Minnesota Health Care Programs

Eligibility Policy Manual

Minnesota Department of **Human Services**

This document provides information about additions and revisions to the Minnesota Department of Human Service's Minnesota Health Care Programs Eligibility Policy Manual.

Manual Letter #17.3

August 1, 2017

Manual Letter #17.3

This manual letter lists new and revised policy for the Minnesota Health Care Programs (MHCP) Eligibility Policy Manual (EPM) as of August 1, 2017. The effective date of new or revised policy may not be the same date the information is added to the EPM. Refer to the Summary of Changes to identify when the Minnesota Department of Human Services (DHS) implemented the policy.

I. Announcements

This section provides important updates and information about the EPM.

In Manual Letter #17.2 a change was made to EPM Section 2.2.2.1 Medical Assistance for Families with Children and Adults (MA-FCA) Bases of Eligibility to clarify that verification of pregnancy is not required to establish eligibility for a Pregnant Woman basis of eligibility. However, the change was not announced in the manual letter.

For the purpose of clarity, we are noting the change here and in Section III, item F, to notate the language that was added on June 1, 2017.

II. Summary of Changes

This section of the manual letter provides a summary of newly added sections and changes made to existing sections.

A. EPM Home Page

A hyperlink is added to the EPM home page for this manual letter.

Hyperlinks to the following bulletins have been removed from the EPM home page because they have been incorporated into the EPM with this manual letter:

- Bulletin #16-21-13, DHS Announces Changes to Eligibility Rules for Minnesota Family Planning Program
- Bulletin #17-21-02, DHS Explains: Changes to MA Estate Recovery Resulting from CMS Approval of a Revised State Plan Amendment, and a New Statewide Funeral Expenses Policy

Hyperlinks to the following Bulletins are added to the home page because they have not yet been incorporated into the EPM:

- Bulletin #17-21-07, DHS Clarifies use of SAVE for Minnesota Health Care Programs
- Bulletin #17-21-08, DHS Explains Changes to the Minnesota Health Care Programs (MHCP) Application for Medical Assistance for Long-Term Care Services (MA-LTC)

B. Section 1.2.5 MHCP Retroactive Eligibility

The change to this section addresses retroactive eligibility for applicants applying for Medical Assistance and Minnesota Family Planning Program.

C. Section 2.1.1.2.1.1 MA Estate Recovery

The change to this section incorporates Bulletin #17-21-02, DHS Explains: Changes to MA Estate Recovery Resulting from CMS Approval of a Revised State Plan Amendment; and a New Statewide Funeral Expenses Policy, by removing references to the date, January 1, 2014, as it relates to recoverable services. As stated in the bulletin, estate recovery is limited to recovering only the costs of long-term services and supports (LTSS) received by enrollees who are age 55 or older.

This section also removes a significant amount of information about the process of MA estate recovery because the information now exists in the MA Estate Recovery Manual. A link to the new manual is provided in this section.

D. Section 2.1.1.2.1.2 MA Liens

Section 2.1.1.2.1.2 also incorporates Bulletin #17-21-02, DHS Explains: Changes to MA Estate Recovery Resulting from CMS Approval of a Revised State Plan Amendment; and a New Statewide Funeral Expenses Policy, by removing references to the date, January 1, 2014, as it relates to recoverable services.

This section also removes a significant amount of information about the process of MA estate recovery because the information now exists in the MA Estate Recovery Manual. A link to the new manual is provided in this section.

Clarification is also added regarding which assets of American Indians and Alaska Natives are exempt from liens.

E. Section 2.2.1.2 MA-FCA Mandatory Verifications

This section is updated to provide more information about mandatory verification of assets, when and how assets need to be verified for applicants and enrollees using a MA for Families with Children and Adults (MA-FCA) basis of eligibility.

F. Section 2.2.2.1 MA-FCA Bases of Eligibility

This section is updated to clarify that foster parents and legal guardians may qualify for MA as a caretaker relative.

G. Section 2.3.1.1 MA-ABD Mandatory Verifications

This section is updated to provide more information about manadatory verification of assets, when and how mandatory assets need to be verified for applicants and enrollees using an MA ABD basis of eligibility.

H. Section 2.3.2.2 MA-ABD Certification Disability

This section is updated under the State Medical Review Team (SMRT) referral process to include updated expedited case criteria for SMRT applicants.

I. Section 2.3.3.2.7.4.1 MA-ABD Homestead Real Property

This section is updated to clarify that an excluded homestead does not need to be verified.

J. Section 2.3.3.2.7.7 MA-ABD Automobiles and Other Vehicles Used for Transportation

This section is updated to clarify when verification of a vehicle is necessary and how the equity value of vehicles should be verified.

K. Section 2.3.3.3.2.2 MA-ABD Disregards and Deductions

The changes to this section removes references to Medicare Savings Programs (MSP). Specific information about the disregards and deductions that apply to MSP are added to Section 4.2.3.3.

L. Section 2.3.5.1.1 MA-EPD Mandatory Verifications

This section is updated to clarify the policy of mandatory verification of when and how mandatory assets need to be verified for MA EPD clients.

M. Section 2.3.8 MA 1619(a) and 1619(b)

This section is updated to clarify that the work incentive provisions under the Social Security Act, sections 1619(a) and 1619(b), allow eligibility for MA, not just continuation of MA if a person is already enrolled. The change is necessary to account for people who are not currently enrolled in MA, but gain 1619(a) or 1619(b) status. These people can apply for MA by submitting a new application.

N. Section 2.5.3.1.1 Emergency Medical Assistance (EMA) Mandatory Verifications

This section is updated under EMA with a Spenddown to clarify when assets need to be verified for applicants applying for EMA.

O. Section 4.1.1.1 Minnesota Family Planning Progam (MFPP) Application

This section incorporates Bulletin #16-21-13, DHS Announces Changes to Eligibility Rules for MFPP, by adding application policies that became effective for MFPP as of January 1, 2017. The changes in rules are the result of MFPP becoming a Medicaid state plan program as of that date.

The changes to this section include:

- Clarification that people of any age can apply
- Minor applicants do not require a parent’s signature

- Applicants and enrollees may designate an address other than their home address as their mailing address.
- Retroactive eligibility for MFPP

P. Section 4.1.1.2 MFPP Mandatory Verifications

This section replaces citation for Minnesota Rules, Parts 9505.5300 to 9505.5325 with Minnesota Statutes, section 256B.78. Minnesota rules governing MFPP were repeated with federal approval of MFPP as a state plan program.

Q. Section 4.1.1.3 MFPP Presumptive Eligibility

This incorporates Bulletin #16-21-13, DHS Announces Changes to Eligibility Rules for MFPP, by clarifying presumptive eligibility begin and end dates for MFPP.

The changes to this section also clarify residency, income, household composition and family size requirements for MFPP presumptive eligibility.

R. Section 4.1.1.4.1 MFPP Change in Circumstances

This incorporates Bulletin #16-21-13, DHS Announces Changes to Eligibility Rules for MFPP, by aligning MFPP changes in circumstances policy with MA policy. The changes also include clarification that applicants and enrollees are no longer subject to a 12-month period of ineligibility for failing to report a change that would have resulted in program disenrollment.

S. Section 4.1.1.4.3 MFPP Medical Support

This section is update to clarify when non-cooperation with MA medical support affects eligibility for MFPP.

T. Section 4.1.1.4.4 MFPP Other Health Insurance

This section removes legal citations for Minnesota Rules, parts 9505.5300 to 9505.5235.

U. Section 4.1.2.1 MFPP Barriers

This section is updated to include pregnancy and MA enrollment as a barrier to MFPP eligibility.

V. Section 4.1.3.1 MFPP Household Composition

This section replaces a legal citation for Code of Fedeal Regulations, title 26, section 1.36B-1 with Code of Federal Regulations, title 42, section 435.603

W. Section 4.1.3.2 MFPP Income Limit

This section removes a legal citation for Minnesota Rules, Parts 9505.5300-9505.5325 and adds Code of Federal Regulations, title 42, section 435.214. Minnesota rules governing MFPP were repealed with federal approval of MFPP as a state plan program.

X. Section 4.1.4.1 MFPP Health Care Delivery

This section is updated to clarify covered services for MFPP health care delivery.

Y. Section 4.1.4.2 MFPP Renewals

This section is updated to clarify when the renewal period begins for MFPP enrollees.

Z. Section 4.2.1.3 Medicare Savings Program (MSP) Mandatory Verifications

This section is updated to clarify when mandatory verifcations need to be verified for MSP enrollees

AA. Section 4.2.3.3 MSP Income

The changes to this section corrects information about MSP income disregards and deductions. Previously, this section did not indicate that income and disregards for MSP income are applied in a different order than for MA-ABD income because of the standard deduction which applies only to MSP. Information about the order by which the disregards and deductions must be applied is added.

Additionally, the section had incorrectly omitted the Community Spouse Allocation and Family Allocation as deductions that apply to MSP applicant and enrollees who are receiving services in a long-term care (LTC) facility or on the Elderly Waiver (EW). This information is added as well.

III. Documentation of Changes

This section of the manual letter documents all changes made to an existing section. Deleted text is displayed with strikethrough formatting and newly added text is displayed with underline formatting. Links to the revised and archived versions of the section are also provided.

A. EPM Home Page

B. Section 1.2.5 MHCP Retroactive Eligiblity

C. Section 2.1.1.2.1.1 MA Estate Recovery

D. Section 2.1.1.2.1.2 MA Liens

E. Section 2.2.1.2 MA-FCA Mandatory Verifications

F. Section 2.2.2.1 MA-FCA Bases of Eligibility

G. Section 2.3.1.1 MA-ABD Mandatory Verifications

H. Section 2.3.2.2 MA-ABD Certification of Disability

I. Section 2.3.3.2.7.4.1 MA-ABD Homestead Real Property

J. Section 2.3.3.2.7.7 MA-ABD Automobiles and Other Vehicles Used for Transportation

K. Section 2.3.3.3.2.2 MA-ABD Disregards and Deductions

L. Section 2.3.5.1.1 MA-EPD Mandatory Verifications

M. Section 2.3.8 MA 1619(a) and 1619(b)

N. Section 2.5.3.1.1 EMA Mandatory Verifications

O. Section 4.1.1.1 MFPP Application

P. Section 4.1.1.2 MFPP Mandatory Verifications

Q. Section 4.1.1.3 Presumptive Eligibility

R. Section 4.1.1.4.1 MFPP Change in Circumstances

S. Section 4.1.1.4.3 MFPP Medical Support

T. Section 4.1.1.4.4 MFPP Other Health Insurance

U. Section 4.1.2.1 MFPP Barriers

V. Section 4.1.3.1 MFPP Household Composition

W. Section 4.1.3.2 MFPP Income Limit

X. Section 4.1.4.1 MFPP Health Care Delivery

Y. Section 4.1.4.2 MFPP Renewals

Z. Section 4.2.1.3 MSP Mandatory Verifications

AA. Section 4.2.3.3 MSP Income

A. EPM Home Page

Minnesota Health Care Programs

Eligibility Policy Manual

Welcome to the Minnesota Department of Human Services (DHS) Minnesota Health Care Programs Eligibility Policy Manual (EPM). This manual contains the official DHS eligibility policies for the Minnesota Health Care Programs including Medical Assistance and MinnesotaCare. Minnesota Health Care Programs policies are based on the state and federal laws and regulations that govern the programs. See Legal Authority section for more information.

The EPM is for use by applicants, enrollees, health care eligibility workers and other interested parties. It provides accurate and timely information about policy only. The EPM does not provide procedural instructions or systems information that health care eligibility workers need to use.

Manual Letters

DHS issues periodic manual letters to announce changes in the EPM. These letters document updated sections and describe any policy changes.

MHCP EPM Manual Letter #17.1, April 1, 2017

MHCP EPM Manual Letter #17.2, June 1, 2017

MHCP EPM Manual Letter #17.3, August 1, 2017

2016 Manual Letters

MHCP EPM Manual Letter #16.1

MHCP EPM Manual Letter #16.2

MHCP EPM Manual Letter #16.3

MHCP EPM Manual Letter #16.4

Bulletins

DHS bulletins provide information and direction to county and tribal health and human services agencies and other DHS business partners. According to DHS policy, bulletins more than two years old are obsolete. Anyone can subscribe to the Bulletins mailing list.

