



Minnesota Health Care Programs

Eligibility Policy Manual

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 #19.3

June 1, 2019

Manual Letter #19.3

This manual letter lists new and revised policy for the Minnesota Health Care Programs (MHCP) Eligibility Policy Manual (EPM) as of June 1st, 2019. 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. 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](#)

The following bulletins are removed from the home page because they are incorporated into the EPM with this manual letter:

- Bulletin #18-21-04 DHS Announces the Addition of DEED Income Data for Medical Assistance and MinnesotaCare Renewals in METS
- Bulletin #18-21-05, DHS Implements Automated Reasonable Opportunity Period Functionality for Posteligibility Verifications in METS

B. [Section 1.4.1 MHCP Interstate Residency Agreements](#)

This section has been updated to clarify when an adoption assistance child is automatically eligible for MA when moving into and out of Minnesota.

C. [Section 1.4.2 MHCP State Residency For Adoption Assistance and Foster Care](#)

This section has been updated to clarify when an adoption assistance child is automatically eligible for MA when moving into and out of Minnesota.

D. [Section 2.1.2.2.1 MA Citizenship](#)

This section has been updated to incorporate policy from Bulletin #18-21-05 DHS Implements Automated Reasonable Opportunity Period Functionality for Post Eligibility in METS.

E. [Section 2.1.2.2.2 MA Immigration Status](#)

This section has been updated to incorporate policy from Bulletin #18-21-05 DHS Implements Automated Reasonable Opportunity Period Functionality for Post Eligibility in METS.

F. Section 2.1.2.3 MA County Residency

This section has been updated to help workers identify the county of financial responsibility when an applicant moves prior to the end of the application processing period.

This section was also updated to clarify that excluded time rules do not apply to Kinship Assistance.

G. Section 2.1.2.5 MA Social Security Number

This section has been updated to incorporate policy from Bulletin #18-21-05 DHS Implements Automated Reasonable Opportunity Period Functionality for Post Eligibility in METS.

H. Section 2.2.2.1.1 MA-FCA Basis of Eligibility Auto Newborn (NEW)

This is a new EPM section that discusses the policy for children who qualify as Auto Newborns under a MA Families, Children and Adults Basis of eligibility.

I. Section 2.2.2.1.2 MA-FCA Basis of Eligibility Pregnant Woman (NEW)

This is a new EPM section that discusses the policy for women who qualify as a Pregnant Woman under a MA Families, Children and Adults Basis of eligibility.

J. Section 2.2.4.2 MA-FCA Renewals

This section has been updated to incorporate policy from Bulletin #18-21-04 DHS Announces the Addition of DEED Income Data for Medical Assistance and MinnesotaCare Renewals in METS

K. Section 2.3.3.2 MA-ABD Assets

This section has been updated to move language in section 2.3.3.2 MA ABD Assets that states income received in a given month is not an asset in that month and if retained beyond the month of receipt income becomes an asset to section 2.3.3.2.7.1 MA ABD Liquid Assets.

L. Section 2.3.3.2.7.1 MA-ABD Liquid Assets

This section has been updated to clarify that income deposited into a liquid asset is treated as income in the month received and becomes a liquid asset if retained in the same account after the month of receipt.

This section has also been updated to add Social Welfare Funds to the list of assumed liquid assets.

M. Section 2.3.3.2.7.9.4 MA-ABD Special Needs Trusts

This section has been updated to clarify that an enrollee can add to a special needs trust after the age of 65, but that these additions will not be excluded assets.

N. Section 2.4.1.3.2 MA-LTC Transfer Penalty

This section has been updated to provide clarification that once an uncompensated transfer penalty is imposed it must run continuously and uninterrupted until it expires or the person receives a full return of the value of the transferred assets.

O. Section 2.4.1.4.2 MA-LTC Naming DHS a Preferred Remainder Beneficiary

This section has been updated to add clarifying language for when DHS must be assigned as the preferred remainder beneficiary on an annuity.

P. Section 2.5.6.1 MA NorthStar Adoption Assistance

This section has been updated to clarify when an adoption assistance child is automatically eligible for MA when moving into and out of Minnesota.

Q. Section 2.5.6.3 MA Northstar Non-Title IV-E Foster care and Non- Title IV-E Kinship Assistance

This section has been updated to clarify that excluded time rules do not apply to Kinship Assistance.

R. Section 3.2.1.1 MinnesotaCare Citizenship

This section has been updated to incorporate policy from Bulletin #18-21-05 DHS Implements Automated Reasonable Opportunity Period Functionality for Post Eligibility in METS.

S. Section 3.2.1.2 MinnesotaCare Lawful Presence

This section has been updated to incorporate policy from Bulletin #18-21-05 DHS Implements Automated Reasonable Opportunity Period Functionality for Post Eligibility in METS.

T. Section 3.2.4 MinnesotaCare Social Security Number

This section has been updated to incorporate policy from Bulletin #18-21-05 DHS Implements Automated Reasonable Opportunity Period Functionality for Post Eligibility in METS.

U. Section 3.3.4 MinnesotaCare Income Verification

This section has been updated to incorporate policy from Bulletin #18-21-05 DHS Implements Automated Reasonable Opportunity Period Functionality for Post Eligibility in METS.

V. Section 3.4.3 MinnesotaCare Renewals

This section has been updated to incorporate policy from Bulletin #18-21-04 DHS Announces the Addition of DEED Income Data for Medical Assistance and MinnesotaCare Renewals in METS

W. Appendix A

This appendix has been updated to include a definition for Social Welfare as an asset

X. Appendix F

The following standards and guidelines are updated in Appendix F and become effective July 1, 2019:

- Basic Shelter Allowance
- Minimum Monthly Income Allowance
- Home Maintenance Allowance
- Special Income Standard for Elderly Waiver Maintenance Needs Allowance
- Remedial Care Expense
- Statewide Average Payment for Skilled Nursing Facility Care

II. 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 1.4.1 MHCP Interstate Residency Agreements](#)
- C. [Section 1.4.2 MHCP State Residency for Adoption Assistance and Foster Care](#)
- D. [Section 2.1.2.2.1 MA Citizenship](#)
- E. [Section 2.1.2.2.2 MA Immigration Status](#)
- F. [Section 2.1.2.3 MA County Residency](#)
- G. [Section 2.1.2.5 MA Social Security Number](#)
- H. [Section 2.2.2.1.1 MA-FCA Basis of Eligibility Auto Newborn \(NEW\)](#)
- I. [Section 2.2.2.1.2 MA-FCA Basis of Eligibility Pregnant Woman \(NEW\)](#)
- J. [Section 2.2.4.2 MA-FCA Renewals](#)
- K. [Section 2.3.3.2 MA-ABD Assets](#)
- L. [Section 2.3.3.2.7.1 MA-ABD Liquid Assets](#)
- M. [Section 2.3.3.2.7.9.4 MA-ABD Special Needs Trusts](#)
- N. [Section 2.4.1.3.2 MA-LTC Transfer Penalty](#)
- O. [Section 2.4.1.4.2 MA-LTC Naming DHS a Preferred Remainder Beneficiary](#)
- P. [Section 2.5.6.1 MA Northstar Adoption Assistance](#)
- Q. [Section 2.5.6.3 MA Northstar Non-Title IV-E Foster Care and Non-Title IV-E Kinship Assistance](#)
- R. [Section 3.2.1.1 MinnesotaCare Citizenship](#)
- S. [Section 3.2.1.2 MinnesotaCare Lawful Presence](#)
- T. [Section 3.2.4 MinnesotaCare Social Security Number](#)
- U. [Section 3.3.4 MinnesotaCare Income Verification](#)
- V. [Section 3.4.3 MinnesotaCare Renewals](#)
- W. [Appendix A](#)
- X. [Appendix F](#)

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 #19.1, January 1, 2019

MHCP EPM Manual Letter #19.2, April 1, 2019

MHCP EPM Manual Letter #19.3 June 1, 2019

2018 Manual Letters

MHCP EPM Manual Letter #18.1, January 1, 2018

MHCP EPM Manual Letter #18.2, April 1, 2018

MHCP EPM Manual Letter #18.3, June 1, 2018

MHCP EPM Manual Letter #18.4, September 1, 2018

MHCP EPM Manual Letter #18.5, December 1, 2018

2017 Manual Letters

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

MHCP EPM Manual Letter #17.4, September 1, 2017

MHCP EPM Manual Letter #17.5, December 1, 2017

2016 Manual Letters

MHCP EPM Manual Letter #16.1, June 1, 2016

MHCP EPM Manual Letter #16.2, August 1, 2016

MHCP EPM Manual Letter #16.3, September 1, 2016

MHCP EPM Manual Letter #16.4, December 1, 2016

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 #17-21-05, DHS Explains How Unified Cash Asset Policy Affects Medical Assistance (MA) Eligibility
- 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)
- Bulletin #18-21-03, Periodic Data Matching for Medical Assistance and MinnesotaCare
- ~~Bulletin #18-21-04, DHS Announces the Addition of DEED Income Data for Medical Assistance and MinnesotaCare Renewals in METS~~
- ~~Bulletin #18-21-05, DHS Implements Automated Reasonable Opportunity Period Functionality for Posteligibility Verifications in METS~~

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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Manual Letter #18.3, June 1, 2018

Manual Letter #18.2, April 1, 2018

Manual Letter #18.1, January 1, 2018

Manual Letter #17.5, December 1, 2017

Manual Letter #17.4, September 1, 2017

Manual Letter #17.3, August 1, 2017

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)

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 - [Archived page](#)
 - [Revised page](#)

B. Section 1.4.1 MHCP Interstate Residency Agreement

Minnesota Health Care Programs

1.4.1 Interstate Residency Agreements

Minnesota has the following agreements with other states in regards to state residency.

North Dakota Agreement

Minnesota and North Dakota have an interstate agreement that governs state residence for people who reside in one state and enter a skilled nursing facility in the other state. The agreement applies only to skilled nursing facilities (sometimes referred to as nursing homes). It does not apply to any other type of living arrangement such as assisted living, boarding homes or medical hospitals. It does not apply to home and community-based waiver services.

Under the agreement, a North Dakota resident who moves to a Minnesota nursing facility from North Dakota is not a Minnesota resident:

- for 24 months following the date of admission if the person has no community spouse living in North Dakota and was not placed in the facility by North Dakota, or until a Minnesota county, tribal or state servicing agency assumes responsibility for the person's care, whichever comes first.
- for at least 24 months following the date of admission and indefinitely as long as the person has a community spouse living in North Dakota, unless a Minnesota county, tribal or state servicing agency assumes responsibility for the person's care after the 24 months.
- for at least 24 months following the date of admission if the person was placed in the facility by North Dakota and indefinitely, unless a Minnesota county, tribal or state servicing agency assumes responsibility for the person's care after the 24 months.

A Minnesota resident who moves to a North Dakota nursing facility from Minnesota is a Minnesota resident:

- for 24 months following the date of admission if the person has no community spouse living in Minnesota and was not placed in the facility by Minnesota, or until a North Dakota state or county agency assumes responsibility for the person's care, whichever comes first.
- for at least 24 months following the date of admission and indefinitely as long as the person has a community spouse living in Minnesota, unless a North Dakota state or county agency assumes responsibility for the person's care after the 24 months.
- for at least 24 months following the date of admission if the person was placed in the facility by Minnesota and indefinitely, unless a North Dakota state or county agency assumes responsibility for the person's care after the 24 months.

Interstate Compact on Mental Health and State Operated Services

The Interstate Compact on Mental Health (the Compact) is an agreement between most states, including Minnesota, which allows a state to transfer a person directly from a state-operated treatment facility in their state to a state-operated treatment facility in another state. The purpose of the Compact is to enable a family member of a person who meets certain criteria to request that the person receive treatment closer to the family member. People are not transferred under the Compact for the purpose of short-term hospitalization with the intent that they will be returning to the state. Transfer means the person wants to transfer to another state for continued treatment and to remain in the receiving state.

The Minnesota Department of Human Services (DHS) has a Compact Coordinator who facilitates transfers under this agreement.

- A person, under this agreement, who is in a Minnesota state-operated treatment facility who is transferred to a state-operated facility in another state, is a resident of the receiving state. The person is no longer a Minnesota resident.
- A person, under this agreement, who is in a state-operated facility in another state who is transferred to a Minnesota state-operated facility, is a Minnesota resident.
- Prior to authorizing a transfer under the Compact, the Compact Coordinator obtains agreement from the affected county or tribe to accept financial and social service responsibility for the person.

Interstate Compact on the Placement of Children

The Interstate Compact on the Placement of Children (ICPC) is an agreement among all 50 states that governs states' responsibility when sending children across state lines for the purpose of placement in foster care, adoptive homes, group homes and residential treatment centers. See the MHCP State Residency for Adoption Assistance and Foster Care policy for more information.

Interstate Compact on Adoption and Medical Assistance

The Interstate Compact on Adoption and Medical Assistance (ICAMA) is a federal contract between Minnesota and other states designed to prevent and overcome barriers to interstate adoptions and to coordinate services for adopted children with special needs. Under ICAMA, children from another state who receive Title IV-E adoption assistance are automatically eligible for MA when they move to Minnesota. Children who receive non-Title IV-E adoption assistance through an agreement that includes health care coverage, are automatically eligible for MA when they move to Minnesota.

Not all states provide automatic MA for non-Title IV-E adoption assistance children, even if the state is a part of ICAMA. Those states which extend MA coverage to interstate agreements through reciprocity under the Consolidated Omnibus Reconciliation Act of 1985 (COBRA), also known as COBRA-Reciprocity, will provide MA to non-Title IV-E adoption assistance children who move there from another state. See the [COBRA & COBRA-Reciprocity chart](#) on the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA) website

for a state by state listing. See the MHCP State Residency for Adoption Assistance and Foster Care policy and MA Northstar Care Adoption Assistance subchapter for more information.

Legal Citations

Code of Federal Regulations, title 42, section 435.403

Minnesota Statutes, section 256B.056, subdivision 1

Minnesota Statutes, section 256L.09

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C.Section 1.4.2 MHCP State Residency for Adoption Assistance and Foster Care

Minnesota Health Care Programs

1.4.2 State Residency for Adoption Assistance and Foster Care

People who receive adoption assistance or are in foster care have special rules for determining their state of residency.

Adoption Assistance

People, of any age, who receive federal payments for adoption assistance under Title IV-E of the Social Security Act, are residents of the State where they live. A person who lives in Minnesota and receives these payments is a Minnesota resident; a person who receives these payments who lives in another state is not a Minnesota resident.

~~People who receive state payments for adoption assistance are residents of Minnesota if they live in Minnesota. This includes people who receive state payments for adoption assistance from another state.~~

People who live in another state and receive non-Title IV-E payments for adoption assistance from Minnesota are residents of the other state if that state has ~~who live in another state are residents of the other state if that state has~~ selected the federal option reciprocity policy under the Consolidated Omnibus Reconciliation Act of 1985 (COBRA), also known as COBRA- Reciprocity. COBRA- Reciprocity, administered through the ~~under the~~ Interstate Compact on Adoption and Medical Assistance (ICAMA) to provides automatic health care coverage in the state when adoption assistance recipients move there from other states and the adoption assistance agreement includes health care. If the state ~~has~~ does not selected have a COBRA-Reciprocity policy the federal option, the person remains a Minnesota resident. See the [COBRA & COBRA-Reciprocity chart](#) on the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA) website for a state by state listing.

People who live in Minnesota and receive non-Title IV-E payments (or state payments) for adoption assistance are residents of Minnesota. This includes people who receive state payments for adoption assistance from another state. Under [ICAMA](#), people who receive non-Title IV-E payments from another state are automatically eligible for Medical Assistance in Minnesota, if the adoption assistance agreement from the other state includes health care coverage.

Foster Care

People, of any age, eligible for federal payments for foster care under Title IV-E of the Social Security Act, are residents of the state where they live. A person who lives in Minnesota and receives these payments is a Minnesota resident; a person who receives these payments who lives in another state is not a Minnesota resident.

People who are in foster care who do not receive Title IV-E payments are residents of the state associated with the state agency or entity under contract with the state, including a county agency that arranged for the person to be placed into foster care.

See the Northstar chapter for information about health care policies for Minnesota's adoption assistance and foster care programs.

Legal Citations

Code of Federal Regulations, title 42, section 435.403

Minnesota Statutes, section 256B.056, subdivision 1

Minnesota Statutes, section 256L.09

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D.Section 2.1.2.2.1 MA Citizenship

Medical Assistance

2.1.2.2.1 Citizenship

To receive Medical Assistance (MA), applicants must be U.S. citizens, U.S. nationals or certain lawfully present noncitizens. See the MA Immigration Status policy for more information.

