective Date	N/A
Superseded SPA ID N/A		
Reviewable Unit Instructions		
ndicate whether public comment was solicited with resp	ect to this submission.	
\bigcirc Public notice was not federally required and comment wa	as not solicited	
Public notice was not federally required, but comment was	as solicited	
\bigcirc Public notice was federally required and comment was so	licited	
ndicate how public comment was solicited:		
Newspaper Announcement		
Publication in state's administrative record, in accordance idministrative procedures requirements	e with the	
🗷 Email to Electronic Mailing List or Similar Mechanism	Date of Email or other electronic notification:	Apr 2, 2019
	Description of mailing list, in particular parties and organizations included, and, if	Any member of the public, or any organization, that signs u
	not email, description of similar mechanism used:	
Website Notice	not email, description of similar	
	not email, description of similar	
Public Hearing or Meeting	not email, description of similar	
	not email, description of similar	
Public Hearing or Meeting	not email, description of similar mechanism used:	
Public Hearing or Meeting Other method Jpload copies of public notices and other documents use Name	not email, description of similar mechanism used: d Date Created	
Public Hearing or Meeting Other method Jpload copies of public notices and other documents use	not email, description of similar mechanism used: d Date Created	
Public Hearing or Meeting Other method Jpload copies of public notices and other documents use Name	not email, description of similar mechanism used: d Date Created 5/3/2019 1:06 PM EDT	
Public Hearing or Meeting Other method Jpload copies of public notices and other documents use Name Courtesy Copy_ Draft State Plan Amendment_ TN 19-05	not email, description of similar mechanism used: d Date Created 5/3/2019 1:06 PM EDT	
Public Hearing or Meeting Other method Jpload copies of public notices and other documents use Name Courtesy Copy_ Draft State Plan Amendment_ TN 19-05 Jpload with this application a written summary of public	not email, description of similar mechanism used: d Date Created 5/3/2019 1:06 PM EDT comments received (optional)	
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Service delivery

Other issue

MN SPA 19-0005

Effective June 1, 2019

CMS APPROVAL: Sept. 11, 2019

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005

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Package ID MN2018MS00030

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

 \bigcirc No

SPA ID MN-19-0005
Initial Submission Date 5/8/2019
Effective Date N/A

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

Yes

 \bigcirc No

✓ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:	
4/2/2019	E-mail	

All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
State Plan Amendment 19-05 tribal consultation	5/3/2019 3:33 PM EDT	
Indicate the key issues raised (optional)		
Access		
Quality		
Cost		
Payment methodology		

Eligibility

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Effective June 1, 2019

CMS APPROVAL: Sept. 11, 2019

- Summarize comments: No comments received
- Summarize response: Not applicable.

Benefits

Service delivery

Other issue

MN SPA 19-0005

Effective June 1, 2019

CMS APPROVAL: Sept. 11, 2019

Medicaid State Plan Eligibility

Income/Resource Methodologies

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

MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005

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Package ID MN2018MS0003O

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

User-Entered

SPA ID MN-19-0005 Initial Submission Date 5/8/2019 Effective Date 6/1/2019

Reviewable Unit Instructions

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

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

🔿 1. SSA Eligibility Determination State (1634 State)

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

 \bigcirc 2. State Eligibility Determination (SSI Criteria State)

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

③ 3. State Eligibility Determination (209(b) State)

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

B. Additional information (optional)

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Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

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Reviewable Unit Instructions

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

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.

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

B. Use of Less Restrictive and More Restrictive Methodologies

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

Yes

 \bigcirc 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).

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Submission Type Official

Approval Date N/A

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 SPA ID
 MN-19-0005

 Initial Submission Date
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 Effective Date
 6/1/2019

Reviewable Unit Instructions

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).

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Non-MAGI Methodologies

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Reviewable Unit Instructions

D. Family Size

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

a. The individual applying, or

b. If the individual lives together with his or her spouse, the individual applying and the spouse, or

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

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

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

Yes

O 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

 \bigcirc 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.

In the state uses another definition of family.

Name of other definition:	Description:
	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 chilren if any, the biological or adopted parents, or stepparents; and full, half stepsiblings under age 21 with a mutual parent living in the household.

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https://macpro.cms.gov/suite/tempo/records/item/IUB9Co0jznk... 08/29/2019

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Reviewable Unit Instructions

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.