A DHS Bulletin supersedes information in this manual until incorporated into this manual. The following bulletins have not yet been incorporated into the EPM:

- ~~Bulletin #16-21-13, DHS Announces Changes to Eligibility Rules for Minnesota Family Planning Program~~
- Bulletin #17-21-01, DHS Explains Policy and Procedures for MA Cost Effective Health Insurance (CEHI) and Why HSAs, MSAs, and VEBAs Are Not CEHI
- ~~Bulletin #17-21-02, DHS Explains: Changes to MA Estate Recovery Resulting from CMS Approval of a Revised State Plan Amendment, and a New Statewide Funeral Expenses Policy~~
- Bulletin #17-21-05 DHS Explains How Unified Cash Asset Policy Affects Medical Assistance (MA) Eligibility
- Bulletin #17-21-06 DHS Claifies the Medical Assistance MAGI Based Income Calculation
- Bulletin #17-21-07 DHS Clarifies Use of SAVE for Minnesota Health Care Programs
- Bulletin #17-21-08, DHS Explains Changes to the Minnesota Health Care Programs (MHCP) Application for Medical Assistance for Long-Term Care Services (MA-LTC)

Archives

This manual consolidates and updates eligibility policy previously found in the Health Care Programs Manual (HCPM) and Insurance Affordability Programs Manual (IAPM). Prior versions of policy from the HCPM and IAPM are available upon request.

Refer to the EPM Archive for archived sections of the EPM.

Contact Us

Direct questions about the Minnesota Health Care Programs Eligibility Policy Manual to the DHS Health Care Eligibility and Access (HCEA) Division, P.O. Box 64989, 540 Cedar Street, St. Paul, MN 55164-0989, call (888) 938-3224 or fax (651) 431-7423.

Health care eligibility workers must follow agency procedures to submit policy-related questions to HealthQuest.

Legal Authority

Many legal authorities govern Minnesota Health Care Programs, including but not limited to: Title XIX of the Social Security Act; Titles 26, 42 and 45 of the Code of Federal Regulations; and Minnesota Statutes chapters 256B and 256L. In addition, DHS has obtained waivers of certain federal regulations from the Centers for Medicare & Medicaid Services (CMS). Each topic in the EPM includes applicable legal citations at the bottom of the page.

DHS has made every effort to include all applicable statutes, laws, regulations and other presiding authorities; however, erroneous citations or omissions do not imply that there are no applicable legal

citations or other presiding authorities. The EPM provides program eligibility policy and should not be construed as legal advice.

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Previous Versions

Manual Letter #17.2, June 1, 2017

Manual Letter #17.1, April 1, 2017

Manual Letter #16.4, December 22, 2016

Manual Letter #16.3, September 1, 2016

Manual Letter #16.1, June 1, 2016 (Original Version)

Archive Information

- Publication date: June 1, 2017
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- Links:
  - Archived Page
  - Revised Page

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B. Section 1.2.5 MHCP Retroactive Eligibility

Minnesota Health Care Programs

1.2.5 Retroactive Eligibility

People may request retroactive eligibility for Medical Assistance (MA), Minnesota Family Planning Program (MFPP) and the Service Limited Medicare Beneficiary (SLMB), Qualified Individual (QI) and Qualified Working Disabled (QWD) Medicare Savings Programs (MSP) for up to three months prior to the month of application. Retroactive eligibility is not available under MinnesotaCare.

Medical Assistance and Minnesota Family Planning Program

The earliest possible begin date for MA and MFPP coverage is the first day of the month three months before the month of application.

An applicant may be eligible for some, but not all months in the retroactive period. The person may be eligible for each retroactive month they meet the MA or MFPP eligibility requirements and has paid or unpaid medical expenses that would be covered by MA or MFPP.

An applicant does not need to be eligible for MA or MFPP in the application month to qualify for coverage in the retroactive months.

Enrollees may add a request for retroactive MA or MFPP up to 12 months from the date of the original application. The original date of application determines the earliest possible date for MA and MFPP coverage.

Medicare Savings Programs

SLMB or QI benefits are available for the three months before the month of application for people who meet all eligibility requirements.

People eligible for Qualified Medicare Beneficiary (QMB) may receive SLMB for the three-month retroactive period and all processing months preceding the month QMB eligibility begins if all other eligibility requirements are met.

Legal Citations

Code of Federal Regulations, title 42, section 435.915

Code of Federal Regulations, title 42, section 435.1200

Code of Federal Regulations, title 45, section 155.410

Code of Federal Regulations, title 45, section 155.420

Code of Federal Regulations, title 45, section 155.410

Code of Federal Regulations, title 45, section 155.420

Minnesota Statutes, section 256L.05

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C. Section 2.1.1.2.1.1 MA Estate Recovery

Medical Assistance

2.1.1.2.1.1 Estate Recovery

Medical Assistance (MA) estate recovery is a program that the federal government requires the State of Minnesota to administer to receive MA funds. County agencies, on behalf of the state, assert MA claims against the estates of deceased MA enrollees, or the estates of the enrollees' spouses, to recover the amount MA paid for certain services described in state and federal law.

MA estate recovery procedures are found in the MA estate recovery manual.

Recoverable Services

The following program services are subject to estate recovery:

- MA
  - The following MA services received by enrollees 55 years old or older who do not permanently reside in a medical institution:
    - ~~All MA services received before January 1, 2014~~
    - ~~The following MA services received on or after January1, 2014~~
    - Nursing facility services (NFS)
    - Home and community-based services (HCBS)
    - Hospital and prescription drug services received during the time the enrollee was provided NFS or HCBS
  - All MA services received by enrollees, regardless of age, who permanently reside in a medical institution
- General Assistance Medical Care (GAMC)
- Alternative Care (AC) services received on or after July 1, 2003
    - ~~Medicare Savings Program (QMB, SLMB, QI, and QWD) services received before January 1, 2010~~

Generally, all these program services fall under the definition of "MA" for estate recovery purposes.

~~Nonrecoverable Services~~

~~The following program services are not subject to estate recovery:~~

- ~~MA services not identified in Recoverable Services section~~
- ~~MinnesotaCare~~
- ~~Consolidated Chemical Dependency Treatment Fund (CCDTF)~~
- ~~Alternative Care (AC) for services received before July 1, 2003~~
- ~~Medicare Savings Program (QMB, SLMB, QI and QWD) services received on or after January 1, 2010~~

~~Populations Affected by Estate Recovery~~

~~Counties file a claim against the estate of an MA enrollee, or the estate of the enrollee's spouse, if the enrollee's eligibility basis was Families with Children and Adults (MA-FCA) when the enrollee received services on or after age 55.~~

~~Counties file a claim against the estate of an MA enrollee, or the estate of the enrollee's spouse, if the enrollee's eligibility basis was anything other than MA-FCA when the MA enrollee received services:~~

- ~~At 55 years old or older~~
- ~~At any age in a medical institution for six months or longer without reasonable expectation of discharge~~

~~Counties file a claim against the estate of a GAMC enrollee, or the estate of the enrollee's spouse, for all GAMC services received at any age. The GAMC program no longer exists, but costs of services provided under GAMC while it was in existence are recoverable.~~

~~Counties file a claim against the estate of an AC enrollee, or the estate of the enrollee's spouse, who received services on or after July 1, 2003.~~

~~Amount of Recovery~~

~~The maximum claim is the total amount of the following services, when applicable:~~

- ~~MA~~
  - ~~MA services received at 55 years old or older by enrollees who do not permanently reside in a medical institution:~~
    - ~~All MA services received before January 1, 2014~~
    - ~~The following MA services received on or after January 1, 2014:~~
      - ~~NFS~~
      - ~~HCBS~~

- ~~Hospital and prescription drug services received during the time the enrollee was provided NFS or HCBS~~
- ~~All MA services received at any age by enrollees who are permanently residing in a medical institution~~

- ~~GAMC received at any age~~
- ~~AC received on and after July 1, 2003~~
- ~~Medicare Savings Programs (QMB, SLMB, QI and QWD) received before January 1, 2010~~

Recoverable Assets

County agencies may recover against the following assets <u>from the estate of an MA enrollee or from the estate of an MA enrollee's surviving spouse:</u>

- the person's probate estate;
- all of the person's interests or proceeds of those interests in real property the person owned as a life tenant, or as a joint tenant with a right of survivorship, that were established on or after August 1, 2003, and were owned at the time of the person's death;
  - Recovery on a life estate is limited to the value of the person's interest on the date of death as determined by the Life Estates Mortality Table.
- all of the person's interests or proceeds of those interests in securities the person owned in beneficiary form at the time of the person's death, to the extent the interests or proceeds of those interests become part of the probate estate;
- all of the person's interests in joint accounts, multiple-party accounts, and pay-on-death accounts, brokerage accounts, investment accounts, or the proceeds of those accounts at the time of the person's death to the extent the interests become part of the probate estate; and
- assets conveyed to a survivor, heir, or assign of the person through survivorship, living trust, or other arrangements.

~~Methods of Estate Recovery~~

~~Five methods of distributing property after a person dies allow county agencies to claim against an estate: probate, special administration, decree of descent, affidavit of collection of personal property, and transfer on death deed.~~

~~Probate~~

~~The county of financial responsibility files claim in a district court where the enrollee's or the enrollee's spouse's estate is being administered as soon after the enrollee's or enrollee's spouse's death as possible.~~

~~If the decedent or a deceased spouse of the decedent received assistance for which a claim could be filed, the personal representative of the estate, or the attorney for the personal representative, must serve the commissioner of human services with a Notice to the Commissioner of a possible MA claim.~~

~~The Notice to the Commissioner must include the decedent's and each of the decedent's deceased spouses' full names, dates of birth, and Social Security numbers. Once DHS receives the notice, DHS determines whether the decedent, or the decedent's deceased spouse(s), received MA. DHS then responds to the personal representative, or the attorney of the personal representative, with that determination. DHS also sends a response to the county of probate and to the county of financial responsibility (if different from the probate county).~~

~~The county's claim within a probate proceeding must be in writing and contain the claimant's name and address, the amount of the claim, and the basis of the claim. The county can present the claim by delivering or mailing it to the personal representative or by filing it with the court administrator.~~

~~Special administration~~

~~A special administration is a probate proceeding used when prompt action is necessary to protect and preserve a decedent's assets before a personal representative can be appointed, or if a personal representative cannot act. A special administrator is appointed to collect, manage, and preserve estate assets. To accomplish these duties, the special administrator has all the powers of a general personal representative.~~

~~If a county agency receives notice that a special administrator has been appointed to administer assets in an estate subject to an MA claim, the agency can present a claim against those assets.~~

~~Decree of Descent~~

~~A determination of descent is a specialized court proceeding that can only occur when:~~

- ~~a deceased person has been dead for more than three years,~~
- ~~the deceased person left real or personal property, and~~
- ~~the deceased person's estate has not yet gone through probate in Minnesota or in any other state.~~

~~Any interested party, including a county agency, may petition a court to determine the descent of the estate's property and assign title to the correct parties under law. After a petitioner or the petitioner's attorney files a petition for a decree of descent, he or she must apply to the county agency for a clearance of MA claims against the decedent or a deceased spouse who received benefits. This is called a clearance certificate.~~

~~The petitioner must submit the Application for Certificate of Clearance for Medical Assistance - Decree of Descent (DHS-6165A) to the county. The county completes the Certificate of Clearance for Medical Assistance Claim-Decree of Descent (DHS-6165B) and states the dollar amount for the MA claim. A satisfied certificate of clearance is required for clear title.~~

~~When the petitioner receives the certificate of clearance, he or she must file the certificate into the decree of descent proceedings as soon as possible. Filing a certificate with an MA claim amount has the effect of filing an MA claim that identifies the county as the claimant. The county agency can only enforce its claim listed in the certificate against property of the decedent that is subject to the proceedings.~~

~~Affidavit of Collection of Personal Property~~

~~Counties may use an Affidavit of Collection of Personal Property to collect against assets of a deceased MA enrollee or the assets of the recipient's deceased spouse. To serve an affidavit, the county must ensure that the following conditions are met:~~

- ~~The enrollee has been deceased for at least 30 days.~~
- ~~No application or petition for the appointment of a personal representative is pending or has been granted.~~
- ~~The assets consist entirely of personal property.~~
- ~~The value of the estate, less liens and encumbrances is $75,000 or less.~~

~~The county serves the affidavit on the financial institution, person or other entity holding the deceased person's money or property, including the contents of a safe deposit box. The institution, person, or other entity receiving the affidavit is only obligated to turn over the deceased person's money or other property still in its possession when the affidavit is served.~~

~~The institution is not obligated to turn over funds or property that has already been distributed to the joint owner or payable-on-death beneficiary. If the funds or property has already been distributed to the joint owner or payable-on-death beneficiary, the county can determine if they can assert a claim against the distributed assets through an affidavit of collection.~~

~~Transfer on Death Deed~~

~~A transfer on death deed (TODD) allows title of real property to transfer to a named beneficiary at the death of the owner, or the last to die of multiple owners. At the time of the death of the grantor owner of a TODD, the grantee, or the grantee's attorney or agent, must apply to the county agency for an Application for Certificate of Clearance for Medical Assistance Claim-Transfer on Death Deed (DHS-5893) to request clearance of MA claims against the grantor owner or the grantor owner's deceased spouse.~~

~~Any MA claim is payable, in whole or in part, from the property identified in the certificate of clearance. The claim can be allowed, denied, and appealed in the same way as a claim in a probate proceeding. The county, or any person claiming an interest in the real property, may petition the district court for an order determining the validity of the MA claim and allowing sale of the real property for the recovery of MA benefits received. The net sale proceeds from such a sale must be used to pay MA claims if the MA claim is determined valid.~~

~~Exemptions from~~ Exceptions to Estate Recovery

~~An estate claim may be filed, but not collected on~~ Recovery on an estate claim is delayed when one or more of the following people survive an MA ~~the~~ enrollee:

- A spouse
- A child younger than age 21
- A child of any age who is blind or totally and permanently disabled according to Supplemental Security Income program criteria

Certain income, resources, and property of American Indians and Alaska Natives are exempt from estate recovery. More detailed limitations on claims are provided in the MA estate recovery manual.

