



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 #20.1

March 4, 2020

Manual Letter #20.1

This manual letter lists new and revised policy for the Minnesota Health Care Programs (MHCP) Eligibility Policy Manual (EPM) as of March 4, 2020. 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](#)

This manual letter is added to the EPM home page.

DHS Bulletin #20-21-01, DHS Announces a Change in Service Delivery for Medical Assistance Applicants and Enrollees Temporarily Absent from Minnesota, was published on February 7, 2020. The bulletin contains existing MHCP eligibility policy found in Section 1.4 MHCP State Residency. We do not intend to incorporate any new content from this bulletin into the EPM.

B. [Section 2.1.1.2.4 Medical Assistance \(MA\) Referral for Other Benefits](#)

In this section, we add criteria to clarify when an enrollee has met the requirement to apply for other programs or benefits for which they appear to be eligible.

C. [Section 2.2.1.2 Medical Assistance for Families with Children and Adults \(MA-FCA\) Mandatory Verifications](#)

The change to this section clarifies that verification of current income for MA-FCA includes all MAGI-based income, excluded income, and income adjustments. MAGI is the acronym for Modified Adjusted Gross Income, which is what current income for MA-FCA is based on. We also add a reference to Section 2.2.3.5, MA-FCA Income Verification.

We also remove a statement that indicated “self-attestation alone is not acceptable for eligibility requirements with mandatory verifications.”

D. [Section 2.3 Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability \(MA-ABD\)](#)

A reference and a hyperlink is added to the fact sheet, Minnesota Health Care Programs for People Who Have a Disability or Are Age 65 or Older (DHS-3546A).

E. Section 2.3.1.1 MA-ABD Mandatory Verifications

In this section, we clarify that assets that are counted for a person with an asset limit must be verified even if the asset belongs to a person who is not applying for MA or does not have an asset limit.

We also remove a statement that indicated “self-attestation alone is not acceptable for eligibility requirements with mandatory verifications.”

F. Section 2.3.2.1 MA-ABD Bases of Eligibility

We update the policy to explain when the blind or disability basis of eligibility can continue when an enrollee has appealed a decision they no longer meet Social Security Administration (SSA) or State Medical Review Team (SMRT) disability criteria.

G. Section 2.3.3.1 MA-ABD Household Composition and Family Size

The change to this section clarifies that a child cannot be a member of more than one household in the same month.

H. Section 2.3.3.2.3 MA-ABD Excluded Assets

The following changes are added to this section:

- Assets associated with a person’s Plan to Achieve Self Support (PASS) are excluded if they are not already excluded under another provision. Previously, only PASS student financial aid was noted to be an excluded asset.
- Funds in a Coverdell Educational Savings Account (ESA) are excluded for the designated beneficiary of the account. Previously, we had only provided information regarding distributions from a Coverdell ESA.

I. Section 2.3.3.2.7.1 MA-ABD Liquid Assets

The changes to this section include the following:

- Clarifies that applicants and enrollees may use stock listings to define the value of a stock asset
- Clarifies that applicants and enrollees may use the Comprehensive Savings Bond Value table on the Comprehensive Savings Bond Value table on the U.S. Bureau of Public Debt website, or consult a bank to define the value of a savings bond asset

J. Section 2.3.3.2.7.2 MA-ABD Retirement Funds and Retirement Plans

We add retirement plans that have been converted to an income stream that pays periodic payments to the list of retirement funds and retirement plans that do not count toward the MA-ABD asset limit. We also clarify how periodic payments from a retirement plan must be treated.

K. Section 3.1.1 MinnesotaCare Mandatory Verifications

The change to this section clarifies a person's projected annual income (PAI) is the MAGI a person expects to have for a calendar year. We also add a reference to Section 3.3.4 MinnesotaCare Income Verification.

We also remove a statement that indicated "self-attestation alone is not acceptable for eligibility requirements with mandatory verifications."

L. Section 3.1.2.2 MinnesotaCare Premiums and Cost Sharing

We add clarification that the MinnesotaCare premium is based on household income and household size.

M. Appendix F Standards and Guidelines

On January 14, 2020, we updated the maximum monthly income allowance to an amount of \$3,216, which is effective for the period of January 1, 2020, to December 31, 2020.

We are also updating the IRS mileage rate amount from 58 cents to 57.5 cents, which is effective beginning January 1, 2020.

N. Appendix H Lawfully Present Noncitizens

We update the list of lawfully present immigration statuses.

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 2.1.1.2.4 MA Referral for Other Benefits](#)
- C. [Section 2.2.1.2 MA-FCA Mandatory Verifications](#)
- D. [Section 2.3 MA-ABD](#)
- E. [Section 2.3.1.1 MA-ABD Mandatory Verifications](#)
- F. [Section 2.3.2.1 MA-ABD Bases of Eligibility](#)
- G. [Section 2.3.3.1 MA-ABD Household Composition and Family Size](#)
- H. [Section 2.3.3.2.3 MA-ABD Excluded Assets](#)
- I. [Section 2.3.3.2.7.1 MA-ABD Liquid Assets](#)
- J. [Section 2.3.3.2.7.2 MA-ABD Retirement Funds and Retirement Plans](#)
- K. [Section 3.1.1 MinnesotaCare Mandatory Verifications](#)
- L. [Section 3.1.2.2 MinnesotaCare Premiums and Cost Sharing](#)
- M. [Appendix F Standards and Guidelines](#)
- N. [Appendix H Lawfully Present Noncitizens](#)

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 #20.1, March 4, 2020](#)

2019 Manual Letters

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

MHCP EPM Manual Letter #19.4, August 7, 2019

MHCP EPM Manual Letter #19.5, September 1, 2019

MHCP EPM Manual Letter#19.6, November 1, 2019

MHCP EPM Manual Letter #19.7. December 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 #19-21-01, Pre-eligibility Verification for Medical Assistance for Families with Children and Adults
- Bulletin #19-21-02, DHS Announces Implementation of the Account Validation Service (AVS) for Medical Assistance (MA)
- Bulletin #19-21-04, DHS Announces Changes to the MAGI Methodology for Medical Assistance and MinnesotaCare

O. Prior versions of EPM sections are available upon request. 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 # 19.2, April 1, 2019
Manual Letter #19.1, January 1, 2019
Manual Letter #18.5, December 1, 2018
Manual Letter #18.4, September 1, 2018
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

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 - [Revised page](#)

B. Section 2.1.1.2.4 MA Referral for Other Benefits

Medical Assistance

2.1.1.2.4 Referral for Other Benefits

Medical Assistance (MA) enrollees who appear to have eligibility for other programs are required to apply for those programs to continue MA eligibility. Enrollees must apply for benefits from other programs if it could increase their income or help pay medical expenses. Enrollees must apply within 30 days of when the county, tribal or state servicing agency notifies them of their potential eligibility, unless they can show good cause for not doing so.