U.S. Citizen

A U.S. citizen is someone who is born in the U.S. (including U.S. territories, except for American Samoa) or who was born outside the U.S. and who either:

- Was naturalized as a U.S. citizen
- Derived citizenship through the naturalization of their parent(s)
- Derived citizenship through adoption by U.S. citizen parents, provided certain conditions are met
- Acquired citizenship at birth because he or she was born to U.S. citizen parent(s)
- Became a U.S. citizen by operation of law

U.S. National

A U.S. national is someone who is a U.S. citizen or owes permanent allegiance to the U.S. With extremely limited exceptions, all noncitizen U.S. nationals are people born in American Samoa or people born abroad with one or more American Samoan parents under certain conditions.

Verification

Citizenship may be verified electronically at the time of application. The county, tribal, or state agency must attempt and exhaust all trusted electronic sources prior to requiring paper documentation from the enrollee. A data match with the Federal Data Services Hub (FDSH) or the Social Security Administration (SSA) is the preferred method of verifying citizenship for MHCP applicants and enrollees. Only applicants and enrollees whose U.S. citizenship or U.S. national status cannot be verified electronically must provide proofs.

Eligibility must be approved for applicants who meet all other eligibility criteria and attest to meeting the citizenship eligibility requirement. A person approved for MA without verification of their citizenship status has a reasonable opportunity to work with the agency to resolve clerical discrepancies preventing electronic verification or to provide proof. A notice must be sent to the enrollee to indicate they have 90 days, plus 5 days for mailing, from the date of the notice to satisfy the request. The 90 day plus 5 days for mailing cannot be extended for citizenship verification for MA enrollees. Eligibility and Coverage must end with a 10-day advance notice if the enrollee person

fails to provide proof of citizenship by the end of the reasonable opportunity period. ~~cooperate with the verification process.~~

A person who reapplies for health care coverage, whose citizenship was not previously verified, must be given a new reasonable opportunity period to provide proof of citizenship.

The county, tribal or state servicing agency must help applicants and enrollees obtain required proofs.

People who were previously enrolled in MA in another state were required to verify citizenship as a condition of eligibility for MA. As such, verification of citizenship obtained from another state's MA program is an acceptable form of verification. Proof of citizenship may be requested from the state where the client was previously enrolled in MA, if it is not available through other sources. A signed release, such as the Minnesota Department of Human Services (DHS -2243A) must be obtained from the client to contact another state's MA program agency.

Once citizenship is verified, county, tribal and state servicing agencies cannot request proof again, unless an agency possesses inconsistent information regarding a person's citizenship.

Paper Proof of Citizenship

Applicants and enrollees who must provide proof because citizenship could not be electronically verified can submit a copy of one of the following to verify U.S. citizenship:

- U.S. passport, including a U.S. Passport Card issued by the Department of State, without regard to any expiration date as long as such passport or card was issued without limitation
- Certificate of Naturalization
- Certificate of Citizenship
- Valid Minnesota Enhanced Driver's License or Enhanced Identification Card
- Documentary evidence issued by a federally recognized Native American Tribe which identifies the tribe that issued the document, identifies the individual by name, and confirms the individual's membership, enrollment or affiliation with the tribe. These documents include a tribal enrollment card, A certificate for Degree of Indian Blood; a Tribal census document; or documents on tribal letterhead, issued under the appropriate tribal official.

Applicants and enrollees can also verify citizenship by submitting a copy of one document from each of the following two lists:

- List 1
 - U.S. public birth certificate or other birth document
 - The birth record document may be issued by a State, Commonwealth, Territory, or local jurisdiction.
 - For people born in Minnesota, birth records can only be obtained by sending the Minnesota Department of Health (MDH) the Minnesota Birth Record Application form.

For people that were born in another state, birth records can be obtained directly from the state of birth.

- An electronic data match with a State vital statistics agency can substitute for a List 1 document.
- A Certificate of Report of Birth, issued to the U.S. citizens born outside of the U.S.; or Report of Birth Abroad of a U.S. citizen
- Certification of Birth in the U.S.
- U.S. citizen ID card
- Northern Marianas Identification Card issued by the U.S. Department of Homeland Security
- American Indian card (I-872) from the U.S. Department of Homeland Security
- Final U.S. adoption papers that show the child's name and a U.S. Place of birth, or if an adoption is not final, a statement from a state-approved adoption agency that shows the child's name and U.S. place of birth
- Papers showing U.S. government employment before June 1, 1976
- U.S. Military Record of Service showing U.S. place of birth
- Documentation that a child meets the requirements of section 101 of the Child Citizenship Act of 2000
- Medical Records showing a U. S. place of birth
- Life, Health or other insurance company record showing a U. S. place of birth
- Official religious record recorded in the U.S. showing that the birth occurred in the U.S.
- School records including pre-school records, Head Start and daycare showing the child's name of U.S. place of birth
- Federal or state census record showing U.S. citizenship or U.S. place of birth
- An affidavit can be used in lieu of a List 1 proof, if citizenship cannot be verified electronically and the person does not have any List 1 documents.

The affidavit must be signed under penalty of perjury by a person other than the applicant who can attest to the applicant's citizenship. The affidavit must include the applicant's name, date of birth, and place of birth. The affidavit does not need to be notarized.

- List 2

The following are accepted as proof of identity, as long as the document has a photograph or other identifying information sufficient to establish identity, including (but not limited to) name, age, sex, race, height, weight, eye color, or address:

- State driver's license or state ID card
- School ID card
- U.S. Military ID card or draft record

- Military Dependent's ID Card
- U.S Coast Guard Merchant Mariner Card
- For a child under age 19:
 - School records including pre-school or daycare records
 - Clinic, doctor or hospital records
- Two other documents containing consistent information that corroborates a person's identity
- Finding of identity from a federal or State government agency
- An affidavit can be used in lieu of List 2 proof, if citizenship cannot be verified electronically and the person does not have any List 2 documents.

Exemptions from the Citizenship Verification Requirement

The following people are exempt from the U.S. citizenship verification requirement:

- People enrolled in or entitled to enroll in Medicare. The SSA has already verified citizenship and identity for these people.
- People who receive or previously received Supplemental Security Income (SSI)
- People who receive or previously received Retirement, Survivors or Disability Insurance (RSDI) benefits due to disability (also known as SSDI). This does not include people who receive RSDI retirement or survivor's insurance benefits. They are not exempt from this requirement unless they meet another condition for exemption (such as enrollment in Medicare).
- Children who receive Northstar
- Auto newborns and children previously enrolled as auto newborns

Legal Citations

Code of Federal Regulations, title 42, section 435.406

Code of Federal Regulations, title 42, section 435.407

Code of Federal Regulations, title 42, section 435.911

Code of Federal Regulations, title 42, section 435.945

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

Code of Federal Regulations, title 42, section 435.1008

Code of Federal Regulations, title 42, section 457.320

Code of Federal Regulations, title 42, section 457.380

Patient Protection and Affordable Care Act, Public Law 111-148, section 1413

Patient Protection and Affordable Care Act, Public Law 111-148, section 14141

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E. Section 2.1.2.2.2 MA Immigration Status

Medical Assistance

2.1.2.2.2 Immigration Status

To receive Medical Assistance (MA), applicants must be U.S. citizens, U.S. nationals or certain lawfully present noncitizens. See the MA Citizenship policy for more information.

MA Eligibility for Noncitizen Children under Age 21 and Pregnant Women

The following people are eligible for MA, regardless of their specific immigration status:

- All lawfully present noncitizen children younger than age 21
- All lawfully present noncitizen pregnant women

People granted Deferred Action for Childhood Arrivals (DACA) are not lawfully present noncitizens for the purpose of MA eligibility and therefore they are not eligible for MA.

See the Appendix H Lawfully Present Noncitizens appendix for more information about lawfully present noncitizens.

MA Eligibility for Noncitizens Age 21 or Older and Not Pregnant

To be eligible for MA, lawfully present noncitizens who are age 21 or older and not pregnant must have a qualified immigration status. People with certain qualified immigration statuses must wait five years after receiving the qualified immigration status before they are eligible for MA.

The date a person enters the United States (also called date of entry) is not always the same as the date they acquire a qualified immigration status. The date of entry is used to determine eligibility for Refugee Medical Assistance for refugees who are ineligible for MA. The date a person obtains a qualified immigration status is used to determine the start of the five-year waiting period, when applicable.

Qualified Immigration Statuses Without a Five-Year Waiting Period

Lawfully present noncitizens with the following qualified immigration statuses are eligible for MA **without** a five-year waiting period:

- Afghan or Iraqi Special Immigrants
- Amerasians
- American Indian noncitizens
- Asylees, including asylees who later adjust to lawful permanent resident status
- Conditional Entrants

- Cuban/Haitian Entrants
- Qualified noncitizens who are U.S. veterans or on active military duty and their spouses and children
- Refugees, including refugees who later adjust to lawful permanent resident status
- T-Visa
- Trafficking victims
- Withholding of Removal

Qualified Immigration Statuses With a Five-Year Waiting Period

Lawfully present noncitizens with the following qualified immigration statuses who entered the United States after August 22, 1996, are eligible for MA **after** a five-year waiting period:

- Battered noncitizens
- Immigrants paroled or one year or more
- Lawful permanent residents (LPRs), except LPRs who adjusted from asylee or refugee status. LPRs who were formerly asylees or refugees are eligible for MA without a five-year wait.

MA for Noncitizens Not Otherwise Eligible for Medical Assistance

Four programs are available to certain noncitizens who are not eligible for MA because of their immigration status.

- Children’s Health Insurance Program (CHIP) funded MA may be available for pregnant women who are undocumented or noncitizens not otherwise eligible for MA. Eligibility may continue through the 60–day postpartum period. CHIP-funded MA is not available to people enrolled in other health care coverage.
- People who are receiving services from the Center for Victims of Torture (CVT) may be eligible for state funded MA-CVT
- People with a medical emergency may be eligible for Emergency Medical Assistance (EMA)
- People who meet specific criteria may be eligible for federally funded Refugee Medical Assistance (RMA)

Verification

Immigration status must be verified electronically. The county, tribal, or state agency must attempt and exhaust all trusted electronic sources prior to requiring paper documentation from the enrollee. Applicants and enrollees whose immigration status cannot be verified electronically must provide proofs, which then must be validated using electronic sources, such as SAVE. See Immigration documentation types at HealthCare.gov for information about immigration documentation.

Eligibility is approved for applicants who meet all other eligibility criteria and attest to meeting the ~~citizen or~~ noncitizen eligibility requirements. A person approved for MA without verification of their immigration status has a reasonable opportunity to work with the agency to resolve clerical discrepancies preventing electronic verification or to provide proof of status for SAVE validation. A notice is sent to the enrollee to indicate they have 90 days, plus five days for mailing, from the date of the notice to satisfy the request. ~~Coverage ends with a 10 day advance notice if the person fails to cooperate with the verification process.~~

The 95-day reasonable opportunity period can be extended for MA enrollees who demonstrate a good faith effort to get and provide proof of their immigration status. Enrollees who need more time to obtain the needed documents must receive a notice that tells them the new due date. There is no limit to the number of times the reasonable opportunity period can be extended for an MA enrollee to obtain proof of immigration status. Eligibility and coverage must end with a 10 day advance notice if the person fails to provide proof or assist in the verification process by the end of the reasonable opportunity period or any extension.

A person who reapplies for health care coverage, whose immigration status was not previously verified, must be given a new reasonable opportunity period to provide proof of immigration status.

The county, tribal or state servicing agency must help applicants and enrollees obtain required proofs.

Please note, verification of immigration status cannot be used to determine the individual is not a state resident. See EPM 1.4 MHCP State Residency.

Legal Citations

Centers for Medicare and Medicaid Services State Health Officials letter re: Individuals with Deferred Action for Childhood Arrivals (August 28, 2012), at www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO-12-002.pdf

Centers for Medicare & Medicaid Services (CMS) State Health Officials letter re: Medicaid and CHIP Coverage of “Lawfully Residing” Children and Pregnant Women (July 1, 2010), at www.cms.gov/smdl/downloads/SHO10006.pdf

Children’s Health Insurance Program Reauthorization Action of 2009 (CHIPRA), Public Law 111-3, Section 214

Code of Federal Regulations, title 42, section 435.406

Code of Federal Regulations, title 42, section 435.945

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

Minnesota Statutes, section 256B.06, subdivision 4

Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193

United States Code, title 8, section 1641

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F.Section 2.1.2.3 MA County Residency

Medical Assistance

2.1.2.3 County Residency

Medical Assistance (MA) has rules about county residence. County residency policy determines the:

- County of service
- County of financial responsibility

County of Service

The county of service is responsible for administering the case, including, but not limited to:

- Processing paper applications
- Processing change in circumstances
- Processing renewals
- Gathering proofs and documentation
- Issuing manual notices
- Creating case notes

County of Financial Responsibility

The county of financial responsibility is responsible for paying the county share of MA services. The county of financial responsibility is the county where the person lives on the day the county receives a written request for assistance except in the following circumstances:

- When an enrollee moves to a different county, the new county becomes the county of financial responsibility after two full calendar months following the month of the move.
- When an applicant moves to a new county during the application processing period the county that received the application in which the client resided at the time of application is financially responsible, whether or not the that county that received the application has acted on the application. The new county becomes the county of financial responsibility after two full calendar months following the month of the move.
 - Example: John applied for MA in County A on October 4th. On October 20th, he submits all required information to County A and reports that he moved to County B on October 15. County A finishes processing the application and determines John is eligible for MA. County B becomes the county of financial responsibility beginning January 1. November and December are the two full calendar months after the month John moved.

- When a person lives in an excluded time facility or receives excluded time services, the county of financial responsibility is the county in which the person lived immediately before the excluded time started.

Excluded Time

Excluded time facilities and situations include:

- Hospitals
- Long-Term Care Facilities (LTCF)
- Shelters (other than emergency shelters)
- Halfway houses
- Foster homes for children receiving Title IV-E and Non-Title IV-E Foster Care
- ~~Homes for children receiving Title IV-E and Non-Title IV-E Kinship Assistance~~
- Adult foster care
- Board and lodging facilities
- Maternity homes
- Battered women's shelters
- Correctional facilities
- Regional treatment centers (RTC)
- Placement in a facility based on an emergency hold
- Placements in day training and habilitation programs
- Assisted living services
- Placements with an indeterminate commitment, including independent living

A person may receive excluded time services while living at home or in a group living situation.

Excluded time services include:

- Participation in a rehabilitation facility which meets the definition of a long-term sheltered workshop
- Receipt of services from a Semi-Independent Living Services (SILS) Program
- Day training and habilitation programs

Safe at Home

When a person is a Safe at Home (SAH) program participant, they use a PO Box address assigned to them. SAH provides a mail forwarding service. The county of financial responsibility and county of

residence are the county in which the person lives. More information about SAH Address Confidentiality Program is available from the Minnesota Secretary of State.

Legal Citations

Minnesota Statutes, section 5B, subdivision 1 to 13

Minnesota Statutes, section 256G.02, subdivision 4

Minnesota Statutes, section 256G.02, subdivision 6

Minnesota Statutes, section 256J.75, subdivision 2

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G. Section 2.1.2.5 MA Social Security Number

Medical Assistance

2.1.2.5 Social Security Number

The Minnesota Department of Human Services (DHS) uses Social Security Numbers (SSNs) to identify applicants and enrollees and to administer Minnesota Health Care Programs (MHCP). DHS matches SSNs against records in electronic data sources to identify and verify household income and size based on the most recent tax return filed by the household tax filer.

Each person requesting Medical Assistance (MA) must provide their SSN as a condition of eligibility unless they meet an exception. People who do not have SSNs and do not meet an exception must apply for an SSN. The following are exceptions:

- An applicant who refuses to obtain an SSN because of a well-established religious objection
- A noncitizen who is not eligible to receive a SSN or does not have one and may only be issued one for a valid non-work reason
- People applying for or receiving Emergency Medical Assistance (EMA), CHIP funded MA for pregnant women or MA for people receiving services from the Center for Victims of Torture(CVT)
- A child eligible for MA as an auto newborn
- A child receiving Northstar Title IV-E Foster Care or Title IV-E Kinship Assistance
- A child receiving Northstar Title IV-E Adoption Assistance
- A child receiving Title IV-E or non-Title IV-E adoption assistance under the Interstate Compact on Adoption and Medical Assistance (ICAMA)
- Refugees applying for or receiving Refugee Medical Assistance (RMA)

An agency may request but cannot require someone who is not applying for coverage to provide a SSN. If the agency requests the SSN of a non-applicant, the disclosure must:

- be voluntary,
- only be used to determine an applicant's eligibility for a MHCP or for a purpose directly connected to administration of the State Plan, and
- include clear information on how the SSN will be used and notice to the application filer that it is voluntary.

Pre-Eligibility Verification

If an applicant has a SSN, it must be provided to the MA eligibility determination. If an applicant cannot recall their SSN or if a SSN has not been issued for the applicant, and the person does not meet an exception, the county, tribal or state servicing agency must assist the applicant in:

- completing an application for a SSN, if a SSN has not been issued for the applicant, or
- contacting the SSA to confirm the applicant's SSN if one has already been issued,

If an applicant must apply for an SSN, proof that the person applied for an SSN is required prior to the MA eligibility determination. The proof of application is acceptable until the person receives the SSN. Once the SSN is received the individual must provide it to the agency.