~~American Indian and Alaska Native exemptions~~

~~The following American Indian and Alaska Native income, resources, and property are exempt from MA estate recovery:~~

- ~~Certain American Indian and Alaska Native income and resources (such as interests in and income derived from Tribal land and other resources currently held in trust status, and judgment funds from the Indian Claims Commission and the U.S. Claims Court) that are exempt from Medicaid estate recovery by other laws and regulations;~~
- ~~Ownership interest in trust or non-trust property, including real property and improvements for any of the following:~~
  - ~~Property located on a reservation (any federally recognized Indian Tribe's reservation, Pueblo, or Colony, including former reservations in Oklahoma, Alaska Native regions established by Alaska Native Claims Settlement Act and Indian allotments) or near a reservation as designated by the Bureau of Indian Affairs. See the MinnesotaCare Health Care Reform Waiver Annual 2003 Report, Attachment D3 (Reservation Map/Contract Health Service Delivery Areas).~~
  - ~~Property located within the most recent boundaries of a prior Federal reservation for any federally recognized Tribe not described in the paragraph above.~~
  - ~~Protection of non-trust property described as on or near a reservation is limited to circumstances when it passes from an Indian to one or more relatives (by blood, adoption, or marriage), including Indians not enrolled as members of a Tribe and non-Indians, such as spouses and step-children, that their culture would protect as family members; to a Tribe or Tribal organization and/or to one or more Indians.~~
- ~~Income left as a remainder in an estate derived from property protected in trust or non-trust located on a Federal reservation or within most recent boundaries, that was either collected by an Indian, or by a Tribe or Tribal organization and distributed to Indians, as long as the person can clearly trace it as coming from the protected property;~~
- ~~Ownership interests left as a remainder in an estate in rents, leases, royalties, or usage rights related to natural resources (including extraction of natural resources or harvesting~~

~~of timber, other plants and plant products, animals, fish, and shellfish) resulting from the exercise of federally protected rights, and income either collected by an Indian, or by a Tribe or Tribal organization and distributed to Indians derived from these sources as long as the person can clearly trace it as coming from protected sources; and~~

- ~~Ownership interests in or usage rights to items not covered above that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional life style according to applicable Tribal law or custom.~~

~~Long-term Care Partnership~~

~~An amount equal to the total amount paid by a Long-term Care Partnership (LTCP) policy is protected as an asset during the person's lifetime and from estate recovery after his or her death. The protected asset limit (PAL) is the amount equal to the amount of insurance benefits the LTCP policy paid on the enrollee's behalf. See the MA Long-term Care Partnership policy for more information.~~

~~Undue Hardship Waiver~~

~~When a county agency claims against an estate, the county notifies all heirs and devisees of the decedent (whom the county can identify through reasonable diligence) about the MA claim. This Notice of Claim for Medical Assistance in Decedent's Death (DHS-4934) informs heirs and devisees about undue hardship waivers.~~

~~Any person entitled to this notice has a right to apply for waiver of the claim based on undue hardship. To do this, the person must submit an Application for a Waiver of Claim (DHS-4933) to the county agency.~~

- ~~The county may fully or partially waive a claim if it determines there is undue hardship.~~
- ~~The county may defer recovery if it determines there is undue hardship.~~

Legal Citations

Minnesota Statutes, section 256B.15

~~Minnesota Statutes, section 524.3-805~~

United States Code, title 42, section 1396p

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D. Section 2.1.1.2.1.2 MA Liens

Medical Assistance

2.1.1.2.1.2 MA Liens

The Minnesota Department of Human Services (DHS) files liens against real property interests to recover the amount Medical Assistance (MA) paid for certain services described in state and federal law. A lien is a legal right or interest that a creditor has in another person's property until the creditor's claim has been repaid or the lien expires. Real property includes land and buildings on land.

The DHS lien process is separate from county-administered estate recovery, though liens help secure county claims against estate assets.

Liens on Real Property

There are two types of liens that DHS files to secure repayment of MA:

- MA liens (also called TEFRA liens)
- Notices of potential claim (NPC)

Refer to the MA Estate Recovery Manual for more information about MA liens and NPCs.

~~MA Lien (TEFRA Lien)~~

~~An MA lien is a lien filed against an MA enrollee's real property interest before the enrollee dies to secure repayment of MA costs of the enrollee's permanent stay in a medical institution. DHS collects on MA liens when real property is sold, which may happen before or after the enrollee dies.~~

~~DHS only files MA liens after an enrollee enters a "medical institution." Medical institutions include the following:~~

- ~~Nursing facilities~~
- ~~Skilled nursing facilities~~
- ~~Intermediate care facilities~~
- ~~Intermediate care facilities for persons with developmental disabilities~~
- ~~Inpatient hospitals~~

~~When a person applies for MA coverage for services received in a medical institution, the county agency submits a Medical Assistance Lien and Notice of Potential Claim (NPC) Worksheet (DHS-3203) to DHS. A lien worker in the DHS Special Recovery Unit reviews the worksheet. For an MA lien to become effective, the lien worker must ensure the following has occurred:~~

- ~~DHS has made MA payments on behalf of the enrollee~~
- ~~DHS has obtained verification from the enrollee's attending physician that the enrollee cannot reasonably be expected to be discharged and return home~~
- ~~The enrollee has been provided with notice of the lien and an opportunity for an administrative hearing~~
- ~~All exemptions against the enforcement of the lien no longer apply~~
- ~~The lien notice has been filed in the county recorder's office or memorialized on a certificate of title for the property.~~

~~If the above conditions are not met, DHS cannot collect on an MA lien. DHS must release an MA lien before the real property is sold if an enrollee leaves the medical institution and rejoins the community.~~

~~An MA lien is enforceable for 10 years from the date of its filing. DHS may renew the lien for an additional 10 years.~~

~~NPC~~

~~An NPC is a lien filed against an enrollee's real property interest to secure repayment of MA costs subject to estate recovery. DHS can file an NPC before or within one year after an MA enrollee's death. An NPC is not a lien until the enrollee dies. Until the enrollee dies, an NPC only serves as notice that an MA estate claim could be made against a specific interest in real property in the future.~~

~~NPCs are enforceable for 20 years from the date of filing, or from the date of the enrollee's death, whichever is later.~~

Populations Affected by Liens

MA Liens

An MA lien can be filed against an MA enrollee's real property interests if the enrollee's eligibility basis was anything other than MA for Families with Children and Adults (MA-FCA) when the enrollee receives services at ~~54 years of age or younger~~ when residing in a medical institution ~~for 6 months or longer~~ without reasonable expectation of discharge, as verified by the enrollee's attending physician, advanced practice registered nurse, or physician assistant

~~An MA lien can also be filed against an MA enrollee's real property interests if the enrollee's eligibility basis was anything other than MA-FCA when the enrollee receives services at 55 years of age or older when residing in a medical institution without reasonable expectation of discharge.~~

NPCs

~~Only NPCs can be filed against an MA enrollee's real property interests if the enrollee's eligibility basis was MA-FCA when the enrollee received services on or after age 55. DHS cannot file MA liens against these enrollees' real property interests.~~

An NPC can ~~also~~ be filed against an MA enrollee's real property interests ~~if the enrollee's eligibility basis was anything other than MA-FCA~~ when the enrollee receives MA services ~~on or after age~~ at 55 years old or older, through an NPC is not an effective lien against the real property until after the enrollee dies.

Recoverable Services

An MA lien can recover the costs of the following program services:

- MA
  - The following MA services received by enrollees 55 years old or older who do not permanently reside in a medical institution:
    - ~~All MA services received before January 1, 2014~~
    - ~~The following MA services received on or after January 1, 2014:~~
    - Nursing facility services (NFS)
    - Home and community-based services (HCBS)
    - Hospital and prescription drug services received during the time the enrollee was provided NFS or HCBS
  - All MA services received by enrollees, regardless of age, ~~who permanently reside~~ during permanent residence in a medical institution
- General Assistance Medical Care (GAMC)
- ~~Medicare Savings Program (Qualified Medicare Beneficiary (QMB), Service Limited Medicare Beneficiary (SLMB), Qualified Individuals (QI) and Qualified Working Disabled (QWD)) services received before January 1, 2010~~

An NPC can recover the costs of the following program services:

- The following MA services received by enrollees 55 years old or older, including those who do not permanently reside in a medical institution:
  - ~~All MA services received before January 1, 2014~~
  - ~~The following MA services received on or after January 1, 2014:~~
  - NFS
  - HCBS
  - Hospital and prescription drug services received during the time the enrollee was provided NFS or HCBS

- GAMC
- ~~Medicare Savings Program (QMB, SLMB, QI and QWD) services received before January 1, 2010~~

Generally, all these program services fall under the definition of “MA” for lien collection purposes.

Nonrecoverable Services

The costs of the following program services cannot be recovered by an MA lien or NPC:

- MA services not identified in the Recoverable Services section
- MinnesotaCare
- Consolidated Chemical Dependency Treatment Fund (CCDTF)
- ~~Alternative Care (AC)~~
  - ~~Note that AC services received on or after July 1, 2003, are recoverable by an estate claim.~~
- ~~Medicare Savings Program (QMB, SLMB, QI and QWD) services received on or after January 1, 2010~~

~~Amount of Recovery~~

~~The maximum amount recoverable under an MA lien is the total amount of the following services, when applicable:~~

- ~~MA~~
  - ~~MA services received by enrollees 55 years old or older who do not permanently reside in a medical institution:~~
    - ~~All MA services received before January 1, 2014~~
    - ~~The following MA services received on or after January 1, 2014:~~
      - ~~NFS~~
      - ~~HCBS~~
      - ~~Hospital and prescription drug services received during the time the enrollee was provided NFS or HCBS~~
  - ~~All MA services received at any age while permanently residing in a medical institution~~
- ~~GAMC received at any age~~
- ~~Medicare Savings Program (QMB, SLMB, QI and QWD) services received before January 1, 2010~~

~~The maximum amount recoverable under an NPC is the total amount of the following services, when applicable:~~

- ~~MA services received by enrollees 55 years old or older who do not permanently reside in a medical institution:~~
  - ~~All MA services received before January 1, 2014~~
  - ~~The following MA services received on or after January 1, 2014:~~
    - ~~NFS~~
    - ~~HCBS~~
    - ~~Hospital and prescription drug services received during the time the enrollee was provided NFS or HCBS~~
- ~~GAMC received at any age~~
- ~~Medicare Savings Program (QMB, SLMB, QI and QWD) services received before January 1, 2010~~

Life Estate and Joint Tenancy Interests

If a person owns a life estate or joint tenancy interest in real property when he or she dies, and the interest was established on or after August 1, 2003, that interest remains subject to a lien after death to satisfy repayment of MA. Recovery on a life estate is limited to the value of the person's interest on the date of death as determined by the Life Estates Mortality Table.