To meet this requirement, an enrollee must:

- Submit an application for the program they appear to be eligible for, following the rules of that program
- Provide any requested information needed to determine eligibility for the program
- Provide documentation of the decision about their eligibility for the program
 - If a person is denied because they do not meet the eligibility criteria for the program, they are not required to appeal the decision.
 - If a person is denied because they did not provide necessary documentation, or did not cooperate in the eligibility determination, they have not met this requirement.

Social Security benefits

Enrollees, potentially eligible for the following benefits, must apply to maintain MA eligibility.

Retirement Survivors Disability Insurance

The federal Social Security Administration (SSA) administers Retirement, Survivors and Disability Insurance (RSDI) benefits. RSDI provides a monthly income based on payroll contributions made via Social Security taxes.

The following people, if qualified under a Social Security number having at least 40 work quarters, may be eligible for RSDI:

- Retired people who meet SSA age requirements
- People certified disabled by SSA
- Dependents of a wage earner who is disabled or retired
- Dependent survivors of a wage earner who has died

RSDI eligible MA enrollees at full retirement age must apply for benefits. MA enrollees who are family members of RSDI eligible people must also apply for potential benefits.

People who are eligible for RSDI may also be eligible for SSI if their RSDI payment is less than the Supplemental Security Income (SSI) income standard.

Supplemental Security Income

Supplemental Security Income (SSI) is a federal supplemental income program operated by SSA and funded by general tax revenues. It provides monthly cash payments to people aged 65 or older and people certified disabled by SSA, who have little or no income, to help them meet basic needs for food, clothing and shelter. MA enrollees, potentially eligible for SSI, must apply for benefits.

Medicare

Enrollees who are potentially eligible for Medicare must apply to maintain MA eligibility. MA will not pay for Medicare-covered services for people who are eligible for, but do not enroll in Medicare Part A without a premium. MA enrollees who meet one of the following may qualify for Medicare:

- People age 65 or older who qualify for RSDI or Railroad Retirement Board (RRB) benefits
- Citizens and qualifying non-citizens age 65 or older who pay a Medicare Part A premium
- People certified disabled by SSA, after a 24-month waiting period. People with Amyotrophic Lateral Sclerosis (ALS) are eligible the same month they start receiving RSDI benefits.
- Widows and widowers and divorced widows and widowers with a SSA certified disability, after a two-year waiting period
- People with 1619(a) or 1619(b) status
- People with End-Stage Renal Disease (ESRD) defined as permanent kidney failure requiring dialysis or a kidney transplant

Medicare Part A

Medicare Part A is federal hospitalization insurance. People who are eligible for premium-free Medicare Part A may not refuse to apply or turn down this coverage to gain or continue MinnesotaCare or Advance Premium Tax Credit (APTC) eligibility.

Medicare Part B

Medicare Part B is medical insurance. There is a monthly premium for Part B. MA enrollees must apply and maintain Medicare Part B coverage, even if they are required to pay a premium. Medicare Savings Programs (MSP), the Medicare Buy-In and MA-EPD can help eligible clients with premiums and other costs. People who are in an Institution for Mental Diseases (IMD) may also receive help paying for premiums and other costs. People have a wide variety of Medicare-approved plans from which to choose.

Medicare Part D

Medicare Part D is prescription drug coverage. Enrollment in Medicare Part D is not required as a condition of MA eligibility. However, there are specific rules established for clients eligible for Medicare Part D who fail or refuse to enroll in, or opt out of, that program. MA cannot pay any

prescription drug costs for eligible Part D beneficiaries regardless of whether or not they are enrolled in Medicare Part D. However, prescription drug bills that are not covered by Medicare can be used to meet a medical spenddown.

Medicare eligible MA and MSP enrollees qualify for a full Extra Help subsidy automatically and must select a Medicare Part D benchmark plan. Medicare beneficiaries of all ages can get free assistance with selecting a Part D plan by calling the Senior LinkAge Line® at (800) 333-2433.

Railroad Retirement Benefits

The federal Railroad Retirement Board (RRB) administers railroad retirement benefits and Medicare for railroad workers and their families. People who work for a railroad have railroad retirement withheld from their earnings instead of Social Security. If a person has earned enough Social Security credits to receive Social Security benefits as well as railroad retirement benefits, the beneficiary receives the larger of the two.

Retiree benefit amounts are based on the number of years of service. Railroad workers who meet certain service requirements are eligible for:

- Retiree benefits
- Disability benefits
- Dependent benefits for spouses, ex-spouses, and children who meet certain criteria, and
- Survivor benefits

RRB eligible MA enrollees at full retirement age must apply for benefits. The railroad worker's family members must also apply for potential benefits if the railroad worker is currently receiving RRB benefits or was receiving or eligible to receive benefits but is now deceased. People turning age 65 who are receiving railroad retirement benefits must apply for Medicare through the RRB.

Financial Needs

Enrollees, potentially eligible for the following benefits, must apply to maintain MA eligibility.

Minnesota Unemployment Insurance (UI) benefits provide a temporary partial wage replacement to workers who become unemployed through no fault of their own.

Workers' Compensation provides benefits for people injured or ill from their job.

MA enrollees who are veterans or a spouse of a veteran, using the People Aged 65 or Older, Blind or Disabled basis, living in a long-term care facility, must apply for the federal Veterans' Aid and Attendance program through the U.S. Department of Veterans Affairs (USDVA).

Exceptions

Enrollees are not required to reapply for benefits that were previously denied unless there has been a change in circumstances or eligibility requirements of the benefit program.

Legal Citations

Code of Federal Regulations, title 42, section 435.608

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C. Section 2.2.1.2 MA-FCA Mandatory Verifications

Medical Assistance for Families with Children and Adults

2.2.1.2 Mandatory Verifications

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

The following information must be verified for Medical Assistance for Families With Children and Adults (MA-FCA):

- Current income: All MAGI-based income, excluded income, and income adjustments. MAGI is the acronym for Modified Adjusted Gross Income, which is what current income for MA-FCA is based on. Refer to MA-FCA Income Verification for information about how income is verified for MA-FCA.
- Immigration status
- Social Security number
- U.S. citizenship

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

- Medical expenses to meet a spenddown
- Assets, when an asset limit applies
 - Verification of assets is required at application and when a new asset is reported. If an asset is determined to be excluded it does not need to be verified again at renewal.
 - Verification of the following assets are not required at application or renewal:
 - Homestead, if it qualifies for the real property homestead exclusion. The only exception applies to people who are applying for or renewing Medical Assistance for Long Term Care eligibility. Refer to Section 2.4.1.2 MA LTC Home Equity Limit for more information about the exception.
 - Vehicle, if only one is reported. Refer to Section 2.3.3.2.7.7 MA ABD Automobiles and Other Vehicles Used for Transportation for more information.
 - Household goods and personal effects

County, tribal and state servicing agencies must retain verification documentation in accordance with the County Human Service Records Retention Schedule (DHS-6928).