Exceptions to having an SSN

Additionally, certain exceptions from the requirement to have or apply for an SSN must be verified prior to the MA eligibility determination.

Well-established religious objection

- A letter or other verification from a church leader that the religion is a recognized sect of division that is conscientiously opposed to applying for a SSN
- Proof of filing for a waiver with the IRS using form 4029

Non-immigrant unable to attain SSN other than a valid non-work reason

- No further proof is needed if the agency can determine that the client's status is such as they cannot work in the US
- Letter from SSA or other official that the client is not eligible for a SSN except for a valid non-work reason

Other exceptions from the requirement to have or apply for an SSN do not require proof.

Post eligibility verification

Each applicant's SSN must be verified with the Social Security Administration (SSA). An enrollee's newly issued SSN must also be electronic verified with the SSA.

Eligibility cannot be delayed for an otherwise eligible applicant pending the electronic verification of a SSN if one is provided at application. A notice must be sent to a person to inform them that they have 95 days from the date of the notice to provide proof of their correct SSN or to resolve any clerical discrepancies preventing electronic verification.

The 95 day period can be extended if the MA enrollee applicant is making demonstrating a good faith effort to resolve the discrepancy preventing electronic verification. Enrollees who need more time to resolve the SSN discrepancy must receive a notice that tells them the new due date. There is no limit to the number of times the reasonable opportunity period can be extended for the MA enrollee to resolve the SSN discrepancy. MA eligibility and coverage ends with 10-day advance notice if the enrollee fails to resolve the SSN discrepancy by the end of the reasonable opportunity period or any extension.

A person who applies for health care coverage, whose SSN was not previously verified, must be given a new reasonable opportunity period to resolve the SSN discrepancy.

The agency must assist the applicant in resolving discrepancies in the case file that are preventing successful verification. Electronic verification is ultimately required to verify a person's SSN.

~~MA coverage ends with 10 day advance notice, if after the 95 day period the enrollee fails to cooperate with the SSN verification process.~~

Legal Citations

Code of Federal Regulations, title 20, section 422.104

Code of Federal Regulations, title 42, section 435.907

Code of Federal Regulations, title 42, section 435.910

Code of Federal Regulations, title 42, section 435.948

Code of Federal Regulations, title 42, section 435.952

Code of Federal Regulations, title 42, section 435.956

Code of Federal Regulations, title 42, section 457.340

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H. Section 2.2.2.1.1 MA Families with Children and Adults Auto Newborn Basis of Eligibility (NEW)

Medical Assistance for Families with Children and Adults

2.2.2.1.1 MA-FCA Auto Newborn Basis of Eligibility

A child born to a mother who was eligible for Medical Assistance (MA) on the day the child was born, is automatically eligible for MA for one year. This basis is known as “auto newborn.” Auto newborns qualify for MA without regard to financial and non-financial eligibility factors except state residency (i.e., automatic eligibility) through the end of the month of the child’s first birthday.

Basis of Eligibility

The MA auto newborn basis of eligibility requires the child be:

- Born to a mother who is eligible for and enrolled in MA or Emergency Medical Assistance (EMA) on the date of the child’s birth
 - Includes children born to women eligible for CHIP-funded MA, EMA, MA for people receiving services from the Center for Victims of Torture (MA-CVT) or any other MA basis.
 - Includes children whose mothers applied for MA or EMA after the birth and were determined eligible retroactively for the month of the child’s birth.
 - Includes children whose mother was on MA with a spenddown and met the spenddown in their month of birth.
 - Continued eligibility as an auto newborn is not dependent on the mother maintaining MA eligibility.
- A resident of Minnesota
 - An auto newborn who moves out of the state, but moves back to Minnesota before the last day of the month of their first birthday is eligible again as an auto newborn through the end of the month of their first birthday.

A child born to a mother enrolled in MinnesotaCare does not have an MA basis of eligibility as an auto newborn.

Verification Requirements

Children with an auto newborn basis of eligibility are exempt from providing MA-FCA mandatory verifications while they have the auto newborn basis. The child may be required to provide additional verifications when the auto newborn basis ends, depending on the basis or program for which they are being redetermined.

Citizenship

All auto newborns and individuals previously eligible as auto newborns are exempt from citizenship verification.

Social Security Number (SSN)

An auto newborn is not required to provide a SSN or furnish proof that they have applied for a MA SSN while eligible under the basis.

When the child's eligibility is redetermined at the end of the auto newborn basis, standard MA SSN requirements apply.

Income

There is no income test for auto newborns. When eligibility is redetermined for the month following the month of their first birthday, the child is subject to the income limits and guidelines for the basis under which they are being redetermined.

Eligibility Begin Date

The Auto Newborn basis of eligibility begins on the date that the child is born.

Application

A new application is not required to establish auto newborn eligibility. An auto newborn is entitled to MA under this basis even if the birth is reported at a later time. This includes children who were born in previous certification periods to mothers who were eligible for and enrolled in MA in the month of the child's birth.

Change in Circumstances

Auto newborns are not required to live with their mother after leaving the hospital to maintain eligibility.

- An auto newborn is continuously eligible for the auto newborn MA basis through the last day of the month of their first birthday.
- Changes in household composition or household income do not impact an auto newborn's eligibility.

Auto newborns eligible for Title IV-E foster care/kinship assistance and Title IV-E or non-Title IV-E adoption assistance must be redetermined under the Title IV-E foster care/ Kinship Assistance or Title IV-E or non IV-E adoption assistance MA basis of eligibility. See Medical Assistance Northstar Care Title IV-E Foster Care and Kinship Assistance or MA Northstar Adoption Assistance.

Auto newborns determined eligible for non-Title IV-E foster care or kinship assistance must continue MA under the auto newborn basis.

Eligibility End Date

The auto newborn period begins the day the child is born and ends the last day of the month of their first birthday. An auto newborn is continuously eligible for the auto newborn basis of eligibility until the end of the month of their first birthday.

Eligibility for the auto newborn basis can only be ended before the last day of the month of the child's first birthday in the following circumstances:

- Voluntary termination
- Child starts receiving Title IV-E foster care/kinship assistance or Title IV-E or non-Title IV-E adoption assistance and qualifies for MA under a Northstar basis of eligibility
- No longer a resident of Minnesota (including when the child's whereabouts are unknown)
- Death

Post-Eligibility

Renewal

An auto newborn is exempt from renewal requirements through the end of the month of their first birthday.

Cost-Effective Health Insurance

Parents/caretakers of auto newborns who have access to cost effective group plans through their current or former employer must enroll the newborn if allowable by their plan.

Third Party Liability (TPL)

Parents/caretakers are required to provide information regarding access to or enrollment in other third party benefits when reporting the birth of a newborn. An auto newborn's eligibility is not affected by a parent or relative caretaker's refusal to provide TPL information.

Legal Citations

Centers for Medicare & Medicaid Services (CMS) State Health Officials letter re: CHIPRA (Aug. 31, 2009), at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho-08-31-09b.pdf>

Code of Federal Regulations, title 42, section 435.117

Minnesota Statutes, section 256B.055, subdivision 10

Minnesota Statutes, section 256B.057, subdivision 1

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I. Section 2.2.2.1.2 MA Families with Children and Adults Pregnant Woman Basis of Eligibility (NEW)

Medical Assistance for Families with Children and Adults

2.2.2.1.2 Pregnant Woman Basis of Eligibility

A woman who is pregnant or within the postpartum period may be eligible for Medical Assistance under the pregnant woman basis of eligibility.

Basis of Eligibility

The pregnant woman basis of eligibility requires the woman to:

- Be pregnant or within the postpartum period
- Meet all other MA eligibility criteria.

Attestation of pregnancy establishes this basis of eligibility.

Household Composition

Unborn children are counted in the family size of a pregnant woman's MA household. A pregnant woman is counted as two or more, depending on the number of unborn children she is expecting. Eligibility must be redetermined for the entire household upon a report of pregnancy.

The father of an unborn child is not eligible under the Parent basis of eligibility until the month the child is born, unless he is already eligible under the parent basis due to having another child in the household.

A child born to a mother eligible for and enrolled in MA in the birth month is automatically eligible for MA as an auto-newborn from the date of birth until the last day of the month of their first birthday.

Income and Spenddown Eligibility

A woman eligible for MA under the pregnant woman basis must have income at or below 278% FPG.

If income exceeds 278% FPG, an otherwise eligible MA pregnant woman may qualify for MA with a spenddown. See Medical Assistance for Families with Children and Adults Medical Spenddown for more information.

Sponsor deeming does not apply when the sponsored noncitizen is pregnant or within the 60 day postpartum period. See Medical Assistance for Families with Children and Adults Sponsor Deeming for more information.

MA for Pregnant Noncitizens Not Otherwise Eligible for Medical Assistance

A woman eligible for MA under the pregnant woman basis must meet all other MA eligibility criteria, including citizenship and immigration requirements. A pregnant woman who is not lawfully present may be eligible for CHIP-Funded MA or Emergency Medical Assistance.

People applying for, or enrolled in, CHIP-funded MA for pregnant women or Emergency Medical Assistance are not required to provide a Social Security number or to verify their immigration status.

CHIP-Funded Pregnant Woman

Children's Health Insurance Program (CHIP) funded MA is available for pregnant women who are undocumented or are noncitizens not otherwise eligible for MA. Like MA for pregnant women, CHIP-funded MA is available from the month of conception through the postpartum period.

A pregnant woman may be eligible for CHIP-funded MA if she:

- Is undocumented or is a noncitizen ineligible for MA
- Has income at or below 278% FPG. There is no spenddown eligibility under CHIP-funded MA.
- Is not enrolled in other health care coverage. Access to or the availability of other health insurance, such as insurance through an employer, is not a barrier to CHIP-funded MA. An applicant or enrollee is ineligible for CHIP-funded MA only if she is enrolled in other health coverage.
- Meets all other MA eligibility criteria, including state residency

Emergency Medical Assistance (EMA)

A pregnant woman can be eligible for EMA coverage for labor and delivery costs or other medical emergencies if the woman is not lawfully present and is ineligible for CHIP-funded MA, either due to having other health care coverage or due to excess income. EMA is available with a spenddown.

State-Funded MA

A woman may be eligible for state-funded MA as a pregnant woman if she is ineligible for MA or CHIP-funded MA, but is receiving services at the Center for Victims of Torture.

Eligibility Begin Date

Application

For an applicant, MA eligibility as a pregnant woman begins the first day of the month of conception, but no earlier than three months prior to the month of application. It can begin no earlier than the first day of the month of application if the pregnant woman does not want or is not eligible for retroactive coverage.

A woman may apply under this basis during or after her pregnancy. An application for a pregnant woman must be processed within 15 days.

Even if a woman is not eligible for MA in the birth month, she may be eligible under this basis for the postpartum period only.

Change in Circumstances

Medical Assistance

For a woman enrolled in MA who reports a pregnancy, eligibility under the pregnant woman basis begins the first day of the month of conception.

MinnesotaCare

For a woman enrolled in MinnesotaCare who reports a pregnancy, which results in MA eligibility under the pregnant woman basis, MA eligibility begins no earlier than three months prior to the month she reported the pregnancy. It can begin no earlier than the first day of the month she reported the pregnancy if the pregnant woman does not want or is not eligible for retroactive coverage.

APTC

If a woman enrolled on APTC reports a pregnancy that results in her becoming eligible for the MA pregnant woman basis of eligibility, the woman may choose to move to MA or to continue receiving APTC. Eligibility for MA begins the first day of the month she reported the change, with up to three months MA eligibility prior to the month she reported the pregnancy.

Eligibility End Date

A pregnant woman is continuously eligible for the pregnant woman basis of eligibility until the end of the postpartum period, regardless of any income changes. The postpartum period:

- Begins the day the pregnancy ends. Pregnancy ends on the date of a birth, miscarriage, abortion, or stillbirth.
- Ends the last day of the month 60 days after the pregnancy ends, or the last day of the second month after the pregnancy ends, whichever is later.

Post-Eligibility

Renewal

A pregnant woman is exempt from renewal requirements through the end of the postpartum period.

Cost-Effective Health Insurance

Pregnant women with access to a cost-effective group health plan through their employer must enroll in that coverage as a condition of MA eligibility, with the exception of CHIP-funded pregnant women.

Medical Support

A pregnant woman, or a parent or relative caretaker who is pregnant, is not required to cooperate with medical support for any child during the pregnancy and postpartum period.

Change in Basis of Eligibility

A change in circumstances may affect an enrollee's basis of eligibility.

A woman who is pregnant and also eligible for MA using the blind or disabled basis of eligibility may choose to continue receiving MA services under that basis, or she may choose to move to the pregnant woman basis of eligibility for the duration of her pregnancy. However, if the woman is receiving services through a waiver program, she must continue to use the disabled basis of eligibility through pregnancy and the postpartum period to retain her waiver services. A pregnant woman who meets the disabled basis of eligibility may choose to be excluded from managed care enrollment.

If a woman enrolled in Medical Assistance for Women with Breast or Cervical Cancer (MA-BC) becomes pregnant, and is:

- Eligible as a pregnant woman without a spenddown, the woman's eligibility must be changed to the Pregnant Woman basis. At the end of her postpartum period, her eligibility should be redetermined for MA-BC.
- Eligible as a pregnant woman with a spenddown, the woman may choose to remain eligible under a MA-BC basis or move to the pregnant woman basis. If she chooses the pregnant woman basis, her eligibility for MA-BC must be redetermined at the end of the postpartum period.

Legal Citations

Centers for Medicare & Medicaid Services (CMS) State Health Officials letter re: Minimum Essential Coverage (Nov. 7, 2014), at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho-14-002.pdf>

Centers for Medicare & Medicaid Services (CMS) State Health Officials letter re: Medicaid and CHIP Coverage of "Lawfully Residing" Children and Pregnant Women (July 1, 2010), at www.cms.gov/smdl/downloads/SHO10006.pdf

Code of Federal Regulations, title 42, section 435.116

Code of Federal Regulations, title 42, section 435.117

Code of Federal Regulations, title 42, section 435.170

Code of Federal Regulations, title 42, section 435.956

Minnesota Statutes, section 256B.055, subdivision 6

Minnesota Statutes, section 256B.057, subdivision 1

Minnesota Statutes, section 256B.06, subdivision 4 & 5

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J. Section 2.2.4.2 MA FCA Renewals

Medical Assistance for Families with Children and Adults

2.2.4.2 Renewals

Enrollees in Medical Assistance for Families with Children and Adults (MA-FCA) must have eligibility renewed every 12 months. Renewing eligibility means redetermining eligibility.

The agency must make a redetermination of MA-FCA eligibility without requiring information from the enrollee, if able to do so based on reliable information contained in the enrollee's case file and other information accessed through electronic data sources.

Enrollees in MA for Families and Children with a Medical Spenddown must complete an annual renewal and a six-month income renewal. See MA for Families with Children and Adults Medical Spenddown for more information.

Annual Renewal Month

The annual renewal month is the month in which eligibility is redetermined for the next 12 months. The first annual renewal month after application is 12 months from the month of application and occurs annually thereafter as long as the enrollee remains eligible for MA.

Consent to Use Federal Tax Information

Applicants have the option when completing the application to allow the use of income data from the Internal Revenue Service to renew eligibility. Applicants choose one of six options for authorizing automatic eligibility redeterminations:

- Five years
- Four years
- Three years
- Two years
- One year
- Do not use information from my tax returns to renew my coverage

When authorized by the applicant, eligibility is redetermined using information in the case file that can be verified through electronic data sources.

Automatically Renewed MA-FCA Enrollees

Enrollees who have their eligibility automatically renewed receive a notice that includes a summary of the information used to renew their eligibility. If all of the information is correct, the enrollee does not need to do anything. If any of the information is inaccurate, the enrollee must report any corrections or changes.

Renewal Form for MA-FCA Enrollees

Enrollees whose eligibility is not automatically renewed will receive a renewal form. Enrollees must review, make any changes or updates, sign and return the renewal form to their servicing agency within 30 days from the issuance date on the renewal notice.

Late Renewals

A late renewal is a renewal for which either of the following is true:

- the renewal form is received before the last day of the fourth month following closure
- any additional information or verifications that were required are received before the last day of the fourth month following closure

Eligibility for enrollees who do not return the renewal form, or who return the form but do not provide all the information and verifications needed to renew eligibility, is closed. However, eligibility for enrollees who are closed for failing to renew may be redetermined without requiring a new application if the form is returned within four months of the date of closure. A late renewal is a new application. All application policies apply.