~~Exemptions~~ Exceptions to ~~from~~ Liens

MA ~~l~~Liens and NPCs

Exceptions to filing or collecting on an MA Lien or NPC is provided in the MA Estate Recovery Manual. ~~When an exemption applies to an MA lien, DHS cannot file the lien~~. ~~Real property is exempt from an MA lien if the real property is the homestead of one or more of the following people:~~

- ~~An enrollee's spouse~~
- ~~An enrollee's child who is younger than age 21~~
- ~~An enrollee's child of any age who is blind or totally and permanently disabled according to Supplemental Security Income program criteria~~
- ~~An enrollee's child of any age who:~~
  - ~~lived on the property for at least two years before the enrollee began receiving institutional care,~~

- ~~has continuously lived on the property since the enrollee's date of institutionalization, and~~
- ~~provided care that allowed the enrollee to remain in the community.~~

- ~~An enrollee's sibling who:~~
  - ~~has an equity interest in the homestead,~~
  - ~~resided in the home for at least one year before the enrollee began receiving institutional care, and~~
  - ~~has continuously lived on the property since the enrollee's date of institutionalization.~~

~~NPCs~~

~~When an exemption applies to an NPC, DHS can file the lien but it cannot collect on the lien until (1) the enrollee dies and (2) the exemption is no longer in effect. Real property is exempt from an NPC if the real property is the homestead of one or more of the following people:~~

- ~~An enrollee's spouse~~
- ~~An enrollee's child who is younger than age 21~~
- ~~An enrollee's child of any age who is blind or totally and permanently disabled according to Supplemental Security Income program criteria~~
- ~~An enrollee's child or grandchild of any age who:~~
  - ~~lived on the property for at least two years before the enrollee began receiving institutional care,~~
  - ~~has continuously lived on the property since the enrollee's date of institutionalization, and~~
  - ~~provided care that allowed the enrollee to remain in the community.~~
- ~~An enrollee's sibling who:~~
  - ~~resided in the home for at least one year before the enrollee began receiving institutional care and~~
  - ~~has continuously lived on the property since the enrollee's date of institutionalization.~~

American Indian and Alaskan Native Exemptions

Certain real property of American Indians and Alaska Natives is exempt from liens, including real property that is:

- located on a reservation (any federally recognized Indian Tribe's reservation, Pueblo, or Colony, including former reservations in Oklahoma, Alaska Native regions established by Alaska Native Claims Settlement Act and Indian allotments, or near a reservation as designated and approved by the Bureau of Indian Affairs of the U.S. Department of the Interior; or

- for any federally recognized tribe not described in the above bullet point, located within the most recent boundaries of a prior federal reservation.

~~The following American Indian and Alaska Native ownership interests in trust or non-trust property, including real property and improvements, are exempt from MA liens and NPCs:~~

- ~~Property located on a reservation (any federally recognized Indian Tribe's reservation, Pueblo, or Colony, including former reservations in Oklahoma, Alaska Native regions established by Alaska Native Claims Settlement Act and Indian allotments) or near a reservation as designated by the Bureau of Indian Affairs~~
- ~~Property located within the most recent boundaries of a prior federal reservation for any federally recognized Tribe not described in the paragraph above~~
- ~~Protection of non-trust property described as on or near a reservation is limited to circumstances when it passes from an Indian to one or more relatives (by blood, adoption, or marriage) including Indians not enrolled as members of a Tribe and non-Indians, such as spouses and step-children, who their culture would protect as family members; to a Tribe or Tribal organization and/or to one or more Indians~~

Legal Citations

Minnesota Statutes, section 256B.15

Minnesota Statutes, sections 514.980 to 514.985

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E. Section 2.2.1.2 MA-FCA Mandatory Verifications

Medical Assistance for Families with Children and Adults

2.2.1.2 Mandatory Verifications

Mandatory verifications must be verified through an available electronic data source or by paper proof, if electronic data sources are unsuccessful or unavailable. Self-attestation alone is not acceptable for eligibility requirements with mandatory verifications.

Medical Assistance for Families With Children and Adults (MA-FCA)

- Current income
- Immigration status
- Social Security number
- U.S. citizenship

MA for parents, relative caretakers, pregnant women and children with a spenddown must also verify:

- Medical expenses to meet a spenddown
- Assets, when an asset limit applies
  - Verification of assets is required at application and when a new asset is reported. If an asset is determined to be excluded it does not need to be verified again at renewal.
  - Verification of the following assets are not required at application or renewal:
    - Homestead if it qualifies for the real property homestead exclusion. Refer to Section 2.2.3.6 MA-FCA Medical Spenddown for more information.
    - Vehicle, if only one is reported. Refer to Section 2.3.3.2.7.7 MA-ABD Automobiles and Other Vehicles Used for Transportation for more information.
    - Household goods and personal effects

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Code of Federal Regulations, title 42, section 435.945

Code of Federal Regulations, title 42, section 435.952

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F. Section 2.2.2.1 MA-FCA Bases of Eligibility

Medical Assistance for Families with Children and Adults

2.2.2.1 Bases of Eligibility

Minnesota provides Medical Assistance (MA) to certain groups of people as allowed under law. These groups are referred to as a basis of eligibility. A person's basis of eligibility determines the non-financial criteria and financial methodology used to determine MA eligibility.

The following are the bases of eligibility for MA for Families with Children and Adults (MA-FCA):

- Parent:
  - Biological, natural, adoptive or step parent
  - Living with a child younger than age 19
  - Has primary responsibility for the child's care
- Caretaker Relative,including foster parents, legal guardians or others, who are:
  - A relative of a child younger than age 19, by blood, adoption, or marriage. Including:
    - First cousins, nephews, nieces, aunts or uncles and people of preceding generations as denoted by grand, great or great-great
    - Stepfather, stepmother, stepbrother or stepsister
    - Spouses and former spouses of the people named above
  - Living with a child younger than age 19
  - Has primary responsibility for the child's care
- Pregnant Woman:
  - A woman who is pregnant
  - A woman within the 60 days post-partum period
- Auto Newborn: child born to a mother enrolled in MA
- Infant: child age 0 through one year
  - Children's Health Insurance Program (CHIP) funded MA may be available for infants with income between 275% and 283% FPG who are not enrolled in other health insurance.
  - A CHIP funded infant who has or gains other health insurance must be redetermined for MA as a non-CHIP funded infant
- Child age 2 through 18
- Child age 19 and 20
- Adult age 21 through 64 who:
  - Is not eligible for or enrolled in Medicare Part A or Medicare Part B

- Is not a Supplemental Security Income (SSI) recipient
- Is not eligible for MA under 1619 a/b
- Is not a former SSI recipient who stopped receiving SSI when they began receiving Retirement, Survivor, Disability (RSDI) benefits from the Social Security Administration (SSA) under a deceased spouse or deceased or retired parent's earning record
- Is not eligible for MA under the parent, caretaker relative, pregnant woman or former foster care basis of eligibility

Adults not eligible for this basis may meet the eligibility requirements for MA for People Who Are Age 65 or Older or People Who Are Blind or Have a Disability.

- Former Foster Child:
  - Was in Title IV-E or Non-IV-E foster care on 18th birthday
  - Currently younger than age 26
  - Was enrolled in MA or MinnesotaCare when foster care ended
  - Is not eligible for MA under the parent, relative caretaker, pregnant woman or child age 19 and 20 basis of eligibility

Beginning and Ending Bases of Eligibility

A person must have one of the following bases of eligibility for MA-FCA. A person whose basis of eligibility ends must be evaluated for other MA bases of eligibility before MA is closed.

Applicants who meet eligibility requirements at any time within a month are eligible for the entire month with the following exceptions:

- A person's eligibility ends on the date of death
- A person's eligibility begins the date they become a Minnesota resident
- A person's eligibility begins the date they meet their spenddown requirement

The begin and end dates for the following bases of eligibility are:

- Pregnant woman:
  - Begins the first day of the month of conception
  - Ends the last day of the month following the 60-day postpartum period
  - <u>Begin and end dates for the pregnant woman basis of eligibility are determined using information the application or enrollee attests. Verification of pregnancy is not required to establish this basis.</u>
- Auto newborn:
  - Begins the first day of the month of birth

    - Ends the last day of the month of their first birthday
- Infant:
    - Begins the first day of the month of birth
    - Ends the last day of the month of their second birthday
- Child age 2 through 18:
    - Begins the first day of the month following their second birthday
    - Ends the last day of the month of their 19th birthday
- Child age 19 and 20:
    - Begins the first day of the month following their 19th birthday
    - Ends the last day of the month of their 21st birthday
- Parent or caretaker relative:
    - Begins the first day of the month of the birth or adoption of a child under the age of 19 or the first day of the first full month when a child younger than age of 19 moves into their home.
    - Ends the last day of the month when:
        - The only child or youngest child for whom the person is a parent or relative caretaker turns 19
        - The only child, or all children who live in the home under the age 19, leave the home and the absence is not temporary
        - The parent or caretaker relative no longer lives with a child younger than age 19
- Adults without children:
    - Begins the first day of the month following their 21st birthday
    - Ends the last day of the month prior to their 65th birthday
- Former foster child:
    - Begins no earlier than the first day of the month after the month that Medicaid for Title IV-E foster care or Non-Title IV-E ends
    - Ends the last day of the month following their 26th birthday

Multiple Bases of Eligibility

People may have more than one basis of eligibility. A person's countable income, asset limit, cost sharing, service delivery options and benefits may differ depending on the eligibility basis used. The county, tribal or state servicing agency must allow a person with multiple bases of eligibility to have eligibility determined under the basis that best meets their needs.

Change in Basis of Eligibility for Enrollees

A change in circumstances may affect an MA enrollee's basis of eligibility. People who lose eligibility under one basis must be redetermined under another basis without interruption in their coverage. Additional information may be required to determine continued eligibility under another basis. Some changes that may affect an enrollee's basis of eligibility include, but are not limited to:

- Age
  - An auto newborn basis of eligibility ends the last day of the month in which the child turns one
  - A child basis of eligibility ends the last day of the month of the child's 21st birthday
  - An adult without children basis of eligibility ends the month before the enrollee's 65th birthday
- Disability status
- Household Composition
- Medicare A or B. An adult without children basis of eligibility ends the month before the enrollee is eligible for or enrolled in Medicare A or B.
- Pregnancy. A pregnant basis of eligibility ends on the last day of the month in which the 60-day postpartum period ends.

If an enrollee is no longer eligible for MA under any basis, eligibility must be determined under another Minnesota Insurance Affordability Program.

Legal Citations

Code of Federal Regulations, title 42, section 431.213

Code of Federal Regulations, title 42, section 435

Minnesota Statutes, section 256B.055

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G. Section 2.3.1.1 MA-ABD Mandatory Verifications

Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability

2.3.1.1 Mandatory Verifications

Mandatory verifications must be verified through an available electronic data source or by paper proof, if electronic data sources are unsuccessful or unavailable. Self-attestation alone is not acceptable for eligibility requirements with mandatory verifications. Medical Assistance for People Who Are Age 65 or Older and People Who are Blind or Have a Disability (MA-ABD) has the following mandatory verifications.

- Assets
  - Verification of assets is required at application and when a new asset is reported. If an asset is determined to be excluded it does not need to be verified again at renewal.
  - Verification of the following assets are not required at application or renewal:
    - Homestead if it qualifies for the real property homestead exclusion. Refer to Section 2.3.3.2.7.4.1 MA-ABD Homestead Real Property for more information.
    - Vehicle, if only one is reported. Refer to Section 2.3.3.2.7.7 MA-ABD Automobiles and Other Vehicles Used for Transportation for more information.
    - Household goods and personal effects
- Certification of Disability through Social Security Administration (SSA) or State Medical Review Team (SMRT) for people claiming a blind or disabled basis of eligibility
- Income
  - If a person is receiving Supplemental Security Income (SSI), only the SSI income is verified. Eligibility for SSI is accepted as verification of other income SSA considers in determining eligibility.
    - Note: Veteran's Administration (VA) Aid and Attendance benefits and VA unusual medical expense payments must be verified even if the person is receiving SSI.
- Immigration status
- Medical expenses to meet a spenddown
- Social Security Number
- U.S. Citizenship

Legal Citations

Code of Federal Regulations, title 42, section 435.407

Code of Federal Regulations, title 42, section 435.541

Code of Federal Regulations, title 42, section 435.920

Code of Federal Regulations, title 42, section 435.945

Code of Federal Regulations, title 42, section 435.948

Code of Federal Regulations, title 42, section 435.949

Code of Federal Regulations, title 42, section 435.952

Code of Federal Regulations, title 42, section 435.956

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H. Section 2.3.2.2 MA-ABD Certification of Disability

Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability

2.3.2.2 Certification of Disability

Disability or blindness must be certified by the Social Security Administration (SSA) or the State Medical Review Team (SMRT). The certification process is also called a disability determination.