Legal Citations

Code of Federal Regulations, title 42, section 435.945

Code of Federal Regulations, title 42, section 435.952

Minnesota Rules, part 9505.0095

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D. Section 2.3 MA-ABD

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

Medical Assistance (MA) eligibility is determined using a variety of non-financial, financial and post-eligibility factors. Some MA policies apply to all MA applicants and enrollees. Other eligibility requirements are different, depending on what type of MA a person may be eligible for.

This subchapter includes policies that apply to MA for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) and links to policies that apply to all MA programs and all Minnesota Health Care Programs (MHCP) programs.

[For an overview of requirements and benefits, see the fact sheet Minnesota Health Care Programs for People Who Have a Disability or Are Age 65 or Older.](#)

In-depth information about statewide services is available from mnhelp.info. Specialized assistance for seniors is available from the Senior LinkAge Line at 800-333-2433 and for people with disabilities from the Disability Hub at 866-333-2466.

MA-ABD General Requirements

- MHCP Applications
- MA-ABD Mandatory Verifications
- MA Responsibilities
- MHCP Retroactive Coverage
- MHCP Rights

MA-ABD Non-Financial Eligibility

- MA-ABD Bases of Eligibility
- MA-ABD Certification of Disability
- MA Citizenship and Immigration
- MA County Residency
- MA Living Arrangement
- MHCP State Residency
- MA Social Security Number

MA-ABD Financial Eligibility

- MA-ABD Household Composition

MA-ABD Assets

MA-ABD Asset Limits

MA-ABD Asset Deeming

MA-ABD Sponsor Asset Deeming

MA-ABD Excluded Assets

MA-ABD Countable Assets

MA-ABD Availability of Countable Assets

MA-ABD Shared Ownership

MA-ABD Unknown Assets

MA-ABD Excess Assets

MA-ABD Asset Evaluation

MA-ABD Liquid Assets

MA-ABD Retirement Funds and Plans

MA-ABD Health Expense Accounts

MA-ABD Flexible Spending Arrangements

MA-ABD Health Savings Accounts

MA-ABD Real Property

MA-ABD Homestead Real Property

MA-ABD Non-Homestead Real Property

MA-ABD Life Estates and Remainder Interests

MA-ABD Other Property Interests

MA-ABD Contract for Deed and Other Property Agreements

MA-ABD Promissory Notes

MA-ABD Automobiles and Other Vehicles used for Transportation

MA-ABD Annuities

MA-ABD Trusts

MA-ABD Identifying the Type of Trust

MA-ABD Client Funded Trusts

MA-ABD Medicaid Qualifying Trusts

MA-ABD Special Needs Trusts

MA-ABD Pooled Trusts

MA-ABD Third Party Established and Funded Trusts

MA-ABD Supplemental Needs Trusts

MA-ABD Life Insurance Policies

MA-ABD Burial Contracts

MA-ABD Burial Space Exclusion

MA-ABD Burial Fund Exclusion

MA-ABD Continuing Care Retirement Community Entrance Fee

MA-ABD Tribal Payments and Interests

MA-ABD Household Goods and Personal Effects

MA-ABD Income

MA-ABD Income Limits

MA-ABD Income Methodology

MA-ABD Countable Income

MA-ABD Income Deeming

MA-ABD Sponsor Income Deeming

MA-ABD Disregards and Deductions

MA-ABD Excluded Income

MA-ABD Medical Spenddowns

MA-ABD Spenddown types

MA-ABD Health Care Expenses

MA-ABD Post-Eligibility

MA Begin and End Dates

MA Benefit Recovery

MHCP Change in Circumstances

MA Cooperation

MA Cost Sharing

MHCP Fraud

MA-ABD Health Care Delivery

MA Inconsistent Information

MA Qualifying Health Coverage

MA Referral for Other Benefits

MA-ABD Renewals

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E. Section 2.3.1.1 MA-ABD Mandatory Verifications

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

2.3.1.1 Mandatory Verifications

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

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

County, tribal and state servicing agencies must retain verification documentation in accordance with the County Human Services Records Retention Schedule (DHS-6928).

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Code of Federal Regulations, title 42, section 435.541

Code of Federal Regulations, title 42, section 435.920

Code of Federal Regulations, title 42, section 435.945

Code of Federal Regulations, title 42, section 435.948

Code of Federal Regulations, title 42, section 435.949

Code of Federal Regulations, title 42, section 435.952

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F. Section 2.3.2.1 MA-ABD Bases of Eligibility

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

2.3.2.1 Bases of Eligibility

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

The bases of eligibility for Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) are:

- People age 65 or older
- People certified blind
- People certified disabled

Multiple Bases of Eligibility

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

Beginning and Ending Bases of Eligibility

~~A person must have one of the following bases for MA-ABD eligibility. When an enrollee's basis of eligibility ends, they must be evaluated for other MA bases of eligibility and other health care programs before closing their coverage is closed.~~

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

- Adults age 65 and older:
 - Begins the first day of the month of their 65th birthday
- People certified blind or disabled:
 - Begins the first day of the month of the disability onset date as determined by the Social Security Administration (SSA) or the State Medical Review Team (SMRT)
 - Ends the last day of the last month a person is certified disabled as determined by SSA or SMRT

~~The blind or disabled basis of eligibility is continued until SSA has denied two appeals of a continuing eligibility review that determined the person is no longer certified disabled.~~

The blind or disabled basis of eligibility continues while a person appeals their disability status. The blind or disability basis of eligibility ends the last day of the month in which the appeal results in a finding the person no longer meets the SSA or SMRT disability criteria. See MA-ABD Certification of Disability for more information.

If SSA benefits are denied solely on earnings above Substantial Gainful Activity (SGA), the blind or disabled basis of eligibility can only be continued with a new disability determination from SMRT. The blind or disabled basis of eligibility may continue while the SMRT determination is completed. See the MA-ABD Certification of Disability policy for more information.