Legal Citations

Code of Federal Regulations, title 42, section 435.916

Minnesota Statutes, section 256B.056, subdivision 7a

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K. Section 2.3.3.2 MA ABD Assets

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

2.3.3.2 Assets

Assets are items of value that people own like bank accounts, stocks and bonds, cars, and real estate. The asset provisions contained in this subchapter apply to all people who are using a Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) basis of eligibility unless otherwise specified in this chapter.

Categories of Assets

Assets fall into two categories, excluded and countable.

- Excluded assets: Certain types and amounts of assets are excluded and do not count against a person's asset limit. Any assets that are not specifically excluded are countable.
- Countable assets: Countable assets are evaluated for availability and may count towards the person's asset limit.
 - Available assets: count against the asset limit
 - Unavailable assets: do not count against the asset limit

~~Income received in a given month is not an asset in that month. If retained beyond the month of receipt income becomes an asset~~

This subchapter provides policy about a person's assets under one of the bases of eligibility for MA-ABD.

MA-ABD Household Composition

MA-ABD Asset Limits

MA-ABD Asset Deeming

MA-ABD Excluded Assets

MA-ABD Countable Assets

MA-ABD Unknown Assets

MA-ABD Excess Assets

MA-ABD Asset Evaluation

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L. Section 2.3.3.2.7.1 MA ABD Liquid Assets

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

2.3.3.2.7.1 Liquid Assets

Liquid assets include cash or any other types of assets that can be converted to cash within 20 workdays. Workdays are any days other than Saturdays, Sundays, and federal holidays. This section discusses the types of liquid assets and clarifies whether they count towards the person's asset limit.

Evaluation of Liquid Assets

The total cash value of a liquid asset is counted towards the person's asset total unless the proof provided indicates that the asset is any of the following:

- An Excluded Asset
- An Unavailable Asset
- A Jointly Owned Asset

Income received in a given month is not an asset in that month. If retained beyond the month of receipt, income becomes a liquid asset.

Assumption of Liquidity

Absent evidence to the contrary, assume the following types of resources are liquid:

- Bonds
- Certificates of Deposit (CDs)
- Checking accounts
- Guardianship accounts
 - The total value of the guardianship account the person owns or the person or someone acting on behalf of the person has a legal right to use for the person's support and maintenance is counted.
- Money market account
- Mortgages (Applicant or enrollee is the lender)
- Mutual fund shares
- Promissory notes (Applicant or enrollee is the lender)

- Savings accounts
- Social Welfare fund
- Stocks
- Time deposits
- Treasury Bills
- United States Savings Bonds
- Virtual currency
- Foreign currency

Assumption of Non-Liquidity

Absent evidence to the contrary, the following types of assets are assumed not to be liquid:

- Automobiles, trucks, tractors and other vehicles
- Buildings, land and other real property rights
- Household goods and personal effects
- Machinery and livestock
- Non-cash business property

Legal Citations

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

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M. Section 2.3.3.2.7.9.4 MA ABD Special Needs Trusts

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

2.3.3.2.7.9.4 Special Needs Trusts

A Special Needs Trust is a trust established for the sole benefit of a person under age 65 who is certified disabled. The property held within a trust that meets all the requirements of a Special Needs Trust is an excluded asset.

Trust Requirements

A trust must satisfy all of the following statutory requirements in order to be excluded as a Special Needs Trust. If a trust does not meet all of the requirements, the trust is not an excluded asset.

Date Established

It is established on or after August 11, 1993.

Beneficiary Age Limit for Establishing a Special Needs Trust

The trust is established before the beneficiary turns age 65. A special needs trust established before the beneficiary reaches age 65 remains an excluded asset after the beneficiary reaches age 65.

Established By

Special needs trusts established before December 13, 2016, must be established by the beneficiary's parents, grandparents, legal guardian, or a court. Special needs trust established before December 13, 2016, cannot be established by the beneficiary.

Special needs trust established on or after December 13, 2016, include trusts established by the beneficiary on their own behalf.

Funded By

It is funded with the income or assets of the beneficiary. A special needs trust may also contain assets of other people.

Disability Standard

The beneficiary must meet the disability criteria of the Supplemental Security Income (SSI) program at the time the trust is established. A person with a disability established by the Social Security Administration (SSA) or State Medical Review Team (SMRT) meets this qualification.

The trust does not meet the criteria for the exclusion if the beneficiary's disability began after the trust was established.

If SSA or SMRT did not determine the beneficiary's disability at the time the trust was established, SMRT must determine whether the beneficiary was disabled according to SSI disability criteria at the time the trust was established.

Sole Benefit Requirement

The trust must be established for the sole benefit of the beneficiary. The trust provisions must state that disbursements from the trust must be for the sole benefit of the beneficiary at the time the trust is established and any time in the future.

Trusts that allow for payments to a spouse or dependents during the lifetime of the beneficiary do not meet this requirement even if the beneficiary does not currently have a spouse or dependent.

DHS Remainder Beneficiary

The trust must contain a provision stating that, upon the death of the beneficiary, Minnesota Department of Human Services (DHS), or "the State" receives all amounts remaining in the trust, up to an amount equal to the total amount of Medical Assistance (MA) paid on behalf of the beneficiary.

- Trust provisions allowing payment of administrative expenses and fees are acceptable if the trust also contains a provision that the expenses and fees must be reasonable.
- Trust provisions are also acceptable if the trust clearly states reasonable and necessary administrative expenses may be paid only if DHS is provided with advance notice and approves such expenses.

Trusts that include provisions that allow for payment of the following expenses prior to repayment to the State do not qualify as a Special Needs Trust:

- Payment for last illness and funeral, outstanding debts or other payments
- Payment of administrative expenses or attorney and trustee fees if the trust does not require such payment(s) to be reasonable

Evaluation of Trust Assets

Trust Corpus

Trust assets, including any income generated by the trust assets that is retained by the trust, are considered excluded assets as long as the trust is established, or any additions occur, before the beneficiary reaches age 65.

~~A special needs trust cannot be added to after the beneficiary reaches age 65.~~ Additions to the trust after the beneficiary reaches age 65 are not considered excluded assets. The value of any non-excluded assets added to the trust after the beneficiary reaches age 65 are considered available to the beneficiary.

Distributions

Disbursements of cash from the trust made directly to the beneficiary or to a person acting on the beneficiary's behalf, are counted as unearned income in the month received.

Payments made by the trustee to a third party that result in the beneficiary receiving non-cash items, are not counted.

Special Needs Trust Verifications

Verification of a Special Needs Trust is required. A copy of the trust instrument and most recent trust accounting along with a completed Special Needs/Pooled Trust Referral Form ([DHS-4759](#)) must be sent to the DHS Special Recovery Unit (SRU).

Annual Reporting by Trustees

The trustee of a Special Needs Trust with a beneficiary who is an applicant or recipient for MA is required by state law to submit an annual trust accounting directly to the SRU. The person is not required to provide this information as part of the renewal process.

If the person or the person's authorized representative or trustee provides this information to the county, the information must be forwarded to the SRU.

Legal Citations

Minnesota Statutes, section 256B.056, subdivision 3b

Minnesota Statutes, section 501C.1205, subdivisions 3 and 4

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

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N. Section 2.4.1.3.2 MA LTC Transfer Penalty

Medical Assistance for Long-Term Care Services

2.4.1.3.2 Transfer Penalty

The transfer penalty for uncompensated transfers is a period of ineligibility for Medical Assistance for Long-Term Care Services (MA-LTC). The transfer penalty only applies to people who meet all of the other criteria to receive MA-LTC. See MA-LTC Eligibility Requirements for more information regarding MA-LTC eligibility. Therefore, the transfer penalty cannot start until a person would be otherwise eligible for MA-LTC. This section discusses how the transfer penalty is calculated.

Uncompensated Transfer Amount

The calculation for the transferred penalty starts by determining the uncompensated transfer amount.

The amount of the uncompensated transfer varies for certain assets. See Other Asset Transfer Considerations for transfers involving the following assets:

- An annuity
- A life estate
- A trust

The uncompensated amount of all other transfers is the amount of income transferred or the fair market value (FMV) of the asset transferred, less any encumbrances and compensation received, on the transfer date.

Determining the Transfer Penalty

The transfer penalty begin date depends on several factors, including:

- When the transfer took place
- When the transfer was reported or discovered
- When the person first applied for or requested MA-LTC
- When the person was otherwise eligible
- Whether the person was receiving LTC services at the time the transfer was reported or discovered

The transfer penalty is applied differently for applicants and enrollees.

Applicants Requesting MA-LTC

For applicants, the transfer penalty may be imposed for transfers made during the lookback period. The transfer penalty is calculated by adding together all uncompensated transfers and dividing that amount by the MA Statewide Average Payment for a Skilled Nursing Facility (SAPSNF) in effect in the month the applicant was found to be otherwise eligible for MA-LTC. The penalty period is the full number of months plus any partial months resulting from this calculation.

- The partial month is an amount that the MA-LTC payment is reduced in that month.
- If the transfer penalty amount is less than a full month of eligibility for MA-LTC, the MA-LTC payments are reduced by the transfer penalty amount.

If the person is eligible for MA during the transfer penalty period, MA will pay for non-LTC services.

The transfer penalty period begins with the first month for which the person is requesting and is otherwise eligible for MA-LTC. Once the transfer penalty has started it runs uninterrupted until it expires, even if the person is no longer in a long term care facility (LTCF) or receiving MA or MA LTC services.

Enrollees Receiving MA-LTC

For enrollees, a transfer penalty may be imposed for transfers made during the lookback period but not previously reported and transfers made while the person was enrolled in MA-LTC. The transfer penalty is calculated by adding together all uncompensated transfers and dividing by the SAPSNF in effect at the time of the last renewal. The penalty period is the full number of months plus any partial months resulting from this calculation.

- The partial month is an amount that the MA-LTC payment is reduced in that month.
- If the transfer penalty amount is less than a full month of eligibility for MA-LTC, the MA-LTC payments is reduced by the transfer penalty amount.

If the person remains eligible for MA during the transfer penalty period, MA will pay for non-LTC services.

The transfer penalty period begins with the first month following the month in which a 10-day notice is provided. In order to impose the full transfer penalty, the agency must send the 10-day notice no later than three calendar months after the uncompensated transfer is reported or otherwise discovered. If the agency does not send the 10-day notice within those three calendar months, only the remaining months of the transfer penalty following the month the 10-day notice is sent can be imposed. Once the transfer penalty has started it runs uninterrupted until it expires, even if the person is no longer in a LTCF or receiving MA or MA LTC services.

Imposing a Transfer Penalty for People who are Married

The policy below describes how a transfer penalty is applied when one or both spouses of a married couple receive MA-LTC.

The transfer penalty is applied as follows if only one spouse is requesting MA-LTC:

- If both spouses are receiving LTC services but only one spouse is applying for or enrolled in MA-LTC, the entire transfer penalty is applied to the MA-LTC spouse regardless of which spouse transferred the asset.
- If one spouse is receiving MA-LTC, the entire transfer penalty is applied to the spouse who is receiving MA-LTC regardless of which spouse made the uncompensated transfer.

Transfer penalties are divided between spouses when they are both requesting MA-LTC and receiving LTC services.

- If one spouse is subject to an existing transfer penalty period at the time the other spouse requests MA-LTC, any remaining transfer penalty is divided evenly between the spouses.
- If the transfer penalty is not exhausted when one spouse's MA-LTC ends, the remaining balance is applied to the remaining spouse receiving MA-LTC until the penalty expires.

Eliminating a Transfer Penalty

A transfer penalty is imposed on the date the agency calculates a transfer penalty and sends the person a notice regarding the penalty period. Once the penalty is imposed, it runs continuously and without interruption until it expires. The transfer penalty cannot be reduced or shortened. The only way to eliminate a transfer penalty ~~it is by~~ if the person ~~received~~ receives a full return of the transferred assets. A transfer penalty is not eliminated if assets are partially returned.

Clarification of Full Return

A transfer penalty cannot end unless the transferor(s) receives a full return of the transferred assets. When the transferee is returning the same transferred asset, the value of the asset at the time of the return must be equal to or greater than the value of the asset at the time of the transfer in order to be considered a full return.

For non-cash transfers, the transferee has the option to substitute a cash payment in exchange for the return of the transferred asset. The amount of the cash payment must be equal to or greater than the uncompensated amount used to calculate the transfer penalty. If the value of the transferred asset has decreased or the transferee no longer has the transferred asset, the only way the transfer penalty can end is if the transferee provides a cash payment to the transferor. A transferee cannot substitute a non-cash asset in exchange for the transferred asset.

In order to return transferred assets, the transferee must make the returned asset or its cash equivalent available to the transferor. It is available if the transferor has both the legal authority and the actual ability to use the asset or to convert it to cash. A direct payment of the transferor's obligations by the transferee (such as payment of his or her nursing home bill) is not a return of transferred assets because the assets are never actually available to the transferor.

Verification Requirements

The transfer penalty cannot end due to full return of the asset(s) unless a person has verified that:

- The transferee returned all of the transferred assets or their cash equivalent to the transferor.
- The value of the returned asset at the time of the return is equal to or greater than the value of the asset at the time of the transfer.

Upon receipt of the verification, the transfer penalty ends the first of the month following the month of the full return.

Effect of Returned Assets on Eligibility for MA

Once returned, the assets are treated as if they had been available to the transferor from the date of the transfer. Asset eligibility is evaluated when the assets are returned to determine a person's ongoing eligibility for MA. If the return of assets results in excess countable assets, the enrollee should be provided the opportunity to reduce excess countable assets, and if the enrollee is unable to reduce the assets MA should be closed with timely notice. See MA for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) Excess Assets for more information.

If the asset would have put the person over the MA asset limit during that time, an overpayment occurred during the months the person was an MA enrollee.

Eligibility for MA-LTC

A person is not automatically eligible for MA-LTC upon the end of a transfer penalty. Ending the transfer penalty only eliminates a barrier for MA-LTC identified in a previous request. When a transfer penalty ends, a determination must be made to ensure the person currently meets all eligibility requirements for MA-LTC.

- People not enrolled in MA when the transfer penalty ends must reapply for MA if it is outside the application processing period associated with the last completed application
- People enrolled in MA when the transfer penalty ends must submit a Minnesota Health Care Programs (MHCP) Request for Payment of Long-Term Care Services ([DHS-3543](#)) if they had a gap of one calendar month or more between the date the transfer penalty was imposed and the date of the request for MA-LTC.

Legal Citations

Minnesota Statutes, section 256B.0595

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

Social Security Act §1917(c)

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O. Section 2.4.1.4.2 MA LTC Naming DHS a Preferred Remainder Beneficiary

Medical Assistance for Long-Term Care Services

2.4.1.4.2 Naming DHS a Preferred Remainder Beneficiary

~~When~~ After a person is determined eligible for ~~requests~~ MA for Long-Term Care Services (MA-LTC), the person and his or her spouse must name Minnesota Department of Human Services (DHS) as a preferred remainder beneficiary of their annuity, if the annuity meets certain requirements, prior to approval of MA-LTC.

The policies described in this section do not apply to employment-based pension plans held in the form of an annuity. See MA for People Who Are Age 65 or Older and People Who are Blind or Have a Disability (MA-ABD) Retirement Accounts and Retirement Plans.

Preferred Remainder Beneficiary

The preferred remainder beneficiary is the person or entity required to be named as a beneficiary of a death benefit under an annuity. A preferred remainder beneficiary has preferential rights to the death benefit. As the preferred remainder beneficiary, DHS may receive up to the total amount of MA paid on behalf of the person and their spouse when a death benefit becomes payable under the terms of the annuity contract.

DHS is a secondary beneficiary if the person's spouse, child under 18, or a child of any age who is certified disabled (based upon the criteria of the Supplemental Security Income (SSI) program) is named a beneficiary under the annuity and is alive at the time the death benefit is payable.

A Person Must Name DHS a Preferred Remainder Beneficiary

People who request or renew eligibility for MA-LTC and their spouses are required to designate DHS as a preferred remainder beneficiary for each annuity that meets all of the following criteria:

- they have an ownership interest in the annuity;
- at least one annuity transaction occurred within the lookback period; and
- the annuity provides for a death benefit and allows someone other than a surviving spouse to be named a beneficiary.

Verification from the annuity issuer is required if a person or their spouse claims it is not possible for DHS to be named a preferred remainder beneficiary.

Failure to Name DHS the Preferred Remainder Beneficiary

If a person or their spouse fails to name DHS the preferred remainder beneficiary, and they are otherwise eligible for MA-LTC, the appropriate value of the annuity must be determined to calculate a period of ineligibility based upon the phase of the annuity as follows:

- The value of the annuity is the current cash value (cash surrender value) of the annuity if the annuity is in the accumulation phase.
- The value of the annuity is the total amount of money annuitized if the annuity is in the annuitization phase.

The period of ineligibility is calculated by dividing the value of the annuity by the MA Statewide Average Payment for a Skilled Nursing Facility (SAPSNF) in effect in the month the applicant was found to be otherwise eligible for MA-LTC. The period of ineligibility is the full number of months plus any partial months resulting from this calculation.