People receiving the following benefits may or may not be certified disabled by SSA or SMRT.

- Short-term disability
- Long-term disability
- Long-term care insurance
- Veterans' Administration (VA)
- Railroad Retirement Board (RRB)
- Worker's Compensation

Only a SSA or SMRT certification of disability is valid for the purposes listed below.

Disability Certification for MA Eligibility

People must be certified disabled and use the disabled or blind basis of eligibility to:

- Enroll in MA for Employed Persons with Disabilities (MA-EPD)
- Use the TEFRA option. The TEFRA option for children with a disability is named after the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 that created the option. Children with a disability and household income above the MA income limit need a disability certification to use the TEFRA option.
- Receive home and community-based services through the:
  - Brain Injury (BI) waiver
  - Community Alternative Care (CAC) waiver
  - Community Access for Disability Inclusion (CADI) waiver

A disability certification is not needed for services under the Developmentally Disabled (DD) waiver. The county case manager determines if the person meets the criteria for a developmental disability.

Children turning 18 need a new disability certification under the adult standards to continue using a blind or disabled basis of eligibility.

Disability Certification for Other Reasons

Some MA enrollees get a disability certification for managed care reasons including:

- To be excluded from managed care enrollment
- To enroll in Special Needs Basic Care (SNBC), a specialized managed care plan for people age 18-64 with a certified disability

Additional reasons for needing a disability certification include:

- Community Support Grant (CSG) eligibility
- Family Support Grant (FSG) eligibility
- Aged 65 and older and establishing a pooled trust
- Establish an asset transfer penalty exception
- Creating certain trusts

State Medical Review Team Certification of Disability

SMRT completes disability determinations for people not certified disabled by SSA. SMRT certifies disability using the same disability criteria as the SSA.

Referral Process

Since the SSA disability determination process can be long, the county, tribal or state servicing agency completes a SMRT Referral for a Disability Determination (DHS-6123). The person is also referred to SSA for a disability determination and benefits.

Expedited Case Criteria

SMRT expedites the disability determination process in three situations where the person is likely to meet disability criteria:

- The person has a condition that appears on the SSA Compassionate Allowance Listing (CAL)
- The person is awaiting discharge from a facility and can be discharged immediately if MA is approved
- The person has a potentially life-threatening situation and requires immediate treatment or medication
- The person has had a MnCHOICES assessment within the past 60 days and ~~needs~~ received services that can only be paid ~~provided~~ by a home and community-based services waiver.

Continuing Disability Review

People certified disabled by SMRT need a continuing disability review every one to seven years. Disability standards are different for children and adults, so at age 18, a child must be evaluated under the adult standards. Newborns certified disabled due to a low-birth weight must be reviewed prior to age one.

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Code of Federal Regulations, title 42, sections 404.1501 to 404.1599

Code of Federal Regulations, title 42, sections 416.901 to 416.999d

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I. Section 2.3.3.2.7.4.1 MA-ABD Homestead Real Property

Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability

2.3.3.2.7.4.1 Homestead Real Property

A homestead is any property in which a person or a person's spouse has an ownership interest and which serves as the person's principal place of residence. It includes the surrounding land and buildings on that land, provided the land is not separated by any property owned by others. It may be fixed or mobile and located on land or water.

This section provides policy detail regarding homestead real property.

Homestead Real Property Exclusion

The homestead includes a home owned and occupied by a person, a person's spouse, or a person's disabled or dependent child, regardless of its value. The following factors must both be met for a person to have the homestead excluded:

- The person has an ownership interest in the homestead.
- The person, or dependent relative, resides in the homestead and considers it his or her principal home.

The home continues to be excluded if the person is not currently residing in the home, but intends to return to it. <u>An excluded homestead does not need to be verified.</u>

Homestead Real Property Exclusion for Long-Term Care

For people who reside in a Long-Term Care Facility (LTCF), the homestead can be excluded from the asset limit using the method that will extend the exclusion over the longest period of time:

- The homestead can be excluded from the asset limit for the first six full calendar months the person resides in the LTCF if the person is expected to remain in the LTCF permanently.
  - The homestead exclusion is not applied when a person requests Medical Assistance for Long-Term Care Services (MA-LTC) after residing in a LTCF for six full calendar months or more. The property is evaluated as non-homestead real property.
- The homestead can be excluded for as long as the LTCF resident intends to return home and can reasonably be expected to return home if one of the following occurs:
  - The person provides a written statement of the his or her intent to return home
  - The LTCF resident can reasonably be expected to return home:

    - A doctor's statement can indicate when the person can reasonably be expected to return home if the person's stated intent contradicts his or her health or condition or the information about the anticipated length of stay on the Physician's Certification Statement (DHS-1503).
    - MA or other sources will meet the cost of care if the person will require services upon returning home. Eligibility for MA or coverage of the services through Medicare or other private health insurance is acceptable verification.
- The homestead is excluded for as long as it is the residence of one or more of the following relatives of the LTCF resident:
  - Spouse
  - Child under age 21
  - Child of any age with a certified disability
  - Sibling
    - This exclusion is applied if the sibling lived in the home for at least one year immediately before the date of the person's admission to the LTCF and the sibling has an equity interest in the home.
  - Child or grandchild of any age
    - This exclusion is applied if the child or grandchild meets both of the following:
      - Lived in the home for at least two years immediately before the date of the person's admission to the LTCF
      - The child or grandchild provided verifiable care that allowed the person to remain at home rather than enter an LTCF. A physician's statement that verifies the care provided by the child or grandchild allowed the person to remain at home is required.

If the property does not meet any of the criteria, the home is reviewed as MA for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) Non-Homestead Real Property.

Legal Citations

Code of Federal Regulations, title 20, section 416.1210

Code of Federal Regulations, title 20, section 416.1212

Minnesota Statutes, section 256B.056, subdivision 1a

Minnesota Statutes, section 256B.056, subdivision 2

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J. Section 2.3.3.2.7.7 MA-ABD Automobiles and Other Vehicles Used for Transportation

Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability

2.3.3.2.7.7 Automobiles and Other Vehicles Used for Transportation

An “automobile” means any registered or unregistered vehicle used for transportation. Vehicles used for transportation include but are not limited to cars, trucks, motorcycles, boats, snowmobiles, animal-drawn vehicles, and even animals.

- A temporarily broken down vehicle normally used for transportation meets the definition of an automobile.

The following vehicles do not meet the definition of an automobile:

- A vehicle that has been junked
- A vehicle used only as a recreational vehicle, such as a boat used on weekends for pleasure

The equity value of a vehicle that does not meet the definition of an automobile is a countable asset. In addition, the personal effects exclusion does not apply to such vehicles.

Verification of an Automobile

Verification of an automobile is not required if the household only reports one vehicle. If the household reports more than one vehicle, verification of the equity value of all vehicles is determined by using the trade-in value published in National Automobile Dealers Association (NADA). If the NADA trade-in value results in excess assets the equity value must be verified.

Automobile Exclusion

The automobile exclusion allows the equity value of one automobile per household, regardless of value, to be completely excluded if the person or a member of the person’s household uses the automobile for transportation.

It is assumed someone in the household uses the automobile for transportation, absent evidence to the contrary.

Application of the Exclusion

When a person owns more than one automobile, the exclusion is applied as follows:

- In the manner most advantageous to the recipient
- To the automobile with the greatest equity value if the person owns more than one automobile for transportation of the person or a member of the person's household.

The equity value of any automobile, other than the one wholly excluded, is a countable asset when:

- the person is the owner; and
- it cannot be excluded under another provision.

The value of the following is excluded:

- An automobile used as the person's principal place of residence, if a homestead is not already excluded
- An automobile used for self-support or a Plan to Achieve Self Support (PASS) plan

Equity Value of an Automobile

The equity value of an automobile is the price it can sell for on the open market to a private party, in the particular geographic area involved, minus any encumbrances.

The current National Automobile Dealers Association (NADA) can be used to verify the average trade-in value. If the NADA value of a non-excluded vehicle puts the person over the program asset limit, the person may be contacted to see if there are encumbrances.

If the NADA value cannot be obtained or the person disputes the NADA value, the person must submit a written statement from a local automobile dealer to verify the current trade-in value.

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Minnesota Statutes, section 256B.056, subdivision 1a

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K. Section 2.3.3.3.2.2 MA-ABD Disregards and Deductions

Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability

2.3.3.3.2.2 Disregards and Deductions

Disregards and deductions reduce the household income of a person under Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD). ~~These also apply to Medicare Savings Plans (MSP). See the MSP chapter for more information.~~

This section provides information on disregards and deductions and the conditions that must be met to apply them.

Unearned Income Deductions

The following list are the disregards and deductions that are deducted from the specific unearned income:

- Unearned Lump Sum Income Disregard
- Child Support Disregard

The following disregards and deductions are then deducted in the specific order listed:

- Disabled Widow and Widower Disregard
- Widow and Widower Disregard
- Pickle Disregard
- Disabled Adult Child Disregard
- Retirement, Survivor, Disability Insurance (RSDI) Cost of Living Adjustment (COLA) Disregard
- Plan to Achieve Self-Support (PASS) Deduction

Earned Income Deductions

- This section provides information on the disregards and deductions that are deducted from specific earned income:
- Earned Lump Sum Income Disregard

The following disregards and deductions are then deducted in the specific order listed:

- Plan to Achieve Self-Support (PASS) Deduction
- Student Earned Income Exclusion

- Earned Income Disregard
- Impairment Related Work Expense Deduction
- Remaining Earned Income Disregard
- Blind Work Expense Deduction

Blind Work Expenses

Blind Work Expenses (BWE) that are reasonably attributable to earning income are excluded from earned income.

BWEs can be excluded if the blind person:

- is younger than age 65; or
- is age 65 or older and received Supplemental Security Income (SSI) payments due to blindness for the month before attaining age 65.

The BWEs are excluded from earned income ~~immediately~~ after applying~~:~~

- ~~any portion of the MSP standard deduction which has not been deducted from unearned income; and~~
- all other earned income exclusions except for PASS.

Work-related items paid by a blind person may be excluded as BWE regardless of:

- any non-work benefit that may be derived from the item; or
- the item's relationship to the person's blindness.

BWEs include, but are not limited to:

- Attendant care services in the:
  - Home, if related to preparing to go to work or assistance immediately upon returning home from work
  - Process of assisting a person making the trip to and from work
  - Work setting
- Drugs and medical services which are essential to enable the person to work
- Expendable medical supplies including bandages, catheters, etc.
- Federal, State and local income taxes
- Social Security and Medicare taxes
- Service dog, including cost of dog and associated expenses

- Fees, including licenses, professional association dues, union dues, etc.
- Mandatory contributions, including pensions, disability insurance, etc.
- Meals during work hours
- Medical devices including wheelchairs, braces, etc.
- Non-medical equipment and services including child care, uniforms etc.
- Other work-related equipment and services including job coaching, vision and sensory aids, etc.
- Physical therapy
- Prosthesis
- Structural modifications to the person's home to create a work space or to allow the person to get to and from work
- Training reasonably attributable to work. General education courses are not included.
- Transportation to and from work
- Vehicle modification

The following items cannot be excluded as BWE:

- In-kind payments
- Expenses deducted under other provisions (e.g., PASS)
- Expenses which will be reimbursed
- Life maintenance expenses, including, but not limited to:
  - meals consumed outside of work hours;
  - self-care items (including items of cosmetic rather than work-related nature);
  - general educational development;
  - savings plans (e.g., Individual Retirement Accounts (IRAs) or voluntary pensions); and
  - life and health insurance premiums
- Items furnished by others that are needed in order to work (the value of such items is not income)
- Expenses claimed on a self-employment tax return

Child Support Payments Exclusion

Child support payments are unearned income to the child and one-third of the amount is excluded. Any in-kind child support is not income.

Dependent RSDI Benefit Exclusion

RSDI dependent benefits for children who receive MA under the Tax Equity and Fiscal Responsibility Act (TEFRA) option or receive services through a Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), or Developmental Disabilities (DD) waiver are excluded.

Disabled Adult Child Disregard

The Disabled Adult Child Disregard allows for the disregard of Disabled Adult Child RSDI benefits.

To qualify for the Disabled Adult Child Disregard, a person must meet all of the following conditions:

- Is currently age 18 or older
- Became blind or disabled before reaching the age of 22
- Received SSI benefits on the basis of blindness or disability
- Lost eligibility for SSI on or after July 1, 1987, due to entitlement to RSDI Disabled Adult Child benefits, or increased RSDI Disabled Adult Child benefits based on disability, retirement or death of a parent

For people who meet the qualifications for the disregard, the Disabled Adult Child RSDI benefits are not counted.