Multiple Bases of Eligibility

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

Change in Basis of Eligibility for Enrollees

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

- ~~Disability~~ A disability certification ending
- ~~Pregnancy~~ Becoming pregnant. A pregnant basis of eligibility ends on the last day of the month in which the 60-day postpartum period ends.
- Becoming a parent or relative caretaker of a minor child
- Turning age 21 or 65

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

Legal Citations

Code of Federal Regulations, title 42, section 435.121

Code of Federal Regulations, title 42, section 435.201

Code of Federal Regulations, title 42, section 435.230

Code of Federal Regulations, title 42, section 435.330

Code of Federal Regulations, title 42, section 435.520

Code of Federal Regulations, title 42, section 435.522

Code of Federal Regulations, title 42, section 435.530

Code of Federal Regulations, title 42, section 435.540

Code of Federal Regulations, title 42, section 435.541

Code of Federal Regulations, title 42, section 435.911

Code of Federal Regulations, title 42, section 435.916

Minnesota Statutes, section 256B.055

Minnesota Statutes, section 256B.057

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G. Section 2.3.3.1 MA-ABD Household Composition and Family Size

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

2.3.3.1 Household Composition and Family Size

Household composition means the people included in an applicant's or enrollee's household. Household composition determines the family size. Household composition and family size are factors used to determine financial eligibility.

Household composition and family size are determined for each person separately. Household composition and family size may be different for each person on an application or in a household.

Adults

Household composition includes the following people living at least one full calendar month with the adult using the age 65 or older, blind or disabled basis of eligibility:

- The person
- The person's spouse
- The person's biological or adoptive children younger than age 21 of the person
 - A child who is temporarily absent from the parent's home is included in the parent's household composition, such as a student away at school for the school year
 - A child who alternates living with separated or divorced parents is in the household in which he or she spends the most time. A child cannot be a member of more than one household in the same month.
- The person's spouse's biological or adoptive children younger than age 21
 - The spouse must also be living with the applicant or enrollee, or be temporarily absent to count these children in the person's household composition

Emancipated minors are not included in an adult's household composition.

The family size includes:

- All of the people in the person's household composition
- Unborn children of the person or their spouse included in the household composition

Children

Household composition includes the following people living at least one full calendar month with a child using the aged, blind or disabled basis of eligibility:

- The child
- The child's biological, adoptive or stepparents
- Full, half or stepsiblings younger than age 21, who have a mutual parent living in the home, or who is temporarily absent. Emancipated minors are not included.
- The child's spouse
- The child's minor children

The family size includes:

- All of the people in the person's household composition
- Unborn children of the child or the child's biological, adoptive or stepparents included in the household composition

Emancipated children follow the adult household composition policy.

Other Household Composition Policies

Different household composition policies apply for applicants and enrollees using the aged, blind or disabled basis of eligibility in the following situations:

- MA-Employed Persons with Disabilities
- TEFRA option for children with disabilities
- MA for long-term care services
- MA-LTC Home and Community-Based Services Waivers for People with Disabilities
- MA-LTC Home and Community-Based Services Waivers for People Age 65 or Older

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Code of Federal Regulations, title 42, section 435.602

Minnesota Statutes, section 256.01

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H. Section 2.3.3.2.3 MA-ABD Excluded Assets

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

2.3.3.2.3 Excluded Assets

An excluded asset is not counted when calculating a person's total countable assets. An asset can be excluded in whole or in part. Some excluded assets are excluded indefinitely while others are excluded for only a specific period of time. Some excluded assets are excluded only if identifiable from other assets. Income retained after the month of receipt become assets.

Identifiable Assets

Some assets must be identifiable to be excluded under the bases of eligibility for Medical Assistance for People Who Are Age 65 or Older, or People Who Are Blind or Have a Disability (MA-ABD). Identifiable means that the assets can be distinguished from other assets.

An asset is identifiable in the following situations:

- The funds are kept physically apart from other funds, such as a separate bank account.
- The funds are not kept physically apart from other funds, but can be identified using a complete history of account transactions dating back to the initial date of deposit. The person's own records should be used, if possible. The person's allegation regarding the date and amount of a deposit of excluded funds is accepted if it agrees with the evidence on file for receipt of the funds.
 - When a withdrawal is made from a commingled account, the non-excluded funds are assumed to be withdrawn first, leaving as much of the excluded funds in the account as possible.
 - The excluded funds remaining in the account can only be added to by deposits of subsequently received excluded funds and excluded interest.
 - If interest on the excluded funds is excluded, the percent of an interest payment to be excluded is the same as the percent of funds in the account that is excluded at the time the interest is posted. The excluded interest is then added to the excluded funds in the account.

Excluded Assets if Identifiable

The following assets are excluded if they are identifiable. Exclude the assets indefinitely unless another time period is indicated. Descriptions of each type of assets are located in Appendix A Types of Assets.

- Achieving a Better Life Experience (ABLE) account

- Agent Orange Settlement Fund payments
- Blood Product Settlement payments
- Corporation for National and Community Service (CNCS) payments. Payments to volunteers, including the following payments authorized under the Domestic Volunteer Services Act, are excluded:
 - AmeriCorps
 - Urban Crime Prevention Program
 - Special Volunteer Programs under Title I
 - Demonstration Programs under Title II
 - Senior Corp:
 - Retired Senior Volunteer Program (RSVP)
 - Foster Grandparent Program
 - Senior Companions
- Food and nutrition program payments. This includes assistance provided by:
 - Programs established under the Child Nutrition Act, including the Women, Infants, and Children (WIC) Nutrition Program and federally funded school breakfast and milk programs.
 - National School Lunch program
 - Supplemental Nutrition Assistance Program (SNAP)
 - Minnesota Food Assistance Program
 - Minnesota Grown Supplemental Food Program
- Individual Development Accounts (IDA)
- Japanese and Aleutian Restitution payments
- Jensen Settlement Agreement payments. Payments received by class members are excluded. Funds received under this agreement from countable assets at the time of application and at each renewal are deducted.
- Low Income Home Energy Assistance Program (LIHEAP) payments
- Nazi Persecution payments
- Plan to Achieve Self Support (PASS), assets associated with a person's PASS are excluded if they are not already excluded under another provision
- Radiation Exposure Compensation Trust Fund (RECTF) payments
- Real estate taxes, homeowner's insurance and funds set aside for upkeep expenses of the property a person owns. Up to one year's expenses are excluded. Funds must be kept in a separate account.
- Relocation Assistance payments, federal