- The partial month is an amount that the MA-LTC payment is reduced in that month.
- If the period of ineligibility is less than a full month of eligibility for MA-LTC, the MA-LTC payments is reduced by the remaining amount.

The period of ineligibility begins with the first month for which the person is requesting and meets all of the other criteria to receive MA-LTC. The Notice of Action for Payment of Long-Term Care Services ([DHS-4915](#)) is a required notice when a person fails to name DHS a preferred remainder beneficiary. This is the official notification of denial or ending of MA-LTC.

If the person is eligible for MA during the period of ineligibility, MA will pay for non-LTC services.

Cooperation after a Period of Ineligibility is Imposed

When a person cooperates after a period of ineligibility for MA-LTC due to failure to name DHS a preferred remainder beneficiary, eligibility for MA-LTC begins no earlier than the first day of the month in which the person:

- cooperates and names DHS a preferred remainder beneficiary, and
- meets all other eligibility requirements.

A person is not automatically eligible for MA-LTC upon the end of a period of ineligibility. Ending the period of ineligibility only eliminates a barrier for MA-LTC identified in a previous request. When a period of ineligibility ends, a determination must be made to ensure the person currently meets all eligibility requirements for MA-LTC.

- People not enrolled in MA when the period of ineligibility ends must reapply for MA if it is outside the application-processing period associated with the last completed application.
- People enrolled in MA when the period of ineligibility ends must submit a MHCP Request for Payment of Long-Term Care Services ([DHS-3543](#)) if they had a gap of one calendar month or

more between the date the period of ineligibility was imposed and the date of the request for MA-LTC.

Requirements for Annuity Issuers

Annuity issuers are required to communicate certain information to county, tribal, and state agencies about annuities that designate DHS as a preferred remainder beneficiary. Annuity issuers who receive a signed and dated "Issuer of Annuity Notice of Obligation" ([DHS-5037](#)) are required to:

- Confirm that DHS has been named a preferred remainder beneficiary.
- Notify the county agency of changes made to the amount of income or principal being withdrawn from the annuity and to the beneficiary designation by the annuity owner.
- Inform DHS when the death benefit becomes payable and request the amount of MA subject to recovery by DHS.
- If applicable, describe a valid reason why it is not possible to name DHS a preferred remainder beneficiary.

Non-cooperation by the issuer to name DHS a preferred remainder beneficiary of the annuity is not a valid reason for DHS not to be named a preferred remainder beneficiary.

Forms Required to Name DHS a Preferred Remainder Beneficiary

~~A person must complete the following forms upon~~ Upon request of the county, tribal, or state agency a person must complete the Annuity Designation for MA LTC Applicants (DHS-5036). This form is used when the person requesting MA LTC, or their spouse, owns the annuity.

- ~~Annuity Beneficiary Designation Form. Annuity Owner Seeking Payment of Long Term Care Services (DHS-5036). This form is used when the person requesting MA LTC owns the annuity individually or jointly with their spouse or someone else.~~
- ~~Annuity Beneficiary Designation Form Annuity Owner is the Spouse of Person Seeking Payment of Long Term Care Services (DHS-5036A). This form is used when the spouse of the person requesting MA LTC is the owner of the annuity, or is the co-owner of the annuity with someone other than the person requesting MA LTC~~

The county, tribal, or state agency will send an Issuer of Annuity Notice of Obligation ([DHS-5037](#)) to the annuity issuer along with the signed [DHS-5036](#), or ~~DHS-5036A~~ The [DHS-5037](#) provides the annuity issuer instructions regarding:

- Naming DHS as a preferred remainder beneficiary
- Completing the Confirmation/Status of Request portion of the form and returning it to the county agency within 30 days
- The annuity issuer's ongoing obligation to communicate with the county and state agency under federal and state laws when DHS is named a preferred remainder beneficiary.

Change in Annuity Income or Preferred Remainder Beneficiary

Any information that indicates a change since the last request for MA-LTC in either the amount of income or principal the person or their spouse is withdrawing from the annuity, or that DHS is no longer named as a preferred remainder beneficiary, must be evaluated to determine if:

- An uncompensated transfer has occurred
- A penalty period applies
- A change in the amount of available income from the annuity has occurred

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P. Section 2.5.6.1 MA NorthStar Adoption Assistance

2.5.6.1 Medical Assistance Northstar Adoption Assistance

Children who receive Northstar Adoption Assistance are automatically eligible for Medical Assistance (MA) without a health care application. This includes children who are receiving Title IV-E or non-IV-E Adoption Assistance and children eligible for MA in Minnesota under the Interstate Compact on Adoption and Medical Assistance (ICAMA). ~~See the MHCP Interstate Residency Agreements Policy for more information.~~

~~Children enrolled in Northstar Adoption Assistance are automatically eligible for Medical Assistance (MA) without a healthcare application.~~

Children who receive Title IV-E adoption assistance are automatically eligible for MA when they move to Minnesota.

For a child who receives non-Title IV-E adoption assistance to automatically receive MA under ICAMA the adoption assistance agreement from the other state must include healthcare coverage. Not all states provide automatic MA for non-Title IV-E adoption assistance children, even if the state is a part of ICAMA Those states which extend MA coverage to interstate agreements, through reciprocity under the Consolidated Omnibus Reconciliation Act of 1985 (COBRA) also known as COBRA-Reciprocity, will provide MA to non-Title IV-E adoption assistance children who move there from another state. See the COBRA & COBRA-Reciprocity chart on the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA) website for a state by state listing. See the MHCP Interstate Residency Agreements policy for more information.

This subchapter includes policies that apply to MA for children receiving Northstar Adoption Assistance and links to policies that apply to all MA programs and all Minnesota Health Care Programs (MHCP) programs.

MA Northstar Adoption Assistance (MA-NAA) General Requirements

- MA-NAA Mandatory Verifications

- MA Benefit Recovery

- MA Third Party Liability

- MA Cost Effective Insurance

- MA Other Third Party Liability

- MHCP Change in Circumstances

- MHCP Fraud

- MHCP Inconsistent Information

MA Referral for Other Benefits

MHCP Rights

MA-NAA Non-Financial Eligibility

MA-NAA Basis of Eligibility

MA Citizenship and Immigration Status

MA County Residency

MHCP State Residency for Adoption Assistance and Foster Care

MA-NAA Financial Eligibility

MA-NAA has no financial eligibility requirements.

MA-NAA Post Eligibility

MA Benefit Recovery

MHCP Change in Circumstances

MHCP Fraud

MA-NAA Health Care Delivery

MHCP Inconsistent Information

MA Northstar Title IV-E and Medicare

MA Referral for Other Benefits

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Q. Section 2.5.6.3 MA Northstar Non-Title IV-E Foster Care and Non-Title IV-E Kinship Assistance

2.5.6.3 Medical Assistance Northstar Non-Title IV-E Foster Care and Non-Title IV-E Kinship Assistance

Medical Assistance (MA) eligibility is determined using a variety of non-financial, financial and post-eligibility requirements. Children who receive Non-Title IV-E Foster Care or Non-Title IV-E Kinship Assistance are not automatically eligible for MA. They must qualify for MA by meeting the requirements of their basis of eligibility. Most of these children are eligible for MA for Families with Children and Adults (MA-FCA). Children with a disability or blindness who need additional services may be eligible for MA for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD).

The following policies are specific to children who receive Non-Title IV-E Foster Care or Non-Title IV-E Kinship Assistance:

- Parental income deeming rules do not apply beginning with the month of placement.
- A medical support referral is not required.
- Excluded time rules determine the county of financial responsibility only for Foster Care Assistance. The county of financial responsibility for children receiving Kinship Assistance follows the standard rules. See MA County Residency for more information.
- People who are applying on behalf of these children should apply at the county, tribal, or state agency using the Minnesota Health Care Programs Application for Certain Populations (DHS-3876). These children should not apply through MNsure.

The following policies apply:

MA for Families with Children and Adults (MA-FCA)

MA for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD)

State Residency for Adoption Assistance and Foster Care

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R. Section 3.2.1.1 Minnesotacare Citizenship

MinnesotaCare

3.2.1.1 Citizenship

In order to receive MinnesotaCare, applicants must be U.S. citizens, U.S. nationals or certain lawfully present noncitizens. See the MinnesotaCare Lawful Presence policy for more information.

U.S. Citizen

A U.S. citizen is someone who is born in the U.S. (including U.S. territories, except for American Samoa) or who was born outside the U.S. and who either:

- Was naturalized as a U.S. citizen
- Derived citizenship through the naturalization of his or her parent(s)
- Derived citizenship through adoption by U.S. citizen parents, provided certain conditions are met
- Acquired citizenship at birth because he or she was born to U.S. citizen parent(s)
- Became a U.S. citizen by operation of law

U.S. National

A U.S. national is someone who is a U.S. citizen or owes permanent allegiance to the U.S. With extremely limited exceptions, all noncitizen U.S. nationals are people born in American Samoa or people born abroad with one or more American Samoan parents under certain conditions.

Verification

Citizenship may be verified electronically at the time of application through a data match with the Federal Data Services Hub (FDSH) or the Social Security Administration (SSA). This is the preferred method of verifying citizenship for MHCP applicants and enrollees. The county, tribal, or state agency must attempt and exhaust all trusted electronic sources prior to requiring paper documentation from the enrollee. Only applicants and enrollees whose U.S. citizenship or U.S. national status cannot be verified electronically must provide proofs.

Eligibility must be approved for applicants who meet all other eligibility criteria and attest to meeting the citizenship eligibility requirements. A person approved for MinnesotaCare whose citizenship cannot be electronically verified has a reasonable opportunity to work with the agency to resolve clerical discrepancies preventing electronic verification or to provide proof. The county, tribal, or state servicing agency must help applicants and enrollees obtain required proofs. A notice must be sent to the enrollee to indicate they have 90 days, plus 5 days for mailing, from the date of the notice to

satisfy the request. ~~Coverage must end with 10 day advance notice if the person fails to cooperate with the verification process.~~

The 95-day reasonable opportunity period can be extended for MinnesotaCare enrollees who demonstrate a good faith effort to get and provide the necessary proof of their citizenship. Enrollees who need more time to obtain documents must receive a notice that tells them the new due date. There is no limit to the number of times the reasonable opportunity period can be extended for a MinnesotaCare enrollee to obtain proof of citizenship. Eligibility and coverage must end with a 10-day advance notice if the enrollee fails to provide verification or assist in the verification process by the end of the reasonable opportunity period or any extension.

A person who reapplies for health care coverage, whose citizenship was not previously verified, must be given a new reasonable opportunity period to provide proof of citizenship.

Once citizenship is verified, county, tribal and state servicing agencies cannot request proof again, unless an agency possesses inconsistent information regarding a person's citizenship status.

Paper Proof of Citizenship

Applicants and enrollees who must provide proof because citizenship could not be electronically verified can submit a copy of one of the following to verify U.S. citizenship:

- U.S. passport, including a U.S. Passport Card issued by the Department of State, without regard to any expiration date as long as such passport or card was issued without limitation
- Certificate of Naturalization
- Certificate of Citizenship
- Valid Minnesota Enhanced Driver's License or Enhanced Identification Card
- Documentary evidence issued by a federally recognized Native American Tribe which identifies the tribe that issued the document, identifies the individual by name, and confirms the individual's membership, enrollment or affiliation with the tribe. These documents include a tribal enrollment card, a Certificate for Degree of Indian Blood; a Tribal census document; or documents on tribal letterhead, issued under the appropriate tribal official.

Applicants and enrollees can also verify citizenship by submitting a copy of one document from each of the following two lists:

- List 1
 - U.S. public birth certificate or other birth document
 - The birth record document may be issued by a State, Commonwealth, Territory, or local jurisdiction.
 - For people born in Minnesota, birth records can only be obtained by sending the Minnesota Department of Health (MDH) the Minnesota Birth Record Application form. For people that were born in another state, birth records can be obtained directly from the state of birth.

- An electronic data match with a State vital statistics agency can substitute for a List 1 document. Electronic Verification of Vital Events (EVVE) is a web-based system that requests birth records for the purpose of verifying U.S. Citizenship for Minnesota and other participating states. Nineteen states are currently participating in the EVVE program.

Note that EVVE does not verify identity; therefore, an item from List 2 must still be provided with the EVVE.

- A Certificate of Report of Birth, issued to U.S. citizens born outside of the U.S.; or Report of Birth Abroad of a U.S. citizen
- Certification of Birth in the U.S.
- U.S. citizen ID card
- Northern Marianas Identification Card issued by the U.S. Department of Homeland Security
- American Indian card (I-872) from the U.S. Department of Homeland Security
- Final U.S. adoption papers that show the child's name and a U.S. place of birth, or if an adoption is not final, a Statement from a State-approved adoption agency that shows the child's name and U.S. place of birth
- Papers showing U.S. government employment before June 1, 1976
- U.S. Military Record of Service showing U.S. place of birth
- Documentation that a child meets the requirements of section 101 of the Child Citizenship Act of 2000
- Medical records showing a U.S. place of birth
- Life, health, or other insurance company record showing a U.S. place of birth
- Official religious record recorded in the U.S. showing that the birth occurred in the U.S.
- School records, including pre-school records, Head Start and daycare showing the child's name of U.S. place of birth
- Federal or state census record showing U.S. citizenship or U.S. place of birth

An affidavit can be used in lieu of a List 1 proof, if citizenship cannot be verified electronically and the person does not have any List 1 documents.

- List 2

The following are accepted as proof of identity, as long as the document has a photograph or other identifying information sufficient to establish identity, including (but not limited to) name, age, sex, race, height, weight, eye color, or address:

- State driver's license or state ID card
- School ID card
- U.S. military ID card or draft record
- Military Dependent's ID Card

- U.S. Coast Guard Merchant Mariner card
- For a person under age 19:
 - School records including report card
 - Clinic, doctor or hospital records
 - Two other documents containing consistent information that corroborates a person's identity
- Finding of identity from a federal or State government agency

An affidavit can be used in lieu of List 2 proof, if citizenship cannot be verified electronically and the person does not have any List 2 documents.

Legal Citations

Code of Federal Regulations, title 42, section 435.945

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 600.305

Code of Federal Regulations, title 42, section 600.345

Code of Federal Regulations, title 45, section 155.305

Code of Federal Regulations, title 45, section 155.315

Minnesota Statutes, section 256L.04, subdivision 10

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S. Section 3.2.1.2 Minnesotacare Lawful Presence

MinnesotaCare

3.2.1.2 Lawful Presence and DACA

To receive MinnesotaCare, applicants must be U.S. citizens, U.S. nationals or certain lawfully present noncitizens or Deferred Action for Childhood Arrivals (DACA) grantees. See the MinnesotaCare Citizenship policy for more information.

Lawfully Present Noncitizens

All [lawfully present noncitizens](#) may be eligible for MinnesotaCare.

People granted DACA status may be eligible for MinnesotaCare. DACA grantees are noncitizens who came to the United States as children and meet certain criteria set out by the US Department of Homeland Security (USDHS). Deferred action is a use of prosecutorial discretion by the USDHS to defer removal action against a person for a period of time. DACA grantees are eligible for work authorization and may receive deferred action for a period of two years, subject to renewal.

Undocumented noncitizens are not eligible for MinnesotaCare.

Verification

Lawful presence may be verified electronically at the time of application through a data match with the Federal Data Services Hub (FDSH). If unsuccessful, the county, tribal, or state agency must submit a request for verification through SAVE prior to requiring paper documentation from the enrollee. Applicants and enrollees whose lawful presence cannot be verified electronically must provide proofs, which must be validated using electronic sources such as SAVE. People who are DACA grantees must also provide proof that DACA has been approved if their status cannot be verified electronically. See [Immigration documentation types](#) at HealthCare.gov for information about immigration documentation.

Eligibility is approved for applicants who meet all other eligibility criteria and attest to meeting the noncitizen eligibility requirements. A person approved for MinnesotaCare whose lawful presence or DACA grantee status cannot be verified electronically has a reasonable opportunity to work with the agency to resolve clerical discrepancies preventing electronic verification or to provide proof. A notice is sent to the enrollee to indicate they have 90 days, plus 5 days for mailing, from the date of the notice to satisfy the request. ~~Coverage ends with a 10-day advance notice if the person fails to cooperate with the verification process.~~

The 95-day reasonable opportunity period can be extended for MinnesotaCare enrollee who demonstrate a good faith effort to get and provide proof of their lawful presence or DACA grantee status. Enrollees who need more time to obtain documents must receive a notice that tells them the new due date. There is no limit to the number of times the reasonable opportunity period can be extended for a MinnesotaCare enrollee to obtain proof of lawful presence or DACA grantee status.

Eligibility and coverage must end with a 10-day advance notice if the enrollee fails to provide proof or assist in the verification process by the end of the reasonable opportunity period or any extension.