People who receive Disabled Adult Child benefits as defined by the Social Security Administration (SSA), but do not meet the criteria above, are not eligible for the Disabled Adult Child Disregard.

Do not use the disregard on any other income, including RSDI benefits the person receives on their own account.

Disabled Widow and Widower Disregard

The Disabled Widow and Widower Disregard allows for the disregard of RSDI benefits.

To qualify for the Disabled Widow and Widower Disregard, a person must meet all of the following conditions:

- Is currently receiving either:
  - RSDI Disabled Widow or Widower benefits
  - Disabled Surviving Divorced Spouse benefits
- Is age 50 but not yet 60 and is certified disabled, or is age 60 but has not yet reached full retirement age

- Received SSI or Minnesota Supplemental Aid (MSA) benefits the month before the month they began receiving RSDI Disabled Widow or Widower or Disabled Surviving Divorced Spouse benefits
- Lost SSI or MSA eligibility on or after January 1, 1991, due to the SSI requirement to apply for and receive RSDI Disabled Widow or Widower or Disabled Surviving Divorced Spouse benefits
- Remaining income would be at or below the current SSI or MSA benefit rate if RSDI income is disregarded
- Is not entitled to Medicare Part A

Eligibility for the disregard ends the first full month a person is eligible for Medicare Part A.

Earned Income Disregard

The Earned Income Disregard allows for the disregard of a person's first $65 of earned income, including income that deems to the person.

Earned Lump Sum Income Disregard

The first $30 of irregular or infrequent earned lump sum, non-gift, income from an employer, trade or business is disregarded.

Impairment-Related Work Expense Deduction

The Impairment-Related Work Expense (IRWE) Deduction allows for the deduction of certain expenses incurred during the course of earning income. It applies to people who are certified disabled and under age 65, or people who received SSI or MSA as a disabled person the month before attaining age 65.

An IRWE is an expense for items or services that directly enable a person with a disability to work, and are incurred because of a physical or mental impairment.

IRWEs are deducted if all of the following are true:

- The severity of the impairment requires the person to purchase or rent items and services in order to work.
- The expense is reasonable.
- The person pays the cost and is not reimbursed from another source, such as Medicare or private insurance.
- One of the following occurs:

    - The person pays the expense in the month he or she receives the earned income, and the income is for work they did in the same month as using the item or service.
    - The person is working but pays the expense before receiving the earned income.

The IRWEs are excluded from earned income after applying one-half of the remaining earned income deduction. See Earned Income Disregard for more information.

IRWEs include, but are not limited to:

- Attendant care services in the:
    - Home, if related to preparing to go to work or assistance immediately upon returning home from work
    - Process of assisting a person making the trip to and from work
    - Work setting
- Drugs and medical services which are essential to enable the person to work
- Expendable medical supplies including bandages, catheters, etc.
- Service dog, including cost of dog and associated expenses
- Medical devices including wheelchairs, braces, etc.
- Non-medical equipment and services directly related to the impairment
- Other work-related equipment and services including job coaching, vision and sensory aids, etc.
- Physical therapy
- Prosthesis
- Structural modifications to the person's home to create a work space or to allow the person to get to and from work
- Training reasonably attributable to work. General education courses are not included.
- Transportation to and from work
- Vehicle modification

Expenses for a transportation method also used by people who are not disabled, such as a bus or unmodified vehicle, is not deductible.

Plan to Achieve Self Support (PASS) Deduction

The Plan to Achieve Self Support (PASS) deduction allows for the deduction of earned and unearned income set aside under an approved PASS plan. The PASS exclusion is not available for people age 65 and older, unless they were receiving SSI payments for the month before they became 65.

The plan is approved by:

- SSA for SSI recipients
- The county social service agency for:
  - MA enrollees who have a disability or are blind
  - MSA only recipients

A PASS is set initially for 18 months with a possible 18-month extension. A 48-month PASS is used only because of special educational or training requirements.

- For this deduction, the PASS must:
  - Be in writing
  - Be individually designed for the person
  - Have a feasible occupational goal
  - Explain what income will be used to meet the PASS objectives
  - Explain how the person will keep income set aside to meet PASS objectives separate from other funds
  - Set beginning and end dates for the plan

Earned and unearned income that is set aside under an approved PASS is deducted for up to 48 months, as long as the PASS continues to be approved.

- The PASS deduction ends the month after the month one of the following occurs:
  - The person does not comply with the plan
  - The person voluntarily stops participating in the plan
  - The person reaches the occupational goal of the plan
  - The plan's time limit expires and no extension is granted

When an expense qualifies as both a work expense deduction and a PASS deduction, the person must choose between them. A deduction cannot be applied twice for the same expense.

Pickle Disregard

The Pickle Disregard allows for the disregard of RSDI cost of living adjustment (COLA) amounts.

To qualify for the Pickle Disregard, a person must:

- Currently receive or is entitled to receive RSDI benefits
- Have been eligible for 1619(b) or was eligible for and received SSI, MSA or 1619(a) benefits while concurrently entitled to or receiving RSDI in any month since April 1, 1977

- Lost eligibility for SSI, MSA, 1619(a) or 1619(b) for any reason

If a person meets the above requirements, they are referred to as a “potential Pickle.” The Pickle threshold date must then be determined. A person’s Pickle threshold date is the more recent of the following two dates:

- April 1, 1977; or
- The last month the person was eligible for and received at least one of the following benefits at the same time the person received RSDI benefits or was entitled to RSDI benefits:
  - 1619a/b,
  - MSA, or
  - SSI

After determining the Pickle threshold date, the amount of the RSDI benefit the person received on the threshold date must be determined. All RSDI COLA increases received back to the Pickle threshold date are excluded.

A person who meets all of the conditions listed must have a net income, with the Pickle Disregard and all applicable earned and unearned income disregards, that is less than the current SSI payment amount. If the person’s net income is greater than the SSI payment amount, they may still receive the Pickle Disregard if their net income is less than the MSA standard.

When a person eligible for the Pickle Disregard also has a spouse or parent that is eligible for the Pickle Disregard, the disregard is applied when deeming income.

RSDI COLA Disregard

The RSDI COLA Disregard allows for the disregard of the annual RSDI COLA increase. The COLA increase amount for RSDI benefits is excluded from January 1 through June 30 of each calendar year. Beginning each July 1, all gross RSDI benefits are counted.

Remaining Earned Income Disregard

One-half of the remaining earned income is excluded.

Student Earned Income Exclusion

The student earned income exclusion allows for the limited disregard of a student’s earned income. There is a cap on how much of a student’s earned income is excluded for MA-ABD eligibility in a calendar year. The amount changes annually. See Appendix F Standards and Guidelines for the current cap amount.

To qualify for the student earned income exclusion a person must:

- Have earned income
- Be younger than age 22
- Be certified as blind or disabled by the SSA or State Medical Review Team (SMRT)
- Regularly attend school by taking one or more courses of study and attend classes:
  - in a college or university for at least eight hours per week under a semester or quarter system
  - in grades 7–12 for at least 12 hours per week
  - in a course of training to prepare for a paying job at least 15 hours per week if the course involves shop practice, or 12 hours per week if it does not involve shop practice
  - for less than the required time for reasons beyond the student's control, such as illness, if the circumstances justify the reduced credit load or attendance
- A person must meet the following additional requirements in these situations:
  - Homeschooled students must:
    - be in grades 7–12, and
    - follow Minnesota home school laws
  - Homebound students must:
    - stay home because of a disability;
    - study a course or courses given by a school in grades 7–12, college, university, or government agency; and
    - have a home visitor or tutor from school who directs the studying or training.
  - Online students must:
    - study a course or courses given by a school in grades 7–12, college, university, or government agency; and
    - enroll in an online school authorized by the laws of the state in which the online school is located.

A person maintains status as a student while classes are out on a standard school break if the student attended classes regularly prior to the break and intends to resume classes regularly when school reopens.

Unearned Lump Sum Income Disregard

The first $60 of irregular or infrequent unearned lump sum income is disregarded.

Widow and Widower Disregard

The Widow and Widower's Disregard allows for the disregard of RSDI COLA increases. To qualify for the disregard, a person must:

- Currently receive RSDI
- Have filed an MA application before July 1,1988
- Has been entitled to receive RSDI continuously since December 1983
- Have been a disabled widow or widower in January 1984
- Established a right to receive RSDI benefits before age 60
- Have been eligible for SSI or MSA benefits before application of the revised actuarial reduction formula
- Lost eligibility for SSI or MSA benefits as a result of the change in the actuarial reduction formula

If a person meets the above requirements, all RSDI COLA increases effective on and after January 1, 1984 are excluded.

Legal Citations

Code of Federal Regulations, title 42, section 435.135

Code of Federal Regulations, title 42, section 435.137

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L. Section 2.3.5.1.1 MA-EPD Mandatory Verifications

Medical Assistance for Employed Persons with Disabilities

2.3.5.1.1 Mandatory Verifications

Mandatory verifications must be verified through an available electronic data source or by paper proof, if electronic data sources are unsuccessful or unavailable. Self-attestation alone is not acceptable for eligibility requirements with mandatory verifications. Medical Assistance for Employed Persons with Disabilities (MA-EPD) has the following mandatory verifications.

- Assets
  - Verification of assets is required at application and when a new asset is reported. If an asset is determined to be excluded it does not need to be verified again at renewal.
  - Verification of the following assets are not required at application or renewal:
    - Homestead, if it qualifies for the real property homestead exclusion. Refer to Section 2.3.3.2.7.4.1 MA-ABD Homestead Real Property for more information.
    - Vehicle, if only one is reported. Refer to Section 2.3.3.2.7.7 MA-ABD Automobiles and Other Vehicles Used for Transportation for more information.
    - Household goods and personal effects
- Certification of Disability through Social Security Administration (SSA) or State Medical Review Team (SMRT)
- Income from employment
- Immigration status
- Social Security Number
- Social Security and Medicare taxes paid
- U.S. Citizenship

American Indian and Alaska Native enrollees need to provide proof of status to be exempt from paying MA-EPD premiums.

Legal Citations

Minnesota Statutes, section 256B.057

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M. Section 2.3.8 MA 1619(a) or 1619(b)

Medical Assistance for People Age 65 or Older and People who are Blind or have a Disability

2.3.8 Medical Assistance 1619 (a) or 1619 (b)

Supplemental Security Income (SSI) is a federal program administered by the Social Security Administration (SSA) that provides monthly cash payments to people age 65 or older and people who are or certified blind or disabled and have little or no income.

SSI has a work incentive provision under section 1619 of the Social Security Act for people whose earnings reduces or eliminates their SSI cash benefit. People who are eligible for SSI under section 1619 are eligible for Medical Assistance (MA) without regard to their income and assets. ~~Medical assistance (MA) eligibility continues for people who qualify for 1619(a) or 1619(b).~~ 1619 (a) is for people who receive a partial SSI cash benefit. 1619 (b) is for people who no longer receive an SSI cash benefit.

This page outlines the general, financial, non-financial, and post eligibility requirements for people under a 1619 (a) or 1619 (b) status. It describes policies that apply to MA-1619 (a) and 1619 (b) and links to policies that apply to all MA programs, MA for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD), and all Minnesota Health Care Programs (MHCP) programs.

General Requirements

- MA Applications
  - People currently enrolled in MA who gain 1619(a) or 1619(b) status are not required to submit a new application to continue MA eligibility. People not currently enrolled in MA who gain 1619(a) or 1619(b) status must submit a new application to apply for MA. Refer to Section 1.2 Minnesota Health Care Programs (MHCP) Applications for more information about applications.
  - ~~No health care application is required for 1619(a) or 1619(b).~~
- MA Responsibilities
  - MA Benefit Recovery
    - MA Estate Recovery
    - MA Liens
    - MA Third Party Liability
    - MA Cost Effective Insurance
    - MA Medical Support
    - MA Other Third Party Liability
  - MA Cooperation

MA Cost Sharing

MHCP Fraud

MHCP Inconsistent Information

MA Referral for Other Benefits

MHCP Rights

MHCP Appeals

MHCP Authorized Representative

MHCP Civil Rights

MHCP Data Privacy

MHCP Notices

Non-Financial Eligibility

To be eligible for 1619 (a) or 1619 (b), the person must:

- be eligible for a regular SSI payment based on disability for at least one month before he or she earned income above the SSI limit;
- continue to have a disability or blind status; and
- continue to meet all other SSI eligibility criteria except for earnings

To be eligible for 1619 (b), a person must:

- Need MA coverage to continue working; and
- Not have sufficient earnings to replace SSI cash benefits, MA benefits, and publicly funded personal or attendant care services that would be lost due to the person's earnings.