- Retroactive Retirement, Survivors and Disability Insurance (RSDI) and Supplemental Security Income (SSI) benefits are excluded for the nine calendar months following the month in which the person receives the benefits. Any accrued interest on that account is counted as income in the month received and as an asset in the following months.
 - People under age 18 who have representative payees and are eligible for past-due SSI payments must have the funds segregated in a dedicated account in order for the exclusion to apply. If a bank requires a deposit of funds in order to open such an account, these funds may remain commingled in the account until the end of the month following the month in which the retroactive benefits are paid.
 - Supplemental Needs Trusts policy is followed if the lump sum payment is issued under the Sullivan vs Zebly decision, and is used to fund a supplemental needs trust. See MA-ABD Supplemental Needs Trusts for more information.
- Ricky Ray Hemophilia Relief Fund payments
- Student financial aid
 - Exclude the following types of student financial aid income:
 - Student financial aid received under Title IV of the Higher Education Act
 - Student financial aid received from the Bureau of Indian Affairs (BIA)
 - Non-Title IV and non-BIA grants, scholarships, fellowships and other non-loan financial aid, if used or set aside to pay educational expenses until the month following the last month the student is enrolled in classes.
 - Coverdell Educational Savings Accounts (ESA)
 - Funds in a Coverdell ESA are excluded for the designated beneficiary of the account
 - Distributions from a Coverdell Educational Savings Accounts (ESA) are excluded if the funds are used for educational expenses.
 - Excluded for the designated beneficiary of the account for nine months following the month of receipt of a distribution.
 - Excluded for anyone who is not a beneficiary who contributes money to the account beginning the month after the month the funds are transferred into the account.
 - Excluded, due to being a conversion of an asset, for a contributor who is the designated beneficiary beginning with the month after the month the cash is transferred into the account.
 - Veteran's Affairs (VA) benefits designated as educational assistance both under graduate and graduate students until the month following the last month the student is enrolled in classes.
 - Plan to Achieve Self Support (PASS) student financial aid
 - Training expenses paid by the Trade Adjustment Reform Act of 2002
 - Qualified Tuition Programs (QTP), also known as a 529 Plan, for the designated beneficiary (the student or future student) who is not the owner of the account and does

not have any rights to the funds in the account. The account is counted as an asset for the owner.

- Supplemental Security Income (SSI) Dedicated Child Account
- Tribal payments and interests. The following tribal assets are excluded. See MA-ABD Tribal Payments and Interests for other assets owned by American Indians that may not be excluded.
 - Tribal trust or restricted lands, individual interest
 - Tribal per capita payments from a tribal trust
 - Tribal land settlements and judgments
- Uniform Gift to Minors Act/Uniform Transfers to Minors Act (UGMA/UTMA)
 - The full value of assets established under the UGMA/UTMA is excluded.
 - An adult designated to receive, maintain and manage custodial property on behalf of a minor beneficiary is not the owner of UGMA/UTMA assets because he or she cannot legally use any of the funds for his or her support and maintenance.
 - When the UGMA/UTMA property is transferred to the beneficiary at the end of the custodianship (usually at the age of 18 or 21 depending on state law) the property becomes available to the beneficiary. It is counted as income in the month of transfer and as an asset in the following month.
- Veterans' Children with Certain Birth Defects payments
- Vietnamese Commando Compensation Act payments

Excluded Assets Regardless of Identifiability

The following assets may be excluded whether or not they are identifiable. These assets are excluded indefinitely unless another time period is indicated.

- Adoption Assistance payments are excluded in the month of receipt and thereafter.
- Accrued Interest on assets is excluded if any excess is properly reduced at eligibility redetermination.
- Alaska Native Claims Settlement Act (ANCSA) payments
- Appeal Payments are excluded as assets in the month received and for three months after the month of receipt.
- Clinical trial participation payments excluded by SSI. The first \$2,000 a person receives during a calendar year is excluded.
- Cobell Settlement for American Indians for a period of 12 months beginning with the month of receipt. This exclusion applies to all household members.
- Crime victim payments
- Disaster assistance, federal payments

- Disaster assistance, state payments
- Filipino Veterans Equity Compensation (FVEC) payments
- Foster Care payments
- Gifts to Children with Life Threatening Conditions from 501(c)(3) tax-exempt corporation. These are not considered assets of a parent and apply only to children who are under age 18.
 - Cash gifts up to \$2,000 in any calendar year are excluded. The amount of total cash payments that exceed \$2,000 each year are counted as an asset.
 - Multiple cash gifts in the same calendar year are added together and up to \$2,000 of the total is excluded, even if none of the cash gifts exceeds \$2,000 individually.
- Homestead real property
- Household goods and personal effects
- I-35W Bridge Collapse payments. The following payments made to survivors of the I-35W bridge collapse are excluded:
 - Payments from the I-35W Emergency Hardship Relief Fund
 - Payments from the Catastrophic Survivor Compensation Fund
- James Zadroga 9/11 Health and Compensation Act of 2010
- Kinship payments
- Proceeds from the Sale of a Homestead are excluded if a person:
 - Plans to use the proceeds to buy another homestead, and
 - Does so within three full calendar months of receiving the funds
- Reimbursements for replacement of lost, damaged or stolen excluded assets are excluded for the month of receipt and nine months thereafter. The funds are excluded for up to nine more months if the person tries to replace the assets during that time, but cannot do so for good reason.
- Representative Payee Misuse payments. If a person's SSI, RSDI, or Veterans Benefits for the Elderly is reissued because an individual representative payee misuses benefits, the reissuance is excluded as an asset for nine months if retained after the month of receipt.
- State Annuities for Certain Veterans
- Relocation payments, state and local
- Tax credits, rebates, and refunds are excluded for 12 months after the month of receipt
- Term life insurance

Potentially Excluded Assets

Some assets may be excluded under the following policies. See the corresponding pages for more information:

MA-ABD Tribal Payments and Interests

MA-ABD Burial Space Exclusion

MA-ABD Burial Fund Exclusion

MA-ABD Retirement Funds & Plans

MA-ABD Trusts

MA-ABD Automobile and other vehicles used for transportation

Self-Support Excluded Assets

Self-Support is the use of certain property to earn wages, to produce goods and services for personal use, or to derive income from property. Self-Employment is one type of self-support.

Self-Employment Excluded Assets

All assets of a trade or business, regardless of value, that are in current use and needed for the person to earn income are excluded. Current use includes seasonal use of an asset. The excluded assets can be real or personal property, including liquid assets. There is no limit to the amount of assets that can be excluded under this provision.