 \bigcirc Yes

🖲 No

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Superseded SPA ID N/A

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 5/8/2019

 Effective Date
 6/1/2019

Reviewable Unit Instructions

F. Countable Income Deductions for the Medically Needy

User-Entered

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).

Effective June 1, 2019

CMS APPROVAL: Sept. 11, 2019

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Reviewable Unit Instructions

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).

Effective June 1, 2019

CMS APPROVAL: Sept. 11, 2019

Medicaid State Plan Eligibility

Income/Resource Methodologies

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

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Reviewable Unit Instructions

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

A. Use of More Restrictive Requirements

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

1. The requirement conflicts with the requirements of section 1924 of the Act, which governs the eligibility and post-eligibility treatment of income and resources of institutionalized individuals with community spouses;

2. The requirement conflicts with a more liberal requirement which the agency has elected to use under 42 CFR 435.601; or

3. The more restrictive requirement conflicts with a more liberal requirement the state has elected to use under §435.234(c) in determining eligibility for State supplementary payments.

B. Populations with More Restrictive Requirements

The state applies more restrictive requirements for the following populations:

✓ 1. Individuals age 65 or older

🗹 2. Individuals who have blindness

✓ 3. Individuals who have a disability

C. Types of More Restrictive Requirements Used

The state applies more restrictive requirements for the following populations:

☑ 1. The state uses more restrictive requirements with respect to income.

2. The state uses more restrictive requirements with respect to resources.

🗌 3. The state uses more restrictive requirements with respect to the definition of disability.

4. The state uses more restrictive requirements with respect to the definition of blindness.

5. The state uses more restrictive requirements with respect to financial responsibility of relatives.

6. The state uses other more restrictive requirements.

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Reviewable Unit Instructions

D. More Restrictive Requirements with Respect to Income

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

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

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 ONO

Incremental Amount

\$74.00

The dollar amounts increase automatically each year

🔿 Yes 🛞 No

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

🗹 a. The state uses more restrictive disregards or exclusions with respect to VA Benefits.

Description:

Count Veterans Administration aid and attendance benefits. Count Veterans Administration unusual medical expense payments.

b. The state uses more restrictive disregards or exclusions with respect to child support.

✔ c. The state uses other more restrictive disregards or exclusions:

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Name of disregard or exclusion:	Description:
\$20 disregard.	Not applied.

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

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

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

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 5/8/2019

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 6/1/2019

Reviewable Unit Instructions

E. More Restrictive Requirements with Respect to Resources

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

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

 \checkmark 2. The state uses more restrictive requirements with respect to the treatment of real property.

 \checkmark a. The state uses a more restrictive requirement with respect to the treatment of home property.

Description:

The homestead of a person who is a resident of a long-term care facility is excluded for the first six calendar months of a person's stay, and continues to be excluded for as long as the person is reasonably expected to return home. The person's physician must certify the reasonable expectation of the person's return to the home.

🗌 b. The state uses other more restrictive requirements related to real property.

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

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

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

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Superseded SPA ID	N/A		
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Reviewable Unit Instructions

J. Income Deductions

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

1. SSI beneficiaries and eligible spouses of SSI beneficiaries

2. State supplement recipients or individuals who are eligible for but not receiving a state supplementary payment.

3. Individuals who would be eligible for SSI/SSP but for OASDI COLA increases since April, 1977 (42 CFR 435.135)

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

In a. All of the OASDI benefits is deducted from income.

 \bigcirc b. Part of the OASDI benefits is deducted from income.

🔿 c. None of the OASDI benefits is deducted from income.

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

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

a. All of the OASDI benefits is deducted from income.

 \odot b. Part of the OASDI benefits is deducted from income.

 \bigcirc c. None of the OASDI benefits is deducted from income.

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

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

length a. All of the OASDI benefits is deducted from income.

 \odot b. Part of the OASDI benefits is deducted from income.

 \bigcirc c. None of the OASDI benefits is deducted from income.

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

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

() a. All of the OASDI benefits is deducted from income.

🔿 b. Part of the OASDI benefits is deducted from income.

🔾 c. None of the OASDI benefits is deducted from income.

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Reviewable Unit Instructions

K. Additional Information (optional)

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Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

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A. Income Level Used

1. The state employs a single income level for the medically needy, subject to the condition described in A.3.

2. The income level varies based on differences between shelter costs in urban and rural areas.

 \bigcirc Yes

No

3. The state has a separate income level for the individuals who are age 65 or older, or who have blindness or a disability.