A person who reapplies for healthcare coverage, whose lawful presence or DACA grantee status was not previously verified, must be given a new reasonable opportunity period to provide proof of these eligibility factors.

The county, tribal or state servicing agency must help applicants and enrollees obtain required proofs.

Legal Citations

Code of Federal Regulations, title 42, section 600.305

Code of Federal Regulations, title 42, section 600.5

Code of Federal Regulations, title 42, section 155.315

Minnesota Statutes, section 256L.04, subdivisions 1 and 10

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T. Section 3.2.4 Minnesotacare Social Security Number

MinnesotaCare

3.2.4 Social Security Number

The Department of Human Services (DHS) uses Social Security numbers (SSNs) to identify applicants and enrollees and to administer MinnesotaCare. DHS matches SSNs against records in electronic data sources to identify and verify household income and household size based on the most recent tax return filed by the household tax filer.

All people seeking MinnesotaCare must provide an SSN if they have one.

A person who is not applying for coverage cannot be required to provide an SSN.

Verification

Each applicant's SSN must be verified with the Social Security Administration (SSA). If an applicant cannot recall his or her SSN, the county, tribal or state servicing agency must assist the applicant in:

- Contacting the SSA to confirm the applicant's SSN if one has already been issued, or
- Resolving discrepancies in the case file that are preventing successful electronic verification.

Eligibility cannot be delayed for an otherwise eligible applicant pending the electronic verification of a SSN. A notice must be sent to the person to inform them that they have 95 days from the date of the notice to provide proof of their correct SSN or to resolve any clerical discrepancies preventing electronic verification ~~resolve an inconsistency~~.

The 95-day period can be extended if the MinnesotaCare enrollee is demonstrating a good faith effort to resolve the discrepancy preventing electronic verification. Enrollees who need more time to resolve the SSN discrepancy must receive a notice that tells them the new due date. There is no limit to the number of times the reasonable opportunity period can be extended for the MinnesotaCare enrollee to resolve the SSN discrepancy. MinnesotaCare eligibility and coverage must end with 10-day advance notice if the enrollee fails to resolve the SSN discrepancy by the end of the reasonable opportunity period or any extension.

A person who reapplies for health care coverage, whose SSN was not previously verified, must be given a new reasonable opportunity period to resolve the SSN discrepancy.

A newly issued or corrected SSN must be electronically verified with the SSA. Electronic verification is ultimately required to verify a person's SSN.

~~MinnesotaCare is ended with 10 day advance notice, if after the 95 day period the enrollee fails to cooperate with the SSN verification process.~~

Legal Citations

Code of Federal Regulations, title 45, section 155.305

Code of Federal Regulations, title 45, section 155.310

Code of Federal Regulations, title 45, section 155.315

Minnesota Statutes, section 256L.04

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U. Section 3.3.4 MinnesotaCare Income Verification

MinnesotaCare

3.3.4 Income Verification

MinnesotaCare requires verification of a person's attested Projected Annual Income (PAI). PAI must be verified through an available electronic data source or by paper proof, if electronic data sources are unsuccessful or unavailable.

The PAI is determined using the MinnesotaCare Income Methodology policy.

Household PAI includes the PAI of everyone in the household composition whose income counts. See the MinnesotaCare Household Composition policy for more information.

Eligibility is approved for applicants who meet all other eligibility criteria who attest to PAI within MinnesotaCare limit. The person or people whose MinnesotaCare eligibility depends on the verification are given a reasonable opportunity period of 90 days to provide appropriate proof of PAI. The 90 days begins on the date the notice is mailed informing the household of the requirement to verify. ~~The 90-day reasonable opportunity period can be extended if the household is making a good faith effort to attain the needed information. Eligibility must end with 10-day notice when PAI is not verified using electronic or paper verification as stated below.~~

The 90 day reasonable opportunity period can be extended for MinnesotaCare enrollees if the household is demonstrating a good faith effort to get and provide the necessary proof of their PAI. Enrollees who are given more time to obtain documents must receive a notice that tells them the new due date. There is no limit to the number of times the reasonable opportunity period can be extended for a MinnesotaCare enrollee to provide proof of PAI. Eligibility and coverage must end with the 10-day advance notice when PAI is not verified using electronic or paper verification as stated below by the end of the reasonable opportunity period or any extension.

A person who reapplies for healthcare coverage, whose PAI as not previously verified, must be given a new reasonable opportunity period to provide proof of PAI.

If someone appears to be newly eligible for MinnesotaCare after reporting a change in circumstances, verification of PAI must be provided prior to the approval of MinnesotaCare eligibility. See EPM 1.3.2.1 MHCP Change in Circumstance for full policy.

An individual who reports having no income is not required to provide verification or an explanation, unless electronic sources or other information the agency has indicate there is inconsistent information. See EPM 1.3.2.4 MHCP Inconsistent Information for full policy.

Electronic Verification

Electronic sources verify PAI when:

1. The attested household PAI is at or below the MinnesotaCare income limit and electronic sources indicate the household PAI is at or below the limit.
2. The attested household PAI is at or below the MinnesotaCare income limit and electronic sources indicates the household PAI is above the limit but is reasonably compatible.

Paper Verification

When self-attestation of PAI is below the MinnesotaCare income limit and electronic sources indicate the person's household PAI is above the limit, and the amounts are not reasonably compatible, the person must provide paper proof to verify PAI. Paper proof is also required when electronic sources are unavailable.

The person must provide a complete copy of their most recently filed federal tax return if they have filed a federal tax return in the last three years. This includes people who currently do not expect to file a tax return for the next tax year. A complete federal tax return includes all forms and schedules. If a person expects their PAI will be different from what their most recently filed tax return shows, the person must explain why and include proof. Examples of types of proofs for income and income tax adjustments are located in the Medical Assistance for Families With Children and Adults Income Verification policy.

The county, tribal or state servicing agency must review the federal tax return and proofs to confirm that the person has reported all sources of income listed on the tax return or has explained why an income source has ended.

Federal Tax Return Only

When the person submits a federal tax return as the only proof of PAI and:

- The modified adjusted gross income derived from the tax return is less than or equal to the PAI attested on the application or renewal, the attested PAI is verified.
- The modified adjusted gross income derived from the tax return is more than the PAI attested on the application or renewal, the new amount is the PAI used to determine health care eligibility.

Federal Tax Return and Other Paper Proof

When the person submits a federal tax return and other paper proof, the modified adjusted gross income derived from the tax return information and paper proof of any changes, the new amount is the PAI used to determine health care eligibility.

Other Paper Proof

When the person has not filed a federal tax return within the last three years, and modified adjusted gross income is derived from other paper proof, the new amount is the PAI used to determine health care eligibility.

Partial or No Other Paper Proof

A signed [Yearly Income Statement \(DHS-7117\)](#) can verify PAI for a person who is unable to provide other proof. The Yearly Income Statement can be used on its own, or it may be used in conjunction with other paper proof if the person is able to provide only partial proof of PAI. The person must provide a copy of their most recently filed federal tax return if they have filed a federal tax return in the last three years. The Yearly Income Statement must indicate the total amount of PAI, even if paper proof exists for some of the PAI amount. The Yearly Income Statement verifies PAI only if a person has no other proof.

A person can also submit a signed affidavit to the county, tribal or state servicing agency including any partial proof and a copy of their most recently filed federal tax return if they have filed a federal tax return in the last three years.

Legal Citations

Code of Federal Regulations, title 42, section 600.345

Minnesota Statutes, section 256L.05, subdivision 2

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V. Section 3.4.3 MinnesotaCare Renewals

MinnesotaCare

3.4.3 Renewals

MinnesotaCare requires an annual renewal of eligibility. Renewing eligibility means redetermining eligibility. The annual renewal month is January. The certification period is January 1 through December 31, regardless of when a person is determined eligible. If a person remains eligible after renewal, the new MinnesotaCare certification period is January 1 through December 31.

The agency must make a redetermination of MinnesotaCare eligibility without requiring additional information from the enrollee, if able to do so based on current information contained in the enrollee's case file and other information accessed through electronic data sources.

The MinnesotaCare renewal process differs based on whether eligibility can be automatically renewed from electronic information available to the Minnesota Department of Human Services (DHS) or whether a renewal form must be submitted.

Automatically Renewed

People who have their eligibility automatically renewed receive a notice that includes a summary of the information used to renew their eligibility. If all of the information is correct, the person does not need to do anything. If any of the information is inaccurate, the person must report any corrections or changes to their county, tribal or state servicing agency.

Need to Renew

People whose eligibility is not automatically renewed will receive a renewal form. They must review, make any changes or updates, sign and return the renewal form to their county, tribal or state servicing agency within 30 days from the issuance date on the renewal notice.

Consent to Use Federal Tax Information

Applicants have the option when completing the application to allow the use of income data from the Internal Revenue Service to renew eligibility. Applicants choose one of six options for authorizing automatic eligibility redeterminations:

- Five years
- Four years
- Three years
- Two years
- One year

- Do not use information from my tax returns to renew my coverage

When authorized by the applicant, eligibility is redetermined using information in the case file that can be verified through electronic data sources.

Late Renewals

If a person returns a completed renewal and any necessary proofs after the end of the certification period but within four months from the date eligibility ends, the county, tribal or state servicing agency must redetermine eligibility using the form as a new application. After the four-month reconsideration period, people must file a new application.

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Code of Federal Regulations, title 42, section 600.340

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W. Appendix A

Appendix A

Types of Assets

401(k) Plan

A retirement savings plan in which people contribute a portion of their earnings to a 401(k) account. Sometimes the person's employer may match these contributions.

403(b) Plan

A tax-deferred retirement plan available to employees of educational institutions and certain nonprofit organizations. This plan is also referred to as a tax-sheltered annuity.

457 Plan

A deferred-compensation program made available to employees of state and federal governments and agencies. A 457 plan is similar to a 401(k) plan.

Academic Achievement Incentive Scholarships

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Academic Competitiveness Grants

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Achieving a Better Life Experience (ABLE) Account

Tax-free savings account that allows people with disabilities to save and invest money without affecting their program eligibility.

Adoption assistance

An adoption assistance grant provided to adoptive parents. It is funded either federally through Title IV-E of the Social Security Act or by the state under Minnesota Statutes, section 259.67.

Agent Orange Settlement Fund payments

Payments made in connection with the case of *In re Agent Orange Product Liability Litigation*. Qualifying survivors of deceased veterans received a single lump sum payment. The settlement fund is now closed as all funds have been distributed.

Agricultural homestead

The property located on agricultural land that meets the definition of home and includes the dwelling, the garage, if any, and one acre of land immediately surrounding the dwelling. This applies to the home equity limit.

Alaska Native Claims Settlement Act (ANCSA) payments

Distributions received by Alaska natives and their descendants from Alaska Native Regional and Village Corporations (ANRVCs).

Annuities

A purchased contract in which one party (annuity issuer) agrees to pay the purchaser, or the person(s) the purchaser designates (the payee or payees), a return on money deposited with the annuity issuer (either in the form of a single lump sum or several payments deposited over several months or years) according to the terms of the annuity contract.

Asset conversion

A change from one type of asset to another.

Austrian Reparation payments (also called Austrian Social Insurance payments)

The nationwide class action lawsuit, *Bondy v. Sullivan*, involved Austrian social insurance payments which were passed, in whole or in part, on wage credits granted under Paragraph 500–506 of the Austrian General Social Insurance Act. (GSIA). These paragraphs grant credits to individuals who suffered a loss (i.e., were imprisoned, unemployed, or forced to flee Austria) during the period from March 1933 to May 1945 for political, religious, or ethnic reasons.

Blood product settlement payments

Payments made pursuant to the class settlement of *Susan Walker v. Bayer Corp., et al*, and to the release of any claims in that case that were entered into in lieu of class settlement.

Bureau of Indian Affairs (BIA) student financial aid

BIA funded student financial aid to eligible individuals.

Burial Assets

Funds paid or designated in advance for funeral expenses. Burial funds provide for preparation of the body, cremation, or burial services. The money is usually held in trust by a bank or other financial institution unless the agreement is funded by an insurance policy or annuity.

Cash Surrender Value (CSV)

The monetary or equity value that a life insurance policy or annuity acquires over time as the policy owner pays the premiums and dividend additions and interest are added to the policy. The CSV is the amount the life insurance policy or annuity owner would receive if the policy were cashed in. A loan against a life insurance policy reduces its CSV.

Certificate of Deposit (CDs)

A promissory note issued by a bank entitling the bearer to receive interest. A CD is a time deposit that restricts holders from withdrawing funds on demand. Although it is still possible to withdraw money, this action will often incur a penalty.

Client Funded Trusts

Trusts funded with the income or assets of the client and/or the client's spouse. The client and/or the client's spouse (grantor(s)) fund the trust by transferring liquid or non-liquid property to the trustee(s) of a trust for the benefit of the grantee(s) or others.

Clinical trial participation payments

Compensation for participation in a clinical trial that involves the research and testing of medical treatments for a rare disease or condition.

Clothing and Personal Needs Allowance Accumulation

Clothing and personal needs allowance of people in long-term care facilities retained between annual renewals.

Cobell v. Salazar Class Action Settlement (also known as Claims Resolution Act of 2010)

Fund reimbursing a large number of Individual Indian Money (IIM) account holders due to inadequate historical accounting of funds held in trust by the federal government.

College Assistance Migrant Program (CAMP)

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Commercial annuity

An annuity that is purchased and set up via an insurance company or financial institution licensed or regulated by the Minnesota Department of Commerce or a similar agency of another state.

Continuing Care Retirement Community (CCRC) Entrance Fee

The entrance fee charged to a person who enters into a written contract with the CCRC. The CCRC offers a range of continuing care services while allowing the person to remain in a familiar setting. A CCRC may also be referred to as a life care community.

Contract for deed

A contract for deed is a conditional sales contract for the purchase of real property. It is similar to a mortgage.

Corporation for National and Community Service (CNCS) payments

Established by the National and Community Service Trust Act of 1993 (NCSTA) by combining two formerly independent agencies: the Commission on National Service and ACTION. CNCS funds payments to volunteers in programs authorized under the Domestic Volunteer Services Act, including:

- AmeriCorps
- Urban Crime Prevention Program
- Special volunteer programs under Title I
- Demonstration programs under Title II
- Senior Corps
 - Retired Senior Volunteer Program (RSVP)
 - Foster Grandparent Program
 - Senior Companions

Coverdell Education Savings Account (ESA) (also referred to as a Section 530 Plan and formerly known as an Educational Individual Retirement Account)

An account established to pay the educational expenses (elementary, secondary, and postsecondary school) of an individual who is the designated beneficiary and is under age 18 or a person with special needs.

Crime victim payments

Payments made to compensate crime victims for losses resulting from the crime.

Deemed Individual Retirement Account (IRA)

An employer sponsored retirement plan that offers the features of an IRA. The plan maintains a separate account or annuity to receive voluntary employee contributions to facilitate employee retirement savings.

Deferred annuity

An annuity contract under which periodic payments will begin sometime in the future. A deferred annuity contract provides the purchaser with the opportunity to accumulate savings over an extended period before the contract enters its payout phase.

Disability insurance

A policy that pays a fixed amount of income to a person who becomes disabled under the terms of the policy. Disability insurance is intended as an income replacement and is not health insurance.

Disaster Assistance, federal declaration

Payments issued pursuant to a presidential declaration of disaster or emergency. These payments may be made by the federal government (including, but not limited to, grants from the Federal Emergency Management Agency (FEMA), states, local governments, and disaster relief organizations such as the Red Cross and Salvation Army).

Disaster Assistance, state declaration

Payments issued pursuant to a state declaration of disaster or emergency. These payments may be made by the state government (including, local governments, and disaster relief organizations such as the Red Cross and Salvation Army).

Employee Stock Ownership Plans (ESOPs)

A form of defined contribution plan in which the investments are primarily in employer stock.

Employer-sponsored Individual Retirement Account (IRA)

An IRA which an employer establishes for an employee. Examples of Employer Based IRAs include:

- Simplified Employee Pension (SEP) IRAs are available to employees and self-employed individuals
- Savings Incentive Match Plans for Employees (SIMPLE) IRAs are available to employees and self-employed individuals
- Deemed IRAs
- Payroll Deduction IRAs

Escrow

A deed, bond, money, or piece of property held in trust by a third party to be turned over to the grantee only on fulfillment of a condition.

Face Value (FV)

The amount that is contracted for at the time the life insurance policy is purchased – it is the amount to be paid out when the insured dies.

Federal Family Education Loan (FFEL)

A student financial aid created by Title IV of the Higher Education Act of 1965. FFEL includes four components:

- Stafford loans (formerly Guaranteed student loans)
- Unsubsidized Stafford loans
- Federal PLUS loans
- Federal Consolidation loans

Federal Supplemental Educational Opportunity Grant (FSEOG) Program

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Federal Work-Study (FWS) program

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Filipino Veterans Equity Compensation (FVEC) fund payments

Section 1002 of the American Recovery and Reinvestment Act of 2009 (ARRA) established the FVECF to issue one-time payments to eligible Filipino veterans who aided American troops during World War II.