When a person alleges owning trade or business property not already being excluded, it must be determined whether a valid trade or business exists, and if the property is in current use. A person must provide a written statement with the following information:

- A description of the trade or business
- A description of the assets of the trade or business
- The number of years the business has been operating
- The identity of any co-owners
- The estimated gross and net earnings of the trade or business for the current tax year

Self-employment assets not currently in use because of reasons beyond the person's control can be excluded if they expect to resume use of the asset within one year. The person must sign a written statement with the following information:

- The reason the asset is not in use
- The date the asset was last used
- When the asset is expected to be used again

The exclusion is extended for an additional year if the reason for not using the asset is a disabling condition. The person must sign a written statement with the following information:

- The nature of the disabling condition

- When the activity ceased
- When the property is expected to be used again

Income Producing Self-Support Assets

Up to \$6,000 of the equity value of non-business, non-liquid, income-producing property that produces an annual return of at least six percent of the equity value is excluded:

- The \$6,000 exclusion is limited to the combined equity value of all property meeting the six percent rule.
- If the person owns more than one piece of income-producing property, each piece must meet the six percent return on the equity value.
- If the earnings drop below six percent for reasons beyond the person's control, the property is excluded up to 24 months to allow the property to resume producing a six percent return.

Non-Income Producing Self-Support Assets

Nonbusiness property essential to self-support can be real or personal property. It produces goods or services essential to daily activities if, for example, it is used to:

- Grow produce or livestock solely for personal consumption in the person's household; or
- Perform activities essential to the production of food solely for home consumption.

Up to \$6,000 of the equity value for each asset is excluded. Any portion of the property's equity value in excess of \$6,000 is not excluded.

While this category of property may encompass a vehicle used solely in a nonbusiness self-support activity (e.g., a garden tractor, or a boat used for subsistence fishing), it does not include any vehicle that qualifies as an automobile. See MA-ABD Automobiles and Other Vehicles for Transportation for more information.

When a person alleges owning property that he or she uses to produce goods or services necessary for daily activities, obtain his or her statement giving:

- A description of the property;
- How it is used; and
- An estimate of its current market value and any encumbrances on it

Personal Property Used by an Employee

Non-liquid personal property used by a person in employment, whether it is required by the employer or not, is excluded. The person must provide a written statement with the following information:

- The name, address and telephone number of the employer

- A general description of the personal assets used for work
- A general description of the person's job duties
- Whether the personal assets are currently being used

Personal property not currently in use because of reasons beyond the person's control can be excluded if they expect to resume use of the asset within one year. The person must sign a written statement with the following information:

- The reason the asset is not in use
- The date the asset was last used
- When the asset is expected to be used again

The exclusion is extended for an additional year if the reason for not using the asset is a disabling condition. The person must sign a written statement with the following information:

- The nature of the disabling condition
- When the activity ceased
- When the property is expected to be used again

If the statement indicates that the person no longer intends to resume using the assets for employment, they become countable assets unless unavailable or excluded under another provision.

Legal Citations

Code of Federal Regulations, title 20, section 416.1248

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

Minnesota Statutes, section 256B.056, subdivision 3

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

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

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I. 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~~ limit unless the proof provided indicates that the asset is any of the following:

- An Excluded Asset
- An Unavailable Asset
- A Jointly Owned Asset, for which the full value is not counted to each owner. See MA-ABD Shared Ownership.

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. An applicant or enrollee may use stock listings to define the value of stocks.
- Time deposits
- Treasury Bills
- United States U.S. Savings Bonds. An applicant or enrollee may use the Comprehensive Savings Bond Value table on the U.S. Bureau of Public Debt website or consult a bank to define the value of a savings bond.
- 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

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J. Section 2.3.3.2.7.2 MA-ABD Retirement Funds and Retirement Plans

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

2.3.3.2.7.2 Retirement Funds and Retirement Plans

Retirement funds are ~~cash and other~~ assets held by a person for use during retirement. A retirement plan is an arrangement to provide people ~~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.

The available value of retirement funds and retirement plans count toward the Medical Assistance for People who Are Age 65 or Older and People who Are Blind or Have a Disability (MA-ABD) asset limit unless an exception applies.

Exceptions:

- Individual Retirement Accounts held in the form of an annuity (or an annuity account in the accumulation phase) must be evaluated as an annuity. See MA-ABD Annuities for more information.
- A retirement plan that is owned by a spouse not enrolled in MA is not ~~deemed to~~ counted for a spouse enrolled in MA-ABD.
- A retirement plan is ~~unavailable if that~~ cannot be accessed until a person ~~must~~ terminates employment ~~in order to obtain any payment~~.
- A retirement plan that has been converted to an income stream that pays periodic payments.
Periodic payments received from a retirement plan are counted as income in the month received and as an asset in the months after the month of receipt.

Evaluation of Retirement Plans

Each specific retirement plan establishes the circumstances under which retirement funds are available. Some retirement plans allow for disbursements of retirement funds due to disability or other circumstances. Others allow for disbursement of any portion of an account balance that represents assets a person rolled into the plan from another employer-sponsored retirement plan. The value of a retirement plan is the amount of funds that a person can currently withdraw. If there is a penalty for early withdrawal, the plan's value is the amount of funds available after the penalty deduction. However, any taxes due as a result of the withdrawal are not deducted when determining the plan's value.

Types of Retirement Plans

Individually-Purchased Individual Retirement Arrangements

An individual retirement arrangement is an umbrella term used to describe a personal retirement savings plan that provides the owner tax advantages for setting aside money for retirement. Individual retirement arrangements can be in the form of a trust, an account, or an annuity. Individually-purchased individual retirement arrangements are generally purchased by a person from an insurance company, bank or financial planner. Common individually-purchased individual retirement arrangements include:

- Traditional IRAs
- Roth IRAs
- Spousal IRAs

Employer-Sponsored or Union-Sponsored Retirement Plans

These retirement plans fall under one of the following three categories: defined-benefit plans, defined-contribution plans and employer-sponsored retirement arrangements.

- Defined-Benefit Plans. This is a retirement plan (also referred to as a pension plan) that promises a specified monthly benefit at retirement. The plan may state the promised benefit as an exact dollar amount. More commonly, however, the plan sponsor calculates a benefit through a plan formula that considers certain factors such as salary and years of service. There are three types of defined benefit plans: traditional plans, cash balance plans and defined-benefit Keogh plans
 - Traditional plans. A type of defined-benefit retirement plan offered by both private and public employers. These types of retirement plans are often referred to as a pension. Examples of traditional defined benefit plans include:
 - Federal Employee Retirement System (FERS)
 - Military pension (Air Force, Marine Corps, Navy, and Coast Guard)
 - Minnesota State Retirement System (MSRS)
 - Minnesota Teachers Retirement Association (TRA)
 - Public Employees Retirement Association (PERA)
 - Railroad Retirement
 - Traditional plans offered by public and private employers
 - Cash balance plan. A defined-benefit plan that defines the benefit in terms that are more characteristic of a defined contribution plan. Employers bear the financial risk of cash balance plans and are required to maintain sufficient funds to pay future benefits. The unique feature of a cash balance plan is that the employee's account shows benefits as a lump sum - the "cash balance" of the account - rather than as periodic payments the employee will receive during retirement.
 - Defined-benefit 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.