 \bigcirc Yes

No

4. The level used 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

 \bigcirc Yes

No

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B. Basis for Income Le	vel		
. Minimum Income Level			
		nis eligibility group is the lower of the state candard for the Parents and Other Caretak	
2. Maximum Income Level			
		his eligibility group is 133 1/3 percent of th income standard for the Parents and Othe	0

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Medically Needy Income Level

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C. Additional Information (optional)

For basic medically needy income standard (applicable to parents, caretakers, children under age 21 and pregnant women) the state applies a section 1902(r)(2) income disregard to increase the income level to 133% of the federal poverty level., in addition to other disregards.

For the separate medically needy income level (applicable to individuals who are age 65 or older or who have blindness or a disability), the state applies a section 1902(r)(2) income disregard to increase the income level to an amount below 100% of the federal poverty level.

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Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

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

A. Budget Periods

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

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

🔿 a. One budget period of:

Is b. More than one budget period, as described below:

✓ i. Community budget period

	Length of budget period:
	(1) 6 months
	(2) 5 months
	(3) 4 months
	(4) 3 months
	(5) 2 months
	(6) 1 month
🗹 ii. Institutional budget period	
	Length of budget period:
	(1) 6 months
	ි (2) 5 months
	ි (3) 4 months
	(4) 3 months
	(5) 2 months
	🏽 (6) 1 month
🗌 iii. Other budget period	

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B. Types of Eligible Expenses

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

a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.

b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.

c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.

d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

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

Yes

 \bigcirc No

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

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Reviewable Unit Instructions

C. Timeframe of Deduction of Expenses

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

1. Incurred medical and remedial expenses without regard to the age of the expenses.

- 2. Payments made during the budget period on eligible expenses incurred at any time, if not previously deducted in establishing eligibility.
- 3. Unpaid eligible expenses incurred at any time prior to the budget period, which have not been deducted previously in establishing eligibility.

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Reviewable Unit Instructions

D. Order of Deduction of Expenses

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

 \circledast 1. By the type of service, in the following order:

a. Premiums, deductibles, coinsurance and co-payments.

b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.

c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.

d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.

 \odot 2. In chronological order by the date of the service, or the date cost sharing payments are due.

 \odot 3. In chronological order by the date the bill is submitted to the state by the individual.

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Reviewable Unit Instructions

E. Reasonable Limitations

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

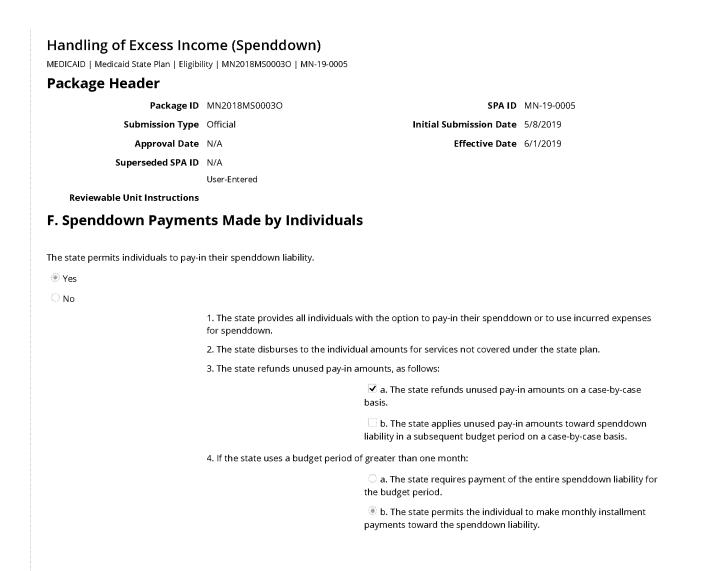
 \bigcirc Yes

No

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G. Additional Information (optional)

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Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

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Reviewable Unit Instructions

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy, subject to the condition described in A.3.

2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

3. The state has a separate resource level for the individuals who are age 65 or older, or who have blindness or a disability that is more restrictive than the resource level used for other medically needy populations.