MA-ABD Non-Financial Eligibility

Financial Eligibility

People are eligible without an asset test as long as they remain under the 1619 (a) or 1619 (b) status. SSA decides when a person exceeds the 1619 (a) or 1619 (b) asset limit.

People are eligible without an income test as long as they retain 1619 (a) or 1619 (b) status. SSA decides when a person exceeds the income limit.

See the SSA Continued Medicaid Eligibility webpage for more information.

Post-Eligibility

MA Benefit Recovery

MA Estate Recovery

MA Liens

MHCP Overpayments

- MA Third Party Liability
- MA Cost-Effective Insurance
- MA Medical Support
- MA Other Third Party Liability

MHCP Change in Circumstances

MA Cooperation

MA Cost Sharing

MHCP Fraud

MA-ABD Health Care Delivery

MA Inconsistent Information

MA Qualifying Health Coverage

MA Referral for Other Benefits

MA-ABD Renewals

DHS pays Medicare Part B premiums for 1619 (a) and 1619 (b) recipients enrolled in Medicare and receiving Retirement, Survivors, or Disability Insurance (RSDI) benefits.

Legal Citations

Minnesota Statutes, section 256B.056, subdivision 1a

Social Security Act, section 1619

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N. Section 2.5.3.1.1 EMA Mandatory Verifications

Emergency Medical Assistance

2.5.3.1.1 Mandatory Verifications

Mandatory verifications must be verified through electronic data sources or by paper proof, if electronic data sources are unsuccessful or unavailable. Self-attestation alone is not acceptable verification of mandatory verifications.

Emergency Medical Assistance (EMA) for Families with Children and Adults

People using a basis of eligibility under Medical Assistance for Families with Children and Adults (MA-FCA) must verify current income.

EMA for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability

People using a basis of eligibility under Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) must verify:

- Assets
- Certification of Disability through Social Security Administration (SSA) or State Medical Review Team (SMRT) for people claiming a blind or disabled basis of eligibility
- Current income

EMA with a Spenddown

People who qualify for EMA with a spenddown must also verify:

- Assets

  The asset policy depends on the person's basis of eligibility. Refer to Sections 2.2.1.2 Medical Assistance for Families with Children and Adults (MA-FCA) Mandatory Verifications and 2.3.1.1 MA-ABD Mandatory Verifications for more information about asset policies for bases of eligibility under MA-FCA and MA-ABD, respectively.

  - Verification of assets is required at application and when a new asset is reported. If an asset is determined to be excluded it does not need to be verified again at renewal.
- Medical expenses to meet a spenddown

Verifications Not Required

People applying for EMA are not required to verify:

- Immigration Status
- Medical Emergency
- Social Security Number

Legal Citations

Code of Federal Regulations, title 42, section 435.139
Code of Federal Regulations, title 42, section 435.350
Code of Federal Regulations, title 42, section 440.255
Minnesota Statutes, section 256B.06, subdivision 4

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O. Section 4.1.1.1 MFPP Application

Minnesota Family Planning Program

4.1.1.1 Application

People may apply for Minnesota Family Planning Program (MFPP) in the following ways.

Minnesota Family Planning Program Application ~~– MFPP~~ (DHS-4740)

People seeking coverage under MFPP submit this form to Minnesota Department of Human Services (DHS).

Presumptive Eligibility with a Certified MFPP Provider

The applicant completes the first page and the signature page of the MFPP Application (DHS-4740) at the Certified MFPP Provider's ~~healthcare provider's~~ office. The provider reviews the application and either approves or denies temporary eligibility. Refer to Section 4.1.1.3 MFPP Presumptive Eligibility for more information.

Application Submission

People of any age can apply for MFPP. Minors can apply for MFPP on their own. Minors do not require anyone's consent to apply for MFPP.

Signature Requirement

Applicants must sign the application. Minor applicants do not need the signature of a parent or guardian. ~~Applicants younger than 19 may apply without the signature of a parent or guardian.~~

Address

MFPP applicants and enrollees can designate an address other than their home address as their mailing address. ~~arrange to receive notices mailed to an address other than their home address.~~

Retroactive Eligibility

People may request retroactive eligibility for MFPP for up to three months prior to the month of application. A person may use the MFPP application (DHS-4740) to apply for ongoing MFPP coverage, ongoing MFPP and retroactive coverage, or to apply only for months of retroactive MFPP coverage. Retroactive MFPP coverage is not available to people who apply only for presumptive eligibility.

A person may be eligible for one, two, or three months of retroactive MFPP coverage. The person qualifies for retroactive coverage for each month they meet the MFPP eligibility requirements and has paid or unpaid medical expenses that would be covered by MFPP.

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Minnesota Statutes, section 144.343

Minnesota Statutes, section 256B.78

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P. Section 4.1.1.2 MFPP Mandatory Verifications

Minnesota Family Planning Program

4.1.1.2 Mandatory Verifications

Full Eligibility

Mandatory verifications must be verified through an available electronic data source or by paper proof, if electronic data sources are unsuccessful or unavailable. The following are mandatory verifications for Minnesota Family Planning Program (MFFP) eligibility:

- Current income
- Immigration status
- Social Security number
- U.S. Citizenship

Presumptive Eligibility

Verification is not required for presumptive eligibility.

Legal Citations

~~Minnesota Rules, parts 9505.5300 to 9505.5325~~

Minnesota Statutes, section 256B.056

Minnesota Statutes, section 256B.78

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Q. Section 4.1.1.3 MFPP Presumptive Eligibility

Minnesota Family Planning Program

4.1.1.3 Presumptive Eligibility

Presumptive eligibility (PE) is a temporary period of eligibility that is determined ~~at~~ by a ~~c~~Certified MFPP ~~p~~Provider~~'s office~~ using preliminary information ~~provided by the applicant~~. ~~Temporary eligibility lasts until the end of the month after the month the person is granted presumptive eligibility.~~

~~The applicant completes the MFPP Application (DHS-4740) at the certified MFPP provider's office. The provider reviews the application and either approves or denies temporary eligibility.~~

Presumptive Eligibility Begin and End Dates

The PE period begins the date a Certified MFPP Provider approves PE. The PE period ends:

- The date ongoing MFPP eligibility is determined if the PE enrollee submits an application for MFPP by the last day of the month following the month PE eligibility is approved.
- The last day of the month following the month PE eligibility is approved if the PE enrollee does not submit an application for MFPP by that date.

Minnesota Residency

An applicant must be a resident to qualify for PE. An applicant must provide a Minnesota address, or if homeless, indicate they live in a Minnesota county, to be considered a Minnesota resident.

An applicant age 21 or older must also indicate they plan to make Minnesota their home to meet residency requirements.

Income

~~Presumptive eligibility~~PE is determined using ~~gross~~ attested household income, which is a person's ~~or a~~ reasonable estimate of household income. Certified MFPP Providers cannot request verification of income from an applicant for the purpose of determining PE eligibility.

~~For~~ The household income of applicants ~~younger than~~ age 21 or older~~, only their~~ includes the attested income ~~is considered when making an eligibility determination~~ of all members of the applicant's household composition.

The household income of applicants under age 21 includes only the applicant's attested income.

Household Composition

~~Household composition for applicants age 21 and older includes the applicant, spouse, and biological, natural, adoptive and step children younger than age 21 who live with the applicant. See the MHCP Temporary Absence policy for more information about household members who are temporarily living apart.~~

~~Household size for applicants younger than age 21 includes the applicant, spouse and biological, natural, adoptive and stepchildren younger than age 21 who live with the applicant.~~

Refer to Section 4.1.3.1 MFPP Household Composition for information about household composition for presumptive eligibility.

Refer to Section 1.4.4 Minnesota Health Care Programs (MHCP) Temporary Absence for information about household members who are temporarily living apart.

Notice

The ~~provider~~ Certified MFPP Provider gives the applicant a MFPP Short-Term Approval Notice or a MFPP Short-Term Denial Notice. The provider then submits the application ~~form~~ to the Department of Human Services (DHS) Health Care Eligibility Operations for a full eligibility determination.

Appeals

Applicants cannot appeal a denial of MFPP presumptive eligibility. They may appeal a denial of a full eligibility determination following the ~~Minnesota Health Care Programs (~~MHCP~~)~~ Appeals policy.

~~End Date~~

~~Temporary eligibility lasts until the end of the month after the month the person is granted presumptive eligibility.~~

Certified MFPP Providers

People may search for a certified provider in the Minnesota Health Care Program Provider Directory using the provider type “Family Planning Services” and sub type “Certified MFPP Provider.”

General information about MFPP is available in the Minnesota Family Planning Program brochure (DHS-4750).

Legal Citations

Centers for Medicare and Medicaid Services (CMS) State Medicaid Director Letter Re: Family Planning Services Option and New Benefit rules for Benchmark Plans (July 2, 2010)

~~Minnesota Rules, parts 9505.5300 to 9505.5325~~

Minnesota Statutes, section 256B.78

Patient Protection and Affordability Care Act, Public Law 111-148, section 2303

United States Code, title 42, section 1396r-1c

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R. Section 4.1.1.4.1 MFPP Change in Circumstances

Minnesota Family Planning Program

4.1.1.4.1 Change in Circumstances

Minnesota Family Planning Program (MFPP) enrollees must report changes that affect eligibility. Changes that people are required to report include, but are not limited to ~~changes that affect eligibility~~:

- ~~Death~~
- Household composition, including members moving in or out, births, deaths, and marriages
- Household tax filing status and tax dependent status
- Income
- Immigration status
- Losing Minnesota state residency
- Moving into an intermediate care facility for mental disease (IMD) or state prison, county detention facility or city jail
- Pregnancy

~~Enrollees who fail to report a change listed above, that would have resulted in ineligibility for MFPP are disenrolled and subject to a 12 month ineligibility period beginning with the date of disenrollment.~~

~~If the unreporred change is pregnancy, enrollees are not subject to the 12 month ineligibility period. Pregnant enrollees who's MFPP coverage is ended, may reapply following the end of the pregnancy.~~

Reporting Changes

Applicants and enrollees must report changes to DHS within 10 days ~~their county, tribal or state servicing agency~~. They may report changes via:

- Phone
- Mail
- In person
- Using a renewal form
- Using the Change Report Form (DHS-4796)

Changes are discovered in other ways, such as:

- Changes reported by another person or agency

- Changes reported by an enrollee to another program, such as Supplemental Nutrition Assistance Program (SNAP)
- Information reported by electronic matches
- Upcoming or potential changes that the agency has been tracking

MFPP enrollees must reconcile inconsistent information with DHS.

~~Applicants and enrollees must reconcile inconsistent information with their county, tribal, or state servicing agency~~.

Eligibility Redetermination

When an enrollee reports a change in circumstances, eligibility must be redetermined with the new information. If the change results in no change in eligibility, no action needs to be taken by the agency.

If the change results in ineligibility for MFPP, coverage ends the last day of the month for which advance notice can be given. Generally, 10-day advance notice is required to close coverage for the enrollee. Refer to Section 1.3.1.5 Minnesota Health Care Programs (MHCP) Notices policy for more information.

Legal Citations

Code of Federal Regulations, title 42, section 431.211

Code of Federal Regulations, title 42, section 435.916

Code of Federal Regulations, title 45, section 155.330

~~Minnesota Rules, parts 9505.0115, subpart 1~~

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S. Section 4.1.1.4.3 MFPP Medical Support

Minnesota Family Planning Program

4.1.1.4.3 Medical Support

Medical support referrals are not required for parents or relative caretakers who are enrolled in Minnesota Family Planning Program (MFPP), even if the parent or relative caretaker has a child under age 19 enrolled in Medical Assistance (MA).

However, MFPP is not available to a parent or relative caretaker who has been disenrolled from MA for non-cooperation with medical support requirements. If MA was closed for non-cooperation, the parent or relative caretaker is not eligible for MFPP until they cooperate with MA medical support requirements. If the parent or relative caretaker cooperates, MFPP eligibility may begin the first day of the month in which cooperation occurs. Refer to Section 2.1.1.2.1.3.2 MA Medical Support for more information.