- Defined contribution plans. A defined contribution plan is a retirement plan that does not promise a specific amount of benefits at retirement. In these plans, the employee or the employer (or both) contribute to the employee's individual account under the plan. These contributions generally are invested on the employee's behalf. The employee will ultimately receive the balance in the account, which is based on contributions, plus or minus investment gains or losses. The value of the account will fluctuate due to the changes in the value of the investments purchased with the contributions added to the employee's individual account. Distributions start at retirement age, but participants can also take distributions if they change jobs or in certain emergencies. Participants can choose to take distributions as a lump sum, annual installments or as an annuity. The following are examples of defined contribution plans:
 - 401(k) plans
 - Roth 401(k) plans
 - 403(b) plans
 - 457 plans
 - Thrift Savings Plans (TSPs)
 - Employee Stock Ownership Plans (ESOPs)
 - Profit sharing plans
 - Defined-contribution Keogh plans
- Employer-Sponsored IRAs. An employer-sponsored IRA is an individual retirement arrangement that an employer establishes for an employee. The following are examples of employer-based IRAs:
 - Simplified Employee Pension (SEP) IRAs (available to employees and self-employed individuals)
 - Savings Incentive Match Plans for Employees (SIMPLE) IRAs (available to employees and self-employed individuals)
 - Deemed IRAs
 - Payroll Deduction IRAs

When an IRA is held in the form of a trust, account or annuity, the IRA is the plan that meets the federal government guidelines to receive certain tax advantages and the trust, account or annuity is the vehicle used to fund the IRA (retirement plan). IRAs held in the form of a trust or account must be evaluated as a retirement plan using the policy in this section. IRAs held in the form of an annuity (or an annuity account for an annuity in the accumulation phase), must be evaluated as an annuity using the policies in Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) Annuities.

Retirement Funds Not Held in a Retirement Plan

Funds that a person intends to use for retirement, but that are not placed in a retirement plan are treated differently. Retirement funds not in a retirement plan are evaluated as liquid assets. For example, funds held in a bank account a person intends to use for retirement, are treated as a liquid asset, not as a retirement plan.

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K. Section 3.1.1 MinnesotaCare Mandatory Verifications

MinnesotaCare

3.1.1 Mandatory Verifications

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

- Lawful presence in the United States.
- Projected annual income (PAI). PAI is the Modified Adjusted Gross Income (MAGI) a person expects to have for a calendar year. Refer to MinnesotaCare Income Verification for information about how a person's PAI is verified for MinnesotaCare.
- Social Security number
- U.S. Citizenship

Legal Citations

Code of Federal Regulations, title 42, sections 435.940 to 435.956

Code of Federal Regulations, title 42, section 600.345

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L. Section 3.1.2.2 MinnesotaCare Premiums and Cost Sharing

MinnesotaCare

3.1.2.2 Premiums and Cost Sharing

Premiums

Many MinnesotaCare enrollees must pay a monthly premium to establish and maintain coverage. The premium amount is based on household income and household size.

The following enrollees have no premium:

- Households that include one or more military members, enrolled in MinnesotaCare, who have completed a tour of active duty within 24 months of MinnesotaCare eligibility, are exempt from paying MinnesotaCare premiums for up to 12 months, which do not have to be consecutive
- Households with one or more American Indians or Alaska Natives enrolled in MinnesotaCare
- Households with projected annual income below 35% of the Federal Poverty Guidelines (FPG)
- People younger than 21

American Indian and Alaska Native enrollees are not required to provide proof of status to be exempt from paying MinnesotaCare premiums.

If a person is added to an existing MinnesotaCare household that is required to pay a premium, or is newly determined eligible for MinnesotaCare as an existing household member, the effective date of the resulting premium change is as follows:

- If adding the person to the MinnesotaCare household results in a premium decrease, the decrease is effective the first day of the month after the person was determined eligible.
- If adding the person to the MinnesotaCare household results in an increase in the household's premium, the increase in the overall premium is effective at the next regular billing for the household.

A household may become newly exempt from premiums when a returning military member, American Indian or Alaska Native is added to the household and is determined eligible for MinnesotaCare. A household may also become newly exempt when a person is added to the household, which causes the household to have income below 35% of the federal poverty guidelines. The effective date of the premium exemption is the first day of the month after eligibility for that person was determined.

The MinnesotaCare Premium Estimator Table (DHS-4139A) lists estimated premiums based on household income and household size. The premium listed on a bill is the official calculation and the amount an enrollee must pay.

People who are required to pay a monthly premium must pay it to keep MinnesotaCare coverage. Ongoing MinnesotaCare premiums are due the 15th of the month, but can be paid up through noon on the last working day of the month. Premiums should be paid on time to avoid a gap in coverage. There is no good cause exception for nonpayment of a MinnesotaCare premium.

Households may pay the premiums for coverage months that have not yet been billed. Once a household pays the MinnesotaCare premium for a particular month, the premium is refunded only if the household paid a premium for a future month of coverage for which the agency has not yet paid a health plan.

Grace Month

MinnesotaCare enrollees who do not pay their premium before the coverage month, have a one-month grace period. An enrollee will remain covered during the grace month, regardless of whether the enrollee pays the premium for that month. Coverage stops at the end of the grace month if they fail to pay their past due premium for the grace month.

A person must pay the grace month premium in full by noon on the last working day of the grace month to avoid a gap in coverage for enrollees who are required to pay a premium. People who are disenrolled from coverage because they did not pay a premium may have a gap in coverage of one month or more.

To restart coverage, the person must pay the past-due premium for the grace month, if it has not yet been forgiven, and the future month's premium. Coverage begins the first day of the month after the month in which the person pays both these premiums in full.

A person may have back-to-back grace months. If the person pays the grace month premium by noon on the last working day of the grace month, but does not pay for a future month of coverage, the future month of coverage is a grace month.

A person approved for retroactive Medical Assistance (MA) for a month in which the person had MinnesotaCare eligibility and was in a grace month must still pay the grace month premium, if it has not yet been forgiven, to re-enroll in coverage.