Yes

⊖ No

a. The separate level is equal to or higher than the higher of:

i. The lowest categorically needy resource standard currently used for the individuals in the 209(b) state who are age 65 or older or who have blindness or a disability group (42 CFR 435.121); or

ii. The medically needy resource standard in effect on January 1, 1972.

b. The separate resource level is for the following individuals:

🗹 i. Individuals age 65 or older

🗹 ii. Individuals who have blindness

✓ iii. Individuals with a disability

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Medically Needy Resource Level

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Reviewable Unit Instructions

B. Resource Level Used

1. The basic level is:

Standard
\$20000.00
\$10000.00

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

ି Yes No

2. The separate level for individuals who are age 65 or older or who have blindness or a disability is:

Household size	Standard
1	\$3750.00
2	\$6450.00

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

Yes

 $\odot_{\rm No}$

Incremental Amount:

\$200.00

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C. Additional Information (optional)

The state achieves the basic resource level for for parents, caretakers, children and pregnant women in B.1, with a section 1902(r)(2) disregard of \$9,000 for a household of one adult; and a disregard of \$19,000 for a household with two or more individuals, to achieve resource levels of \$10,000 for one and \$20,000 for two or more in a household, above the \$1000 former AFDC resource standard.

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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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Reviewable Unit Instructions

Mandatory Coverage

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

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 😧	Included in Another Submission Package	Source Type 🕑
Infants and Children under Age 19	Ð	v		0	CONVERTED
Parents and Other Caretaker Relatives	ø	v	D	Ċ	CONVERTED
Pregnant Women	•	Ø	Ē	0	CONVERTED
Deemed Newborns	*			C	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		v		0	NEW
Former Foster Care Children	ø	v	D	Ċ	NEW
Transitional Medical Assistance	P	v	D	0	NEW
Extended Medicaid due to Spousal Support Collections	4	Z	1	C	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	¢	v		۲	NEW
Closed Eligibility Groups	*	Ø		۲	NEW
Individuals Deemed To Be Receiving SSI		2	1000 1000	۲	NEW

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Medicaid State Plan Print View

Eligibility Group Name		Covered In State Plan	Include RU In Package 😧	Included in Another Submission Package	Source Type 😧
Working Individuals under 1619(b)	÷	2	E	۲	NEW
Qualified Medicare Beneficiaries		N		٠	NEW
Qualified Disabled and Working Individuals		×		۲	NEW
Specified Low Income Medicare Beneficiaries	•	V		۲	NEW
Qualifying Individuals	Ø	Z	m	٠	NEW

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Mandatory Eligibility G MEDICAID Medicaid State Plan Eligibil	•				
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Reviewable Unit Instructions					
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 A Submission F		Source Type 😧
Adult Group] 🗵		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

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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

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

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

A. Characteristics

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

1. Be age 65 or older or have blindness or a disability;

2. Meet more restrictive requirements than SSI, as defined by the state in section B;

3. Have income and resources at or below the standard for this group.

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Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005 Package Header Package ID MN2018MS0003O SPA ID MN-19-0005 Submission Type Official Initial Submission Date 5/8/2019 Approval Date N/A Effective Date 6/1/2019 Superseded SPA ID N/A User-Entered **Reviewable Unit Instructions B.** Financial Methodologies 1. The more restrictive requirements used are described in the More Restrictive Requirements than SSI under 1902(f) RU. 2. Less restrictive methodologies are used in calculating countable income. Yes \bigcirc No The less restrictive income methodologies are: The difference between one income standard and another is disregarded. Between this standard: The ABD categorically needy O Between the following 1902(f) standard percentages of the FPL: and this standard: 100% FPL, using federal poverty O Between the medically levels in effect on July 1 of each needy income limit and a 12 month period. percentage of the FPL: Between the SSI Federal Benefit Rate and: Between other income standards: Description of disregard: Disregard earned income of Census Bureau wages are disregarded. temporary census employees who were enrolled in Minnesota health care programs on March 1, 2000. A specified type of income is disregarded: Description: Name of income type: Disregard the Cost of Living Adjustments to RSDI (title II) COLA benefits from January 1 through June 30th of each year. Disregard payments to class members under the federal court order in Jensen et al v. Jensen Settlement Minnesota Department of Human Services, CN 08-1775 (DWF/FLN). In-kind Income Disregard all in-kind income. NIH Study Disregard payments made to parents participating in the "income and child development in the first three years of life" demonstration project funded by the United States Department of Health and

