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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 24-0004

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MN - Submission Package - MN2023MS0002O - (MN-24-0004) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related 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 64106



Center for Medicaid & CHIP Services

June 21, 2024

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

Re: Approval of State Plan Amendment MN-24-0004

Dear Director Marquardt,

On March 28, 2024, the Centers for Medicare and Medicaid Services (CMS) received Minnesota State Plan Amendment (SPA) MN-24-0004, in which the state proposed to disregard, under the authority of section 1902(r)(2) of the Social Security Act, all countable resources in determining eligibility for the Work Incentives eligibility group.

We approve Minnesota State Plan Amendment (SPA) MN-24-0004 with an effective date(s) of January 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,
James G. Scott
Director
Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2023MS0002O | MN-24-0004

CMS-10434 OMB 0938-1188

Package Header

Package ID	MN2023MS0002O	SPA ID	MN-24-0004
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Minnesota

Medicaid Agency Name: Department of Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2023MS00020 | MN-24-0004

Package Header

Package ID MN2023MS00020 **SPA ID** MN-24-0004
Submission Type Official **Initial Submission Date** 3/28/2024
Approval Date 06/21/2024 **Effective Date** N/A
Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID MN-24-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2024	MN-22-0029
Work Incentives	1/1/2024	MN-12-14-A

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2023MS0002O | MN-24-0004

Package Header

Package ID	MN2023MS0002O	SPA ID	MN-24-0004
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Approval Date	06/21/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives More liberal resource methods in BBA group. This SPA removes the resource test for the BBA group.

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 items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MN2023MS0002O | MN-24-0004

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Superseded SPA ID	N/A		

Governor's Office Review

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

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

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Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2023MS0002O | MN-24-0004

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	MN-22-0029		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.













Yes
 No

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

Families and Adults

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

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2023MS00020 | MN-24-0004

Package Header

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SPA ID MN-24-0004
Initial Submission Date 3/28/2024
Effective Date 1/1/2024

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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2023MS0002O | MN-24-0004

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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 - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | MN2023MS0002O | MN-24-0004

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

CMS-10434 OMB 0938-1188

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The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
 - a. Step One - A comparison of family net income to 250% FPL; and
 - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

Work Incentives

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B. Step One Financial Methodologies and Income Test

1. Financial methodologies

- a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. More restrictive requirements than SSI are used in calculating countable income. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state. 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:

Income from household members is disregarded.

Income of the spouse is disregarded.

Description: Disregard all income of the spouse

Income of parents is disregarded.

Description: Disregard all income of parents for an employed person with disabilities under age 21.

General income disregard:

Name of disregard:	Description:
Income for an employed person with disabilities.	Disregard earned and unearned income for an employed person with disabilities.

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

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C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

- a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. More restrictive requirements than SSI are used in calculating countable income and/or resources, except that earned income is not counted. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state. 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:

- Income from household members is disregarded.
 - Income of the spouse is disregarded.

Description: Disregard all income of the spouse.

- The total amount of unearned income is disregarded.

Description of disregard: Disregard all unearned income of the employed person with disabilities.

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

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- The following less restrictive methodologies are used:

Name of methodology:	Description:
Disregard of Employment Incentive Assets Account (EIAA) (portable disregard)	<p>Disregard of Employment Incentives Asset Account (EIAA). Disabled individuals eligible under section 1902(a)(10)(A)(XIII) will, after 24 months of consecutive enrollment under such section, qualify to establish one or more Employment Incentives Asset Accounts (EIAA). Assets that may be designated as an EIAA include assets such as a savings account, investments, mutual funds, retirement and pension accounts, and medical expense accounts. An EIAA may contain the individual's retirement accounts and medical expense benefits through an employer. An EIAA may contain up to \$17,000 of the individual's other non-excluded liquid assets.</p> <p>An asset disregard will apply, under the following terms:</p> <ol style="list-style-type: none">1) The individual shall identify to the state the account(s) that he or she designates as his or her Employment Incentives Assets Account(s) before disenrollment from the group.2) The value of the assets in the EIAA are disregarded, including growth or appreciation, except that any

Name of methodology:**Description:**

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).

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- a. The SSI income standard.
- b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.

Work Incentives

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D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives

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E. Additional Information (optional)

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