The MinnesotaCare grace month applies only to enrollees who are required to pay a MinnesotaCare premium. Household members who are not required to pay premiums, such as people under the age of 21, remain covered, regardless of whether other household members' premiums are paid.

Grace Month and Renewals

Whether a person is a MinnesotaCare enrollee who is in a grace month or was disenrolled for failure to pay premiums has no effect on his or her MinnesotaCare renewal process. The agency must process renewals for MinnesotaCare enrollees who have entered a grace month and people who are disenrolled for nonpayment, following the same process for MinnesotaCare enrollees who are not in a grace month. Disenrollment for nonpayment of a MinnesotaCare premium does not prevent or delay a person's renewal of MinnesotaCare eligibility.

People who are subject to a premium must continue paying their premiums timely during the renewal process to maintain coverage.

A person disenrolled for nonpayment whose eligibility is renewed with a different monthly premium must pay the new premium amount for a future month of coverage in addition to the past due premium for the grace month, if it has not yet been forgiven, to re-enroll in MinnesotaCare coverage.

The grace month and premium payment policies apply to enrollees who are required to complete a renewal form. MinnesotaCare enrollees have a January renewal month. January may be a grace month.

Premium Forgiveness

Any full or partial unpaid grace month premium, whether it is unpaid because of lack of payment or insufficient funds, is forgiven before issuing the MinnesotaCare premium bill for the fourth month of coverage after disenrollment. Premiums are forgiven even though capitation was paid for the grace month. After the grace month's premium is forgiven, a person is only required to pay a future month's premium to re-enroll in coverage.

When a person is added to an existing MinnesotaCare case during a grace month, and, as a result of the person being added, the household is no longer required to pay a premium for coverage, the household is premium exempt effective the first day of the month after the change was reported. Any unpaid grace month premium for the household that is no longer required to pay a MinnesotaCare premium is forgiven once the person is added to the household and determined eligible for MinnesotaCare.

Cost Sharing

Cost sharing includes those costs a MinnesotaCare enrollee pays towards their health care. MinnesotaCare cost sharing includes deductibles, medical visit and prescription copays.

Adults age 21 or older have a:

- Monthly deductible
- Copays for non-preventative visits
- Copays for nonemergency ER visits
- Copays for eyeglasses
- Copays for prescription drugs

There is no cost sharing for mental health services.

American Indians and Alaska Natives enrolled in a federally recognized tribe are exempt from cost sharing. Verification of membership in a federally recognized tribe is required to be exempt from cost sharing. Acceptable verifications include a data match from an electronic data source or paper documentation.

Providers must serve MinnesotaCare enrollees who are not able to pay a copay or deductible at the time of the visit, however, that provider does not have to serve an enrollee again if their cost sharing is still not paid.

Legal Citations

Code of Federal Regulations, title 42, section 600.505

Code of Federal Regulations, title 42, section 600.510

Code of Federal Regulations, title 42, section 600.525

Code of Federal Regulations, title 45, section 155.350

Minnesota Statutes, section 256L.03

Minnesota Statutes, section 256L.06

Minnesota Statutes, section 256L.15

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M. Appendix F Standards and Guidelines

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
July 1, 2019 to June 30, 2020	\$635
July 1, 2018 to June 30, 2019	\$617

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, 2020 to December 31, 2020	\$3,216.50
January 1, 2019 to December 31, 2019	\$3,160.50

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
July 1, 2019 to June 30, 2020	\$ 2,115
July 1, 2018 to June 30, 2019	\$2,058

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, 2019 to September 30, 2020	\$490
October 1, 2018 to September 30, 2019	\$493

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, 2019 to September 30, 2020	\$143
October 1, 2018 to September 30, 2019	\$126

Effective Dates	Telephone Allowance
October 1, 2019 to September 30, 2020	\$49
October 1, 2018 to September 30, 2019	\$47

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, 2020 to December 31, 2020	\$595,000
January 1, 2019 to December 31, 2019	\$585,000

IRS Mileage Rate

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

Effective Dates	IRS Mileage Rate
<u>January 1, 2020 to December 31, 2020</u>	<u>57.5 cents</u>
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, 2020 to December 31, 2020	\$104
January 1, 2019 to December 31, 2019	\$102

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
July 1, 2019 to June 30, 2020	\$1,041
July 1, 2018 to June 30, 2019	\$1,012

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
July 1, 2019 to June 30, 2020	\$1,024
July 1, 2018 to June 30, 2019	\$1,003

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, 2020 to December 31, 2020	No minimum	\$128,640
January 1, 2019 to December 31, 2019	No minimum	\$126,420

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, 2020 to December 31, 2020	1.016
January 1, 2019 to December 31, 2019	1.028

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
January 1, 2020 to June 30, 2020	\$182
July 1, 2019 to December, 2019	\$180

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, 2020 to December 31, 2020	\$2,349
January 1, 2019 to December 31, 2019	\$2,313

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
July 1, 2019 to June 30, 2020	\$7,960
July 1, 2018 to June 30, 2019	\$7,288

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, 2020 to December 31, 2020	\$1,900	\$7,670
January 1, 2019 to December 31, 2019	\$1,870	\$7,550

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, 2020 to December 31, 2020	\$783
January 1, 2019 to December 31, 2019	\$771

Effective Date	Couple
January 1, 2020 to December 31, 2020	\$1,175
January 1, 2019 to December 31, 2019	\$1,157

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	2019 Tax Year Threshold Amount	2020 Tax Year Threshold Amount
Single	No	No	Earned Income	\$12,000	\$12,200
Single	No	No	Unearned Income	\$1,050	\$1,100

Marital Status	Age over 65?	Blind?	Income Type	2019 Tax Year Threshold Amount	2020 Tax Year Threshold Amount
Single	No	No	Gross Income	Larger of \$1,050 or Earned Income Reported up to \$11,650 + \$350	Larger of \$1,100 or Earned Income Reported up to \$11,850 + \$350
Single	Yes	No	Earned Income	\$13,600	\$13,850
Single	Yes	No	Unearned Income	\$2,650	\$2,750
Single	Yes	No	Gross Income	Larger of \$2,650 or Earned Income Reported up to \$11,650 + \$1,950	Larger of \$2,750 or Earned Income Reported up to \$11,850 + \$2,000
Single	No	Yes	Earned Income	\$13,600	\$13,850
Single	No	Yes	Unearned Income	\$2,650	\$2,750
Single	No	Yes	Gross Income	Larger of \$2,650 or Earned Income Reported up to \$11,650 + \$1,