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	Name of income type:	Description:
	~	' Human Services' National Institutes of Health.
	State Catastrophe Funds	Disregard payments from the Minnesota I-35 Catastrophe Relief Fund.
3. Less restrictive methodologies are used in calculating o	countable resources.	
Yes		
No The less restrictive resource methodologies are:		
General resource disregard:		
	No 6 Prov	D = = 1 = 1
	Name of disregard:	Description:
	Disregard for Children Living with Adults	For one child living with a disabled or elderly individual, exclude an additional \$3,000, and \$200 for each additional child. For each child living with a disabled or elderly couple, exclude an additional \$200.
Real property not otherwise excluded is disregarded.	Description of disregard	Disregard the homestead of a person residing in a long term care facility if the home is used as the residence of the person's (a) sibling who lived in the home for at least one year immediately before the date of the client's admission to the long term care facility and who has an equity interest in the home; or (b) an adult child or grandchild who lived in the home for at least two years immediately before the date of the client's admission to the long term care facility and who provided verifiable care to the client to permit the client to live at home instead of the long term care facility.
A specified type of resource is disregarded:		
	Name of resource type:	Description:
	State Catastrophe Funds	Disregard payments from the Minnesota I-35 Catastrophe Relief Funds.
	Jensen Settlement	Disregard payments to class members under the federal court order in Jensen et al v. Minnesota Department of Human Services, CN 09-1775 (DWF/FLM).
	NIH Study	Disregard as assets any payments made to parents participating in the "income and child development in the
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Name of resource type:	Description:
	first three years of life"
	demonstration project funde
	by the United States
	Department of Health and
	Human Services' National
	Institutes of Health.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

The following less restrictive methodologies are used:

Name of methodology:	Description:
	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.
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

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Name of methodology:	Description:
Name of methodology:	 (EIAA). Assets that may be designated as an EIAA include assets such as a savings account, investments, mutual funds, retirement and pension accounts, and medical expense accounts. An EIAA may contain the individual's retirement accounts and medical expense benefits through an employer. An EIAA may contain up to \$17,000 of the individual's other non-excluded liquid assets. An asset disregard will apply, under the following terms: 1) The individual shall identify to the state the account(s) that he or she designates as his or her Employment Incentives Assets Account(s) before disenrollment from the group. 2) The value of the assets in the EIAA are disregarded, including growth or appreciation, except that any amount by which the value of the other liquid assets exceeds \$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).

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Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005 **Package Header** Package ID MN2018MS0003O SPA ID MN-19-0005 Submission Type Official Initial Submission Date 5/8/2019 Approval Date N/A Effective Date 6/1/2019 Superseded SPA ID N/A User-Entered **Reviewable Unit Instructions** 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 \$854.00 4 5 \$957.00 6 \$1063.00 7 \$1168.00 8 \$1259.00

> \$1347.00 \$1423.00

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

🖲 Yes 🛛 No

Incremental Amount

\$74.00

9

10

The dollar amounts increase automatically each year

🔿 Yes 🔍 No

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

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D. Resource Standard Used

The resource standard for this group is:

Individual: \$3750.00

Couple: \$6450.00

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E. Spenddown

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

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CMS APPROVAL: Sept. 11, 2019

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

MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005

Package Header

Package ID MN2018MS00030 Submission Type Official Approval Date N/A Superseded SPA ID N/A User-Entered
 SPA ID
 MN-19-0005

 Initial Submission Date
 5/8/2019

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 6/1/2019

Reviewable Unit Instructions

F. Additional Information (optional)

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Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005

Package Header

Package ID MN2018MS0003O

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

User-Entered

Reviewable Unit Instructions

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes ONo

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

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 😧	Included in Another Submission Package	Source Type 😧
Optional Coverage of Parents and Other Caretaker Relatives	(Ω	¢	NEW
Reasonable Classifications of Individuals under Age 21		M		0	CONVERTED
Children with Non- IV-E Adoption Assistance			general Access	Ċ	CONVERTED
Independent Foster Care Adolescents				0	NEW
Optional Targeted Low Income Children				Ĉ	CONVERTED
Individuals above 133% FPL under Age 65	*			0	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	P	R		¢	NEW
Individuals Eligible for Family Planning Services	*	M	gavan Maria	0	CONVERTED
Individuals with Tuberculosis			2011 A	Ċ	NEW
Individuals Electing COBRA Continuation Coverage	(A)			0	NEW

Aged, Blind and Disabled

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https://macpro.cms.gov/suite/tempo/records/item/IUB9Co0jznk... 08/29/2019