~~When Minnesota Family Planning Program (MFPP) adult enrollee has a minor child enrolled in Medical Assistance (MA) and the child has a parent who does not live with the child, the MA Medical Support policy applies. MFPP enrollees younger than 18 are not required to comply with medical support.~~

~~As a condition of MFPP eligibility for a parent, they must cooperate with obtaining medical support and establishing paternity for dependent children who are MA eligible. See the MA Medical Support policy for more information.~~

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T. Section 4.1.1.4.4 MFPP Other Health Insurance

Minnesota Family Planning Program

4.1.1.4.4 Other Health Insurance

Minnesota Family Planning Program (MFPP) applicants and enrollees may opt out of providing information on other health insurance if they fear physical or emotional harm. Applicants or enrollees who provide incomplete information about other health insurance are considered to have opted out.

Third Party Liability

The Minnesota Department of Human Services (DHS) may recover medical costs for applicants and enrollees who provide information about other health insurance. Third parties include other health insurance that are, or may be, liable to pay all or part of the medical costs provided to MFPP. MFPP is always the payer of last resort. This means enrollees with third party liability (TPL) will have medical costs paid by those sources before MA pays claims.

Medicare

MFPP will not pay for prescription drugs covered under the Medicare prescription drug benefit.

Legal Citations

Code of Federal Regulations, title 42, section 433.147

Minnesota Statutes, section 256B.056, subdivision 6

~~Minnesota Rules, parts 9505.5300 to 9505.5325~~

~~Minnesota Statues, section 256B.78~~

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U. Section 4.1.2.1 MFPP Barriers

Minnesota Family Planning Program

4.1.2.1 Barriers

A barrier is an eligibility requirement that prevents a person's eligibility for the Minnesota Family Planning Program (MFPP), even when the person meets all other eligibility criteria. Barriers to MFPP eligibility include:

- Medical Assistance (MA) enrollment
- ~~Medial Savings Programs (MSP) enrollment~~
- ~~MinnesotaCare enrollment~~
- ~~Minnesota Department of Human Services HIV/AIDS Programs enrollment~~
- ~~Substance abuse treatment funded by the Consolidated Chemical Dependency Treatment Fund~~
- Pregnancy
- ~~Younger than age 15 or older than age 49~~

Legal Citations

Code of Federal Regulations, title 26, section 1.5000A

Code of Federal Regulations, title 42, section 600.305

Patient Protection and Affordable Care Act, Public Law 111-148, section 2303

~~Minnesota Rules, parts 9505.5300 to 9505.5325~~

~~Minnesota Statues, section 256B.78~~

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V. Section 4.1.3.1 MFPP Household Composition

Minnesota Family Planning Program

4.1.3.1 Household Composition

Household composition means the people included in an applicant's or enrollee's household. Household composition is used to determine household size, income and program eligibility.

Presumptive Eligibility

For Minnesota Family Planning Program (MFPP) presumptive eligibility (PE), ~~the following people are included in a person's household composition, if they live together~~ an applicant's household composition includes the applicant and the following people if they are living with the applicant:

- ~~The person~~
- The ~~person~~applicant's spouse
- The ~~person~~applicant's biological, natural, and ~~adopted~~ adoptive children and stepchildren younger than age 19
- ~~If t~~The household composition for applicants ~~person is~~ under age 19~~, the following are~~ also includes~~d~~ the following people if they are living with the applicant:
  - Biological, natural, and adoptive parents and step parents
  - Biological, natural, and adoptive siblings and step siblings ~~younger than~~ who are under age 19

An applicant's family size is the number of people in their household composition.

Refer to Section 1.4.4 Minnesota Health Care Programs (MHCP) Temporary Absence for information about household members who are temporarily living apart.

Ongoing Eligibility

For ongoing MFPP eligibility, household composition and family size depend on whether the person expects to be a tax filer, tax dependent, or non-tax filer for the current tax year. MFPP household composition and family size policies follow household composition and family size policies for Medical Assistance for Families with Children and Adults (MA-FCA). See MA-FCA Household Composition and Family Size for more information about household composition and family size.

A person is not required to file a federal income tax return or be claimed as a tax dependent to be eligible for MFPP. Additionally, married couples are not required to file a joint federal income tax return to be eligible.

Legal Citations

~~Code of Federal Regulations, title 26, section 1.36B-1~~

Code of Federal Regulations, title 42, section 435.603

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W. Section 4.1.3.2 MFPP Income Limit

Minnesota Family Planning Program

4.1.3.2 Income Limit

To be eligible for the Minnesota Family Planning Program (MFPP) a person's household income must be less than or equal to 200% of federal poverty guidelines (FPG). See the Minnesota Health Care Programs Income and Asset Guidelines (DHS-3461A) for current limits by family size.

Legal Citations

Code of Federal Regulations, title 42, section 435.214

~~Minnesota Rules, parts 9505.5300 to 9505.5325~~

Minnesota Statutes, section 256B.78

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X. section 4.1.4.1 MFPP Health Care Delivery

Minnesota Family Planning Program

4.1.4.1 Health Care Delivery

All Minnesota Family Planning Program (MFPP) services are provided through a fee-for-service delivery system.

Medicare

The Minnesota Family Planning Program (MFPP) will not pay for prescription drugs covered under the Medicare prescription drug benefit.

Covered Services

The MFPP covers family planning services and supplies, including:

- Family planning-related office visits
- Birth control prescriptions, devices and supplies
- Sterilizations
- Diagnosis and treatment of some sexually transmitted diseases (STDs) found during a family planning visit
- Diagnosis of HIV/AIDS found during a family planning visit
- Transportation to and from a family planning provider

The MFPP does not cover:

- Abortions
- Infertility treatment
- Family planning services provided in an inpatient setting
- Treatment of HIV/AIDS
- Immunizations and vaccines

Legal Citations

Code of Federal Regulations, title 42, section 435.214

Patient Protection and Affordable Care Act, Public Law 111-148, section 2303

United States Code, title 42, section 1396r-1c

~~Minnesota Rules, parts 9505.5300 to 9505.5325~~

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Y. Section 4.1.4.2 MFPP Renewals

Minnesota Family Planning Program

4.1.4.2 Renewals

The eligibility period for the Minnesota Family Planning Program (MFPP) is 12 months. This period begins on the first day of the month of application and ends on the last day of the twelfth month. The eligibility period is set by the month of application, regardless of whether the person received presumptive eligibility. Enrollees must submit the Minnesota Family Planning Program Renewal (DHS-5440) ~~before the first day of the month coverage is to end~~ and complete the renewal process before the end of the eligibility period.

Legal Citations

~~Minnesota Rules, parts 9505.5300 to 9505.5325~~

Minnesota Statutes, section 256B.78

Code of Federal Regulations, title 42, section 435.916

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Z. Section 4.2.1.3 MSP Mandatory Verifications

Medicare Savings Programs

4.2.1.3 Mandatory Verifications

Mandatory verifications must be verified through an available electronic data source or by paper proof, if electronic data sources are unsuccessful or unavailable. Self-attestation alone is not acceptable for eligibility requirements with mandatory verifications. Medicare Savings Programs (MSP) have the following mandatory verifications:

- Assets
  - Verification of assets is required at application and when a new asset is reported. If an asset is determined to be excluded it does not need to be verified again at renewal.
  - Verification of the following assets are not required at application or renewal:
    - Homestead, if it qualifies for the real property homestead exclusion.Refer to Section 2.3.3.2.7.4.1 MA-ABD Homestead Real Property for more information.
    - Vehicle, if only one is reported. Refer to Section 2.3.3.2.7.7 MA-ABD Automobiles and Other Vehicles Used for Transportation for more information.
    - Household goods and personal effects
- Enrollment or eligibility to enroll in Medicare Part A
- Income
  - If a person is receiving Supplemental Security Income (SSI), only the SSI income is verified. Eligiblity for SSI is accepted as verification of other income SSA considers in determining eligibility.
  - Veteran's Administration (VA) Aid and Attendance benefits and VA unusual medical expense payments must be verified even if the person is receiving SSI.
- Immigration status
- Social Security Number

Legal Citations

Code of Federal Regulations, title 42, section 435.407

Code of Federal Regulations, title 42, section 435.920

Code of Federal Regulations, title 42, section 435.945

Code of Federal Regulations, title 42, section 435.948

Code of Federal Regulations, title 42, section 435.949

Code of Federal Regulations, title 42, section 435.952

Code of Federal Regulations, title 42, section 435.956

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AA. Section 4.2.3.3 MSP Income

Medicare Savings Programs

4.2.3.3 Income

Medicare Savings Programs (MSP) follow many of the same income eligibility policies as Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD). Specific MSP income policies and links to the relevant MA-ABD income policies are included.

Income Limit

To be eligible for a MSP a person's income must be less than or equal to the applicable federal poverty guidelines income limit. The income limit for an MSP is determined by household composition and family size. See MSP Household Composition and Family Size policy for more information about determining household composition. Income deeming rules determine whose income counts for a person. See the MA-ABD Income Deeming policy for more information about whose income's count.

MSP income limits are:

- 100% FPG Qualified Medicare Beneficiary (QMB)
- 120% FPG Service Limited Medicare Beneficiary (SLMB)
- 135% FPG Qualified Individual (QI)
- 200% FPG Qualified Working Disabled (QWD)

See Minnesota Insurance Affordability Programs Income and Asset Guidelines (DHS-3461A) for information about income limits based on the household size.

Income Policies

For MSPs, all other factors in income eligibility follow MA-ABD except as follows:

MSP Disregards and Deductions

Disregards and deductions for MSP income are applied differently than for MA-ABD income.

- Unearned Income

  The following list are the disregards and deductions that are deducted from the specific unearned income:

  - Unearned Lump Sum Income Disregard
  - Child Support Disregard

- The following disregards and deductions are then deducted in the specific order listed:
  - Disabled Widow and Widower Disregard
  - Widow and Widower Disregard
  - Pickle Disregard
  - Disabled Adult Child Disregard
  - Retirement, Survivors, Disability Insurance (RSDI) Cost of Living Adjustment (COLA) Disregard
  - Plan to Achieve Self-Support (PASS) Deduction
  - Standard Deduction. This deduction subtracts $20 from the income used to determine MSP eligibility. The deduction is first applied to unearned income. When a person has less than $20 of unearned income, the remainder of the deduction is applied to earned income. An eligible household receives only one $20 exclusion per month.
  - Community Spouse Allocation. This deduction is applied for people who are eligible for an MSP and are receiving services in a long-term care (LTC) facility or on the Elderly Waiver (EW). The deduction is first applied to unearned income. The remainder, if any, is then applied to a person's earned income.
  - Family Allocation. This deduction is also applied for people who are eligible for an MSP and are receiving services in a LTC facility or on EW. The deduction is first applied to unearned income. The remainder, if any, is then applied to a person's earned income.
- Earned Income

  The Earned Lump Sum Income Disregard is applied to earned lump sump income.

  The following disregards and deductions are then deducted in the specific order listed:
  - PASS Deduction
  - Student Earned Income Exclusion
  - Standard Deduction. Any remaining amount from Standard Deduction after applying it to unearned income is applied to a person's earned income.
  - Earned Income Disregard
  - Impairment Related Work Expense Deduction
  - Remaining Earned Income Disregard
  - Blind Work Expense Deduction
  - Community Spouse Allocation. Any remaining amount from the Community Spouse Allocation after applying it to unearned income is applied to earned income for people who are eligible for an MSP and are receiving services in an LTC facility or on EW.
  - Family Allocation. Any remaining amount from the Family Allocation after applying it to unearned income is applied to earned income for people who are eligible for an MSP and are receiving services in an LTC facility or on EW.

- ~~A standard deduction of $20 is subtracted from a person's income. The deduction is first applied to unearned income. When a person has less than $20 of unearned income, the remainder of the deduction comes from earned income. An eligible household receives only one $20 exclusion per month.~~

MSP Excluded Income

Aid and Attendance benefits and Allowances for Unusual Medical Expenses from the Veteran's Administration are excluded income.

See the following policies for more information.

MA-ABD Income Methodology

MA-ABD Countable Income

MA-ABD Income Deeming

MA-ABD Sponsor Income Deeming

~~MA-ABD Disregards and Deductions~~

MA-ABD Excluded Income

Legal Citations

Minnesota Statutes, section 256B.056, subdivision 1a

Minnesota Statutes, section 256B.056, subdivision 4

Minnesota Statutes, section 256B.056, subdivision 5

Minnesota Statutes, section 256B.057, subdivision 3

Minnesota Statutes, section 256B.057, subdivision 4

United States Code, title 42, section 1382a

United States Code, title 42, section 1396d(p)

United States Code, title 42, section 1396d(s)

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