Fixed annuity

A type of annuity in which benefits have guaranteed or fixed dollar amounts.

Flexible spending accounts/arrangement (FSA)

Employer-established benefit plan that allows employees to be reimbursed for out-of-pocket medical, dependent-care, or transportation expenses. These may be offered in conjunction with other employer-provided benefits. FSAs are usually funded through voluntary salary reduction agreements

with an employer. Both employees and employers may contribute to the FSA. Self-employed individuals are not eligible for FSAs.

Foster care payments

A payment made to the foster care provider for the purpose of meeting the needs of the individual in care. Payments include:

- Federally funded foster care IV-E payments
- State funded, non-IV-E, foster care payments
- Adult foster care payments
- Other payments for the care of foster children or adults who live in the household

Gear Up (Gaining Early Awareness and Readiness for Undergraduate Programs)

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Gifts to children with life threatening conditions

Payments made by tax-exempt organizations to or for the benefit of children under age 18 with life-threatening conditions. These gifts include gifts to the child's parents for the child's benefit and indirect benefits to other family members, such as payment to accompany the child on a trip. Such gifts can also include in-kind gifts, which is any food, shelter, or other item donated to the child or another individual on the child's behalf.

Guardianship account

An account established at a financial institution held by a guardian who acts on behalf of and administers the funds for the benefit of a minor under age 18 or a person who is incapacitated or otherwise unable to handle financial transactions.

Health Reimbursement Arrangement/Account (HRA)

An employer-established benefit plan where employees are reimbursed tax free for qualified medical expenses. These may be offered in conjunction with other employer-provided health benefits. Employees may not contribute and the contribution cannot be paid through a voluntary salary reduction agreement. Only employers may contribute to the HRA. Self-employed individuals are not eligible for HRAs.

Health Savings Account (HSA)

A tax-exempt trust or custodial account (an account managed for eligible employees by a custodian) that an individual sets up with a qualified HSA trustee to pay or reimburse certain medical expenses.

To qualify for an HSA an individual must have a high deductible health plan. An HSA trustee can be a bank, an insurance company, or anyone already approved by the IRS to be a trustee of Individual Retirement Arrangements (IRAs) or Archer MSAs. An employer may also contribute to an employee's HSA.

High School Equivalency Program (HEP)

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Higher Education Act of 1965 (HEA)

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Home equity

The market value of the home subtracted by any encumbrances on the home.

Homestead 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.

Household goods and personal effects

Items of personal property found in or near a home that are used on a regular basis; items needed by the household for maintenance, use and occupancy of the premises as a home. Also includes personal property ordinarily worn or carried by the person, and articles having sentimental value to the person.

I-35W Bridge Collapse payment

Payments made to survivors of the I-35W Bridge Collapse under the I-35W Emergency Hardship Relief Fund and The Catastrophic Survivor Compensation Fund.

Immediate annuity

An annuity contract under which the periodic payments will begin following the payment of the annuity premium, rather than being deferred.

Individual Development Accounts (IDA)

A special bank account established under the Family Assets for Independence in Minnesota (FAIM) program that helps a person save for education, purchase of a first home, or to start a business. Eligible people must have earned income and have low income and assets.

Individual Retirement Arrangement (IRA)

An umbrella term used to describe a personal savings plan that provides the owner tax advantages for setting aside money for retirement. IRAs can be in the form of a trust, an account, or an annuity.

Interest

Money earned from a bank account, loan, or other investment. Earned interest may be credited to the account or paid directly to the owner.

Interest income from Indian trust land or restricted lands

Income from interests in restricted land allotted to an individual who is of Indian descent from a federally recognized Indian tribe.

Irrevocable trust

A trust that cannot be modified or terminated after its creation by the grantor or the grantor's representative.

James Zadroga 9/11 Health and Compensation Act of 2010.

Payments made to a worker or volunteer, or if deceased, his or her heir, under the World Trade Center (WTC) Litigation Settlement or distributed by the WTC Captive Insurance Company. These payments are considered disaster assistance.

Japanese-American and Aleutian restitution payments

Reparation payments to certain United States citizens of Japanese ancestry and resident Japanese noncitizens and certain eligible Aleuts who were interned or relocated during World War II.

Jensen Settlement Agreement payment

A fund resulting from settlement the lawsuit Jensen et al v. Minnesota Department of Human Services, et al. in which residents of the former Minnesota Extended Treatment Options (METO) program alleged they were unlawfully and unconstitutionally secluded and restrained.

Keogh plan

A tax deferred pension plan available to self-employed individuals or unincorporated businesses for retirement purposes. A Keogh plan can be set up as either a defined-benefit or defined-contribution plan, although most plans are defined-contribution plans.

Legal instrument or device similar to a trust

Any instrument that exhibits the general characteristics of a trust, but is not called a trust. This can include, but is not limited to, escrow accounts, investment accounts, pension funds and other similar devices managed by an individual or entity with fiduciary obligations.

Leveraging Educational Assistance Partnership (LEAP) student financial aid (formerly State Student Incentive Grants (SSIG))

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Life annuity payments

Annuity payments that continue for the life of the annuitant.

Life estate

A life estate is a form of legal ownership that is usually created through a deed, will, or by operation of law. It is an interest in real property held only for the duration of a specified person's life, or some other condition specified in the life estate agreement. The person who is transferring ownership is referred to a life tenant or a life estate owner. The person who is receiving the property following the specified condition is referred to as a remainderman.

Life insurance

A type of policy that pays a beneficiary a designated sum upon the death of the insured person. There are two basic forms of life insurance policies: term and non-term.

Liquid assets

Cash or other types of assets that can be easily converted to cash, such as bank accounts, stocks, bonds, certificates of deposit, some retirement accounts and money market accounts.

Low Income Home Energy Assistance Program (LIHEAP) payments

Federal block grant for energy assistance payments to low income households. The LIHEAP in Minnesota is the Energy Assistance Program (EAP).

Lump sum income

One-time income that is not predictable. Periodic reoccurring income is not lump sum income. Examples of lump sum income include, but are not limited to:

- Winnings (lottery, gambling)
- Insurance settlements
- Worker's Compensation settlements
- Inheritances
- Retroactive Retirements, Survivors and Disability Insurance (RSDI); Supplemental Security Income (SSI); Veterans Administration (VA) and unemployment insurance benefits

Medicaid Qualifying Trust (MQT)

A trust or similar legal device established (other than by a will) by an individual (or spouse) under which the individual may be the beneficiary of all or part of the payments from the trust.

Medical Savings Account (MSA)

A tax-deferred savings account that can be offered by employers as part of a benefits package. Medical savings accounts are designed to help participants pay for medical and health care expenses by allowing them to save for those expenses in a tax-sheltered environment. This is an example of a Health Savings Account (HSA).

Minnesota Housing Finance Agency (MHFA) home improvement loan

Home improvement loans through the MHFA to help homeowners live in safe, accessible, and energy efficient homes.

Money market account

Type of savings account offered by banks and credit unions just like regular savings accounts. The difference is that they usually pay higher interest and have higher minimum balance requirements.

Mutual fund share

A mutual fund is an investment vehicle that is made up of a pool of funds collected from many investors for the purpose of investing in securities such as stocks, bonds, money market instruments and similar assets.

National Science and Mathematics Access to Retain Talent (SMART) Grants

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Nazi Persecution payment

Benefits provided by countries to victims of Nazi persecution. These include:

- Austrian Reparation payments
- German Reparation payments
- Netherlands WUV payments
- Other payments received as a result of being a victim of Nazi persecution

Netherlands Act (WUV) payments to victims of Japanese persecution

The Dutch government makes payments under the Netherlands' Act on Benefits for Victims of Persecution 1940-1945. Payments are for both Dutch and non-Dutch people who, during the Japanese occupation of the Netherlands East Indies (now the Republic of Indonesia) in World War II, were victims of persecution.

Netherlands Act (WUV) payments to victims of Nazi persecution

The Dutch government makes payments under the Netherlands' Act on Benefits for Victims of Persecution 1940-1945. Payments are for both Dutch and non-Dutch people who, during the German occupation of the Netherlands and Netherlands in World War II, were victims of persecution.

Non-homestead Real Property

Land and buildings or immovable objects attached permanently to the land but is not the person's principal place of residence.

Non-term life insurance policy

Often referred to as whole life or universal life policies, non-term life insurance policies have both face value (FV) and cash surrender value (CSV). These types of policies also generate dividends. Generally, the person can borrow against the cash surrender value or the policy can be cashed in for the CSV.

Non-Title IV of Higher Education Act and non-Bureau of Indian Affairs student financial aid

Such aid includes grants, scholarships, gifts and so on.

Operating assets

Assets used in a trade or business such as bank accounts, stocks, bonds, mutual funds, certificates of deposit, trusts or property agreements.

Payroll Deduction Individual Retirement Account (IRA)

A retirement savings plan in which an employer sets up a payroll deduction to fund an IRA program with a financial institution, such as a bank, mutual fund or insurance company.

Pell grants

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Pension payments

A fixed sum paid regularly to retired people or their dependents.

Perkins loan

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Personal property

Property that is not considered real property.

Plan to Achieve Self Support (PASS) financial aid

A plan approved by the county agency for MA or MSA recipients or approved by the Social Security Administration for SSI recipients that allows certain assets or income of the person to be excluded in determining benefits for some assistance programs.

Pooled trusts

A trust established for the sole benefit of a person of any age with a certified disability and that contains a separate account for two or more persons who also have a certified disability for the purpose of investment and management of funds in the accounts. It is administered by a non-profit organization.

Presidential Access scholarships

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Private annuity

An annuity that is set up by a person who is not an employee of an insurance company or financial institution.

Profit Sharing Plan

A plan that gives employees a share in the profits of the company. Each employee receives a percentage of those profits based on the company's earnings. Also known as a deferred profit-sharing plan (DPSP).

Promissory notes

A written, unconditional agreement whereby one party promises to pay a specified sum of money at a specified time (or on demand) to another party. It may be given in return of goods, money loaned, or services rendered.

Property agreements

A pledge or security of particular property for the payment of a debt or the performance of some other obligation within a specified period.

Public assistance appeal payments

Payments resulting from an appeal of public assistance benefits.

Qualified Tuition Program (QTP), also referred to as a Section 529 Plan

Allows individuals to prepay or contribute to an account established for paying a designated beneficiary's education expenses beyond high school at an eligible educational institution. QTPs can be established and maintained by states, agencies, instrumentalities of states, and eligible educational institutions. Individuals may contribute to a QTP regardless of the amount of their income.

Radiation Exposure Compensation Act payments

Payments made by the federal government to certain individuals (or their survivors) who were exposed to radiation from government nuclear testing and uranium mining.

Real property

Land, all buildings, structures, improvements, or other fixtures on it belonging or pertaining to the land, including mobile or manufactured homes attached to a permanent foundation on land owned by the client, all mines, minerals, fossils, and trees on or under it, and life estate and remainder interests.

Relocation Assistance payments, federal

Relocation assistance for displaced persons under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, the Housing and Redevelopment Act of 1965, or the Housing Act of 1965. This assistance is paid when the government requires an individual to move.

Relocation Assistance payments, state and local

Relocation assistance for displaced persons funded by state and local governments. This assistance is paid when the government requires an individual to move.

Representative payee misuse payments

Restitution payments of SSI, RSDI, and Special Veterans Benefits for the Elderly due to representative payee misuse.

Retirement plans

An arrangement to provide individuals and their spouses with income during retirement. Employers, insurance companies, the government or other institutions such as employer associations or trade unions may set up retirement plans.

Reverse mortgages

A special type of home equity loan for people age 62 or older. Reverse mortgages allow owners to convert some of the equity in their home to cash. The loan does not usually have to be repaid during the homeowner's lifetime.

Revocable trust

A trust in which the grantor(s) reserve the right to revoke, reclaim or take back the assets deposited in the trust.

Ricky Ray Hemophilia Relief Act payments

Settlements to people with blood-clotting disorders who may have contracted an HIV infection from a blood transfusion. The current and former spouses of these people as well as their children who also contracted HIV are also eligible for the settlement payment.

Robert C. Byrd Honors Scholarship Program (also known as Byrd Honors Scholarships)

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Roth 401(k) Plan

A retirement savings plan option for employers to offer their employees. A Roth 401(k) is a hybrid that combines features of a Roth Individual Retirement Account and a traditional 401(k).

Roth Individual Retirement Account (IRA)

An IRA allowing a person to set aside after-tax income up to a specified amount each year.

Savings Incentive Match Plans for Employees (SIMPLE) Individual Retirement Account (IRA)

An IRA-based retirement savings plan designed specifically to make it easier for small employers to establish a retirement plan for employees. A Simple IRA is a salary-reduction plan that allows employees to divert some compensation into retirement savings. Contributions to a Simple IRA are deposited into a separate account for each participating employee.

Section 529 Plan (also known as Qualified Tuition Program (QTP))

See Qualified Tuition Program.

Self-employment assets

Property used in a trade or business, including vehicles, tools, machinery, farm implements, unsold inventory, business checking accounts, non-homestead real property, rental property, etc.

Settlement agreement

A resolution between disputing parties in a lawsuit, reached either before or after court action begins.

Simplified Employee Pension (SEP) Individual Retirement Account (IRA)

A special type of IRA that can be established by a small-business employer or by self-employed people. Under a SEP IRA, each participant has his or her own Traditional IRA to which the employer contributes. The contributions are excluded from the employee's pay and are not taxable until distributed from the plan.

Social Welfare Fund

An account or trust account held by the county of financial responsibility for the purposes of providing maintenance and support to the person. The person's earned or unearned income may be deposited into this account and disbursed by the county, for the person's benefit.

Special Leveraging Educational Assistance Partnership (SLEAP) Program

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Special Needs Trusts

A trust established for the sole benefit of a person who is certified disabled.

Spousal Individual Retirement Account (IRA)

An IRA set up by an employed spouse to contribute for a non-working spouse or for a spouse who has little or no income.

State annuities for certain veterans

An annuity paid by a state, to a person, and/or a person's spouse, on the basis of the state's determination that the person is a veteran and is over age 65, is blind, or has a disability.

State Student Incentive Grant Program (also known as the Leveraging Educational Assistance Partnership (LEAP) program)

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Stocks

Shares of stock represent ownership in a business corporation.

Student financial aid

Loans, grants, scholarships, fellowships, internships, some training expenses, gifts and work study funds provided to a person enrolled in and attending an educational institution.

Supplemental Education Opportunity Grants (SEOG) Program

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Supplemental Needs Trusts

Trust established and funded by a third party to provide for the reasonable living expenses and other basic needs of a person with a disability when benefits from publicly funded benefit programs are not sufficient to provide adequately for those needs.

Supplemental Security Income (SSI) Dedicated Child Account

This account is set up by the representative payee of a child under age 18 with past due monthly benefits. The account continues to be excluded after the child has reached age 18.

Tax credits

An amount of money that can be offset against a tax liability.

Tax refund

A state or federal refund of the difference between the taxes paid and taxes owed.

Teacher Education Assistance for College and Higher Education (TEACH) grants

A student financial aid program created by Title IV of the Higher Education Act of 1965.

Term certain annuity

An annuity under which payments are scheduled to continue for a specified period, such as for 10 years. The payments will be paid out to the annuitant's beneficiaries or estate if the annuitant dies before the payment term ends.

Term life insurance

Insurance policies that have Face Value (FV) but do not have a Cash Surrender Value (CSV) or pay dividends. The insured can cancel the policy but there is no cash value to receive. The death benefit is only available upon the insured's death.

Third Party Trusts

A trust established and funded by a person (third party grantor) during his or her lifetime or through a will for the benefit of another person.

Thrift Savings Plans (TSPs)

A federal government sponsored retirement defined contribution plan for federal employees. Contributions are held in individual accounts rather than in a trust fund.

Time deposits

Another term for a savings account or certificate of deposit (CD) held in a financial institution.

Title IV of the Higher Education Act of 1965 (HEA) student financial aid

A federal law that authorizes programs that provide student financial aid. These programs include, but are not limited to:

- Pell grants
- Academic Competitiveness Grants
- National Science and Mathematics Access to Retain Talent (SMART) grants
- Federal Family Education Loan (FFEL) Program. FFEL includes four components:
 - Stafford Loans
 - Unsubsidized Stafford Loans
 - Federal PLUS Loans
 - Federal Consolidation Loans
- Perkins Loans
- Federal Supplemental Education Opportunity Grant (SEOG) Program
- Supplemental Education Opportunity Grants (SEOG) Program
- Work Study Program
- Teacher Education Assistance for College and Higher Education (TEACH) Grants
- Direct Loan Program. Direct Loans include four components:
 - Direct Subsidized Loans
 - Direct Unsubsidized Loans
 - Direct PLUS Loans
 - Direct Consolidation Loans
- Leveraging Educational Assistance Partnership (LEAP) Program
- Special Leveraging Educational Assistance Partnership (SLEAP) Program
- Robert C. Byrd Honors Scholarship Program (also known as Byrd Honors Scholarships)
- TRIO Program
- Academic Achievement Incentive Scholarships
- Gear Up
- High School Equivalency Program (HEP)
- College Assistance Migrant Program (CAMP)
- State Student Incentive Grant Program
- Presidential Access Scholarships

Tort settlement

Rights, obligations, and remedies applied by courts in civil proceedings to provide relief for persons who have suffered harm from the wrongful acts of others.