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Eligibility Group Name		Covered In State Plan	Include RU In Package 😧	Included in Another Submission Package	Source Type 😡
ndividuals Eligible for but Not Receiving Cash Assistance		v		۲	NEW
ndividuals Eligible for Cash Except for nstitutionalization		~		۲	NEW
ndividuals Receiving Home and Community- Based Waiver Services under Institutional Rules	-	2		۲	NEW
Optional State Supplement Beneficiaries	a constant of the second	2		۲	NEW
ndividuals in nstitutions Eligible under a Special ncome Level	Ø	~		۲	NEW
PACE Participants	# #			0	NEW
ndividuals Receiving Hospice				C	NEW
Children under Age 19 with a Disability	æ	Z	D	0	NEW
Age and Disability- Related Poverty Level		~	and a second sec	۲	NEW
Work Incentives	ø	2	E	٠	NEW
icket to Work Basic	##			Ô	NEW
icket to Work Medical mprovements	42			0	NEW
amily Opportunity Act Children with a Disability	W	D		ē	NEW
ndividuals Receiving State Plan Home and Community-Based Services				0	NEW
ndividuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible Otherwise Eligible or HCBS Waivers				õ	NEW

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Optional Eligibility Groups

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Approval Date	N/A	Effective Date	6/1/2019
Superseded SPA ID	N/A		
	User-Entered		

Reviewable Unit Instructions

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes ONo

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	#	v		0	NEW
Medically Needy Children under Age 18		2		Č	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	13	M	G	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		~	•	O	NEW
Medically Needy Parents and Other Caretaker Relatives	455	Z		0	NEW

Aged, Blind and Disabled

Eligibility Group	Covered in State	Include RU In	Included in Another	Source Type 😡
Name	Plan	Package 😧	Submission Package	

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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	V	Ø	C	NEW
	Effective Jur			

Optional Eligibility Groups

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C. Additional Information (optional)

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

1) Reasonable classification of children with a disability under 21 eligible for section 1915(c) home and community based services using institutional rules under 42 CFR section 435.217

2) Reasonable classification of children with a disability under 19, meeting criteria under section 1902(e)(3).

Eligibility Groups Deselected from Coverage

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

• N/A

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Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

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

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Superseded SPA ID N/A

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Reviewable Unit Instructions

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:

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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.

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Medically Needy Reasonable Classifications of Individuals under Age 21

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Reviewable Unit Instructions

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		
Name:	Child with a disability under section 1902(e)(3)	Description:	Child with a disability meeting TEFRA requirements under	
Age Covered:	Under age 19		section 1902(e)(3), with exces income.	
Name:	Child with a disability eligible for HCBS	Description:	Child with a disability eligible f home and community-based	
Age Covered:	Under age 21		waiver services under section 1915(c) using institutional rule with excess income	

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Reviewable Unit Instructions			
C. Financial Methodolo	ogies		
. The state uses the same financia	l methodology for all individuals	covered.	
🖲 Yes			
⊖ No			
2. The financial methodology used is:			
	🖲 a. AFDC methodologies. Please	e refer as necessary to Non-MAGI Metho	dologies, completed by the state
	\bigcirc b. MAGI-like methodologies. P state.	lease refer as necessary to Non-MAGI M	ethodologies, completed by the
8. Less restrictive methodologies are	used in calculating countable incon	ne.	
Yes			
⊖ No			
he less restrictive income methodol	ogies are:		
The difference between one incor	ne standard and another is disrega	irded.	
	O 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 80% FPL, effective July 1, 2016
	O Between the SSI Federal Benefit Rate and:		81% FPL, effective June 1, 2019
	Between other income standards:		
		Description of disregard:	Disregard earned income of
Census Bureau wages are disrega	rded.		temporary census employees who were enrolled in Minneso health care programs on Marc 1, 2000.
A specified type of income is disre	egarded:		
		Name of income type:	Description:
		In-kind Income	Disregard all in-kind income.
		COLA	Disregard the Cost of Living Adjustments to RSDI (title II) benefits from January 1 through June 30th of each year
		Jensen Settlement	Disregard payments to class members under the federal court order in Jensen et al v. Minnesota Department of

	Name of income type:	Description:
		Human Services, CN 08-1775 (DWF/FLN).
	NIH Study	Disregard payments made to parents participating in the "income and child development in the first three years of life" demonstration project funded by the United States Department of Health and Human Services' National Institutes of Health.
	State Catastrophe Funds	Disregard payments from the Minnesota I-35 Catastrophe Relief Fund.
gless restrictive methodologies are used:		
	Name of methodology:	Description:
	Child support	Disregard payments of child support from the child's income.
	Title II benefits	Disregard from the child's income payments of RSDI (title II) benefits.

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

Yes

 \bigcirc No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

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Medically Needy Reasonable Classifications of Individuals under Age 21

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Reviewable Unit Instructions

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.

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Medically Needy Reasonable Classifications of Individuals under Age 21

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G. Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005

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

Package Header

Package ID MN2018MS00030 Submission Type Official Approval Date N/A Superseded SPA ID MN-16-0008
 SPA ID
 MN-19-0005

 Initial Submission Date
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 Effective Date
 6/1/2019

Reviewable Unit Instructions

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:

User-Entered

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.

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Superseded SPA ID	MN-16-0008		
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Reviewable Unit Instructions			
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

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Superseded SPA ID	MN-16-0008		
	User-Entered		

Reviewable Unit Instructions

C. Financial Methodologies

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

Yes

 \odot No

2. The financial methodology used is:

🔾 a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

(e) 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.

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Census Bureau wages are disregarded.

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Description of disregard:	Disr
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A specified type of income is disregarded:

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

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

🛞 Yes 🛛 🔿 No

The less restrictive resource methodologies are:

✔ General resource disregard:

Name of
disregard:Description:Disregard for
Children Living
with AdultsFor one child
living with a
disabled or
elderly individual,
exclude an

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additional \$3000, and \$200 for each thild ideletion ideletion exclude an additional thild is disregarded.		Name of disregard:	Description:	
Kea property not otherwise excluded is disregarded. ret			\$3,000, and \$2 for each additional child For each child living with a disabled or elderly couple exclude an	ld.
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A specified type of resource is disregarded:

Name of resource type:	Description:
State Catastrophe Funds	Disregard payments from the Minnesota I-35 Catastrophe Relief Funds.
Jensen Settlement	Disregard payments to class members under the federal court order in Jensen et al v. Minnesota Department of Human Services,

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Name of resource type:	Description:
	CN 09-1775 (DWF/FLM).
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.

 \checkmark A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Asset Reduction	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

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Name of methodology:	Description:
	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).
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

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Name of methodology:	Description:
	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
	ElAA 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
	ElAA 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) lf a person's
	Medicaid
	eligibility ends at
	any point before

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Name of methodology:	Description:	
	turning age 65,	
	the ElAA 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) (X), 1902(a)	
	(10)(A)(ii) (XI);	
	medically needy	
	individuals age	
	65 and older	
	eligible under	
	§1902(a)(10)(C).	

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CMS APPROVAL: Sept. 11, 2019

MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005

Package Header

Package ID	MN2018MS0003O	SPA ID	MN-19-0005
Submission Type	Official	Initial Submission Date	5/8/2019
Approval Date	N/A	Effective Date	6/1/2019
Superseded SPA ID	MN-16-0008		
	User-Entered		
Reviewable Unit Instructions			

D. Income Standard Used

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

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Effective June 1, 2019

CMS APPROVAL: Sept. 11, 2019

MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005

Package Header

Package ID	MN2018MS0003O	SPA ID	MN-19-0005
Submission Type	Official	Initial Submission Date	5/8/2019
Approval Date	N/A	Effective Date	6/1/2019
Superseded SPA ID	MN-16-0008		
	User-Entered		
Reviewable Unit Instructions			

E. Resource Standard Used

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

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Package Header

Package ID	MN2018MS0003O	SPA ID	MN-19-0005
Submission Type	Official Init	tial Submission Date	5/8/2019
Approval Date	N/A	Effective Date	6/1/2019
Superseded SPA ID	MN-16-0008		
	User-Entered		
Reviewable Unit Instructions			

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.

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MEDICAID | Medicaid State Plan | Eligibility | MN2018MS00030 | MN-19-0005

Package Header

 Package ID
 MN2018MS00030

 Submission Type
 Official

 Approval Date
 N/A

 Superseded SPA ID
 MN-16-0008

 User-Entered

 SPA ID
 MN-19-0005

 Initial Submission Date
 5/8/2019

 Effective Date
 6/1/2019

Reviewable Unit Instructions

G. Additional Information (optional)

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