Trade or business asset

Property used in a trade or business, including vehicles, tools, machinery, farm implements, unsold inventory, business checking accounts, non-homestead real property, rental property, etc.

Traditional Individual Retirement Account (IRA)

An IRA that allows individuals to direct pretax income, up to specific annual limits, toward investments that can grow tax-deferred (no capital gains or dividend income is taxed).

Treasury bill

A short-term debt obligation backed by the U.S. government with a maturity of less than one year.

Tribal Land Settlements or Judgements

Funds held in trust by the Secretary of the Interior or distributed per capita pursuant to a plan prepared by the Secretary of the Interior. Including:

- Judgment funds distributed per capita under P.L. 99-377 to the Mississippi Band Chippewa Indians of White Earth, Leech Lake, and Mille Lacs reservations.
- Distributions of claims settlement funds under P.L. 99-264, P.L. 100-153, and P.L. 100-212 to members of the White Earth Band of Chippewa Indians from the White Earth Reservation Land Settlement Act of 1985 (WELSA).
- Per capita payments made under 25 USC § 1407 to members of the Bois Forte Band of Chippewa Indians pursuant to the agreement to restrict tribal rights to hunt and fish in ceded territories.
- Per capita payments made under P.L. 85-794 to members of the Red Lake Band of Chippewa Indians from the proceeds of the sale of timber and lumber on the Red Lake Reservation.
- Receipts derived from trust lands and distributed under P.L. 94-114 to the White Earth Band of Chippewa Indians regarding submarginal land held in trust by the United States.
- Judgment funds distributed under P.L. 98-123 § 3 to the Red Lake Band of Chippewa Indians.
- Per capita and dividend payment distributions of judgment funds made under P.L. 99-130 to members of the Prairie Island Sioux, Lower Sioux, and Shakopee Mdewakanton Sioux Communities of Minnesota.
- Funds distributed per capita under P.L. 99-146 to members of the Chippewa of Lake Superior and the Chippewa of the Mississippi.

TRIO Programs (TRIO)

Student financial aid programs created by Title IV of the Higher Education Act of 1965. TRIO includes eight programs targeted to serve and assist low-income individuals, first-generation college students, and people with disabilities:

- Educational Opportunity Centers
- Ronald E. McNair Post-baccalaureate Achievement
- Student Support Services
- Talent Search
- Training Program for Federal TRIO Programs Staff
- Upward Bound
- Upward Bound Math-Science
- Veterans Upward Bound

Trust

Any arrangement, in which a grantor transfers money or property to a trustee with the intention that it be held, managed or administered by the trustee for the benefit of certain designated persons.

Uniform Gift to Minors Act (UGMA)/Uniform Transfer to Minors Act (UTMA)

The Uniform Gift to Minors Act (UGMA) established a way for a minor to own securities without requiring the services of an attorney to prepare trust documents or the court appointment of a trustee. The terms of this trust are established by a state statute instead of a trust document. The Uniform Transfer to Minors Act (UTMA) is similar, but also allows minors to own other types of property, such as real estate, fine art, patents and royalties, and for the transfers to occur through inheritance.

United States savings bond

A bond issued by the government and sold to the general public.

Universal Life Insurance

Provides insurance over a specified period, and builds cash value for policy owners over time. There are several types of universal life policies, including variable universal and equity indexed universal life. All universal life policies include a cash account in addition to the standard death benefit.

Variable annuity

A type of annuity in which periodic payments vary according to income generated by assets in an underlying investment portfolio. Payment amounts may fluctuate because the annuity payments vary based upon the performance of the market.

Vehicles

May be any registered or unregistered conveyance used on air, land, or water, including, but not limited to cars, trucks, motorcycles, boats, snowmobiles, animal-drawn vehicles, and animals.

Veterans Benefits for educational assistance

The Department of Veterans Affairs (VA) provides educational assistance through different programs, including vocational rehabilitation.

Veterans' Children with Certain Birth Defects payments

Payments made to children of Vietnam or Korean veterans born with spina bifida, or payments made to the children of women Vietnam veterans if they have certain birth defects.

Vietnamese Commando Compensation Act Payments

Payments made to an individual who was captured and interned by the Democratic Republic of North Vietnam as a result of that person's participation in certain military operations (known as OPLAN 34A or its predecessor, or OPLAN 35).

Voluntary Employees' Beneficiary Association (VEBA) payments

Benefits paid to members of the mutual association or their beneficiaries.

Whole Life Insurance

A form of life insurance that applies part of the premium payments to build an investment or savings value for the policy owner. The investment or savings value is the cash surrender value (CSV) of the policy. A modified whole life policy charges smaller premiums for a specified length of time after which the premiums increase for the remainder of the policy.

Women, Infant and Children (WIC) vouchers

A federal program authorized by the Child Nutrition Act of 1966 to provide nutritious food and nutrition education to low-income pregnant and postpartum women and their children.

Workers' compensation settlement

An agreement between a worker injured on the job and an employer-paid insurance program providing benefits in the form of medical expenses and lost wages. If a worker dies due to an injury on the job, the worker's beneficiaries are eligible to receive benefits on the worker's behalf, known as death benefits.

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X. Appendix F

Appendix F

Standards and Guidelines

This appendix provides figures used to determine eligibility for a person, or in a specific calculation completed to determine eligibility.

Community Spouse Allowances

The Community Spouse Allowances are used when determining the long-term care (LTC) income calculation's community spouse allocation.

Basic Shelter Allowance

The Basic Shelter Allowance is used to determine if the community spouse has any excess shelter expenses.

Effective Dates	Basic Shelter Allowance
<u>July 1, 2019 to June 30, 2020</u>	<u>\$635</u>
July 1, 2018 to June 30, 2019	\$617
July 1, 2017 to June 30, 2018	\$609

Maximum Monthly Income Allowance

The Maximum Monthly Income Allowance, along with the Minimum Monthly Income Allowance, is used to determine the community spouse's monthly maintenance needs amount.

Effective Dates	Maximum Monthly Income Allowance
January 1, 2019 to December 31, 2019	\$3,160.50
January 1, 2018 to December 31, 2018	\$3,090

Minimum Monthly Income Allowance

The Minimum Monthly Income Allowance, along with the Maximum Monthly Income Allowance, is used to determine the community spouse's monthly maintenance needs amount.

Effective Dates	Minimum Monthly Income Allowance
<u>July 1, 2019 to June 30, 2020</u>	<u>\$ 2,115</u>
July 1, 2018 to June 30, 2019	\$2,058
July 1, 2017 to June 30, 2018	\$2,034

Utility Allowance

The Utility Allowance is allowed as a shelter expense if the community spouse is responsible for heating or cooling costs.

Effective Dates	Utility Allowance
October 1, 2018 to September 30, 2019	\$493
October 1, 2017 to September 30, 2018	\$556

The Electricity and Telephone Allowances are allowed as shelter expenses if the community spouse is not responsible for heating or cooling expenses, but is responsible for electricity or telephone expenses.

Effective Dates	Electricity Allowance
October 1, 2018 to September 30, 2019	\$126
October 1, 2017 to September 30, 2018	\$172

Effective Dates	Telephone Allowance
October 1, 2018 to September 30, 2019	\$47
October 1, 2017 to September 30, 2018	\$41

Federal Poverty Guidelines

The federal poverty guidelines (FPG) are used to determine income eligibility for the Minnesota Health Care Programs (MHCP).

Refer to Insurance and Affordability Programs (IAPs) Income and Asset Guidelines (DHS-3461A) for the current FPG.

Home Equity Limit

The Home Equity Limit is applied only in specific situations and at certain times.

Effective Dates	Home Equity Limit
January 1, 2019 to December 31, 2019	\$585,000
January 1, 2018 to December 31, 2018	\$572,000

IRS Mileage Rate

The IRS mileage rate is used in many calculations to determine eligibility or reimbursement costs.

Effective Dates	IRS Mileage Rate
January 1, 2019 to December 31, 2019	58 cents
January 1, 2018 to December 31, 2018	54.5 cents

Long-Term Needs Allowances

The LTC needs allowances provide figures for needs allowances used in the LTC income calculation and for determining the community spouse or family allocation amounts.

Clothing and Personal Needs Allowance

The Clothing and Personal Needs Allowance is used when the enrollee is not eligible for any of the other LTC needs allowances.

Effective Dates	Clothing and Personal Needs Allowance
January 1, 2019 to December 31, 2019	\$102
January 1, 2018 to December 31, 2018	\$99

Home Maintenance Allowance

The Home Maintenance Allowance can be deducted from a person's LTC income calculation if certain conditions are met.

Effective Dates	Home Maintenance Allowance
<u>July 1, 2019 to June 30, 2020</u>	<u>\$1,041</u>
July 1, 2018 to June 30, 2019	\$1,012
July 1, 2017 to June 30, 2018	\$1,005

Special Income Standard for Elderly Waiver Maintenance Needs Allowance

The Special Income Standard for Elderly Waiver (SIS-EW) maintenance needs allowance is used in the LTC income calculation for persons who have income at or below the Special Income Standard (SIS).

Effective Dates	Maintenance Needs Allowance
<u>July 1, 2019 to June 30, 2020</u>	<u>\$1,024</u>
July 1, 2018 to June 30, 2019	\$1,003
July 1, 2017 to June 30, 2018	\$900

Maximum Asset Allowance

The Maximum Asset Allowance is used for the community spouse asset allowance for an asset assessment.

Effective Dates	Minimum	Maximum
January 1, 2019 to December 31, 2019	No minimum	\$126,420
January 1, 2018 to December 31, 2018	No minimum	\$123,600

MinnesotaCare Premium Amounts

MinnesotaCare premiums are calculated using a sliding fee scale based on household size and annual income.

Refer to MinnesotaCare Premium Estimator Table (DHS-4139) for information about MinnesotaCare premiums. The table provides an estimate of the premium before receiving the actual bill. The premium calculated by the system and listed on the bill is the official calculation and the amount to be paid.

Pickle Disregard

The Pickle Disregard is a disregard of the Retirement, Survivors and Disability Insurance (RSDI) cost of living adjustment (COLA) amounts for Medical Assistance (MA) Method B and the Medicare Savings Programs (MSP).

Effective Date	Pickle Disregard
January 1, 2019 to December 31, 2019	1.028
January 1, 2018 to December 31, 2018	1.02

Remedial Care Expense

The Remedial Care Expense deduction amount can be used as a health care expense when meeting a spenddown or as an income deduction in an LTC income calculation.

Effective Dates	Remedial Care Expense
<u>July 1, 2019 to December 31, 2019</u>	<u>\$180</u>
January 1, 2019 to June 30, 2019	\$196
July 1, 2018 to December 31, 2018	\$193

Roomer and Boarder Standard Amount

The Roomer and Boarder Standard income is used in calculating the amount of self-employment income a person who rents or boards another person has to add to the MA Method A income calculation.

Roomer and Boarder Standard	Amount
Roomer Amount	\$71
Boarder Amount	\$155
Roomer plus Boarder Amount	\$226

Special Income Standard

The Special Income Standard (SIS) is used to determine certain criteria for the Elderly Waiver (EW) Program.

Effective Dates	SIS
January 1, 2019 to December 31, 2019	\$2,313
January 1, 2018 to December 31, 2018	\$2,250

Statewide Average Payment for Skilled Nursing Facility Care

The statewide average payment for skilled nursing facility (SAPSNF) care amount is used to determine a transfer penalty for MA. The SAPSNF is updated annually in July.

Effective Dates	SAPSNF
<u>July 1, 2019 to June 30, 2020</u>	<u>\$7,960</u>
July 1, 2018 to June 30, 2019	\$7,288
July 1, 2017 to June 30, 2018	\$7,106

Student Earned Income Exclusion

The Student Earned Income Exclusion is a disregard of earned income for people who are under age 22 and regularly attending school. It is only available for MA Method B and MSP.

Effective Date	Monthly	Annual
January 1, 2019 to December 31, 2019	\$1,870	\$7,550
January 1, 2018 to December 31, 2018	\$1,820	\$7,350

Supplemental Security Income Maximum Payment Amount

These figures are the maximum benefit amounts for people eligible for Supplemental Security Income (SSI). A person's SSI benefit amount is based on the income of the person and certain responsible household members.

SSI benefit payments may be deducted from the LTC income calculation if the person qualifies for the Special SSI Deduction.

Effective Date	Individual
January 1, 2019 to December 31, 2019	\$771
January 1, 2018 to December 31, 2018	\$750

Effective Date	Couple
January 1, 2019 to December 31, 2019	\$1,157
January 1, 2018 to December 31, 2018	\$1,125

Tax Filing Income Threshold For Children and Tax Dependents

The tax filing income threshold refers to the income level at which a person must file a federal income tax return. The thresholds for tax dependents determines whether a child's or tax dependents income is counted or excluded when calculating household income for MA-FCA and MinnesotaCare eligibility.

The income threshold for tax filing varies based on the tax dependents age and marital status and whether the person is blind. If a child or tax dependent has income at or below these thresholds, his or her income will not count toward the household income for MA-FCA and MinnesotaCare eligibility.

The income threshold applies to the taxable income that a child or tax dependent is expected to receive in the tax year. Nontaxable income, such as Supplemental Security Income (SSI) and veteran's benefits, is not included in determining whether a child's or tax dependent's income is at or below the income threshold. Any nontaxable portion of a child's Social Security dependent or survivor benefits is not included.

The income thresholds for children and tax dependents are:

Tax Filing Income Thresholds for Tax Dependents

Marital Status	Age over 65?	Blind?	Income Type	2018 Tax Year Threshold Amount	2019 Tax Year Threshold Amount
Single	No	No	Earned Income	\$6,350	\$12,000
Single	No	No	Unearned Income	\$1,050	\$1,050
Single	No	No	Gross Income	Larger of \$1,050 or Earned Income Reported up to \$6,000 + \$350	Larger of \$1,050 or Earned Income Reported up to \$11,650 + \$350
Single	Yes	No	Earned Income	\$7,900	\$13,600
Single	Yes	No	Unearned Income	\$2,600	\$2,650
Single	Yes	No	Gross Income	Larger of \$2,600 or Earned Income Reported up to \$6,000 + \$1,900	Larger of \$2,650 or Earned Income Reported up to \$11,650 + \$1,950
Single	No	Yes	Earned Income	\$7,900	\$13,600
Single	No	Yes	Unearned Income	\$2,600	\$2,650
Single	No	Yes	Gross Income	Larger of \$2,600 or Earned Income Reported up to \$6,000 + \$1,900	Larger of \$2,650 or Earned Income Reported up to \$11,650 + \$1,950
Single	Yes	Yes	Earned Income	\$9,450	\$15,200
Single	Yes	Yes	Unearned Income	\$4,150	\$4,250
Single	Yes	Yes	Gross Income	Larger of \$4,150 or Earned Income Reported up to \$6,000 + \$3,450	Larger of \$4,250 or Earned Income Reported up to \$11,650 + \$3,550

Married	No	No	Earned Income	\$6,350	\$12,000
Married	No	No	Unearned Income	\$1,050	\$1,050
Married	No	No	Gross Income	Larger of \$1,050 or Earned Income Reported up to \$6,000 + \$350	Larger of \$1,050 or Earned Income Reported up to \$11,650 + \$350
Married	Yes	No	Earned Income	\$7,600	\$13,300
Married	Yes	No	Unearned Income	\$2,300	\$2,350
Married	Yes	No	Gross Income	Larger of \$2,300 or Earned Income Reported up to \$6,000 + \$1,600	Larger of \$2,350 or Earned Income Reported up to \$11,650 + \$1,650
Married	No	Yes	Earned Income	\$7,600	\$13,300
Married	No	Yes	Unearned Income	\$2,300	\$2,350
Married	No	Yes	Gross Income	Larger of \$2,300 or Earned Income Reported up to \$6,000 + \$1,600	Larger of \$2,350 or Earned Income Reported up to \$11,650 + \$1,650
Married	Yes	Yes	Earned Income	\$8,850	\$14,600
Married	Yes	Yes	Unearned Income	\$3,550	\$3,650
Married	Yes	Yes	Gross Income	Larger of \$3,550 or Earned Income Reported up to \$6,000 + \$2,850	Larger of \$3,650 or Earned Income Reported up to \$11,650 + \$2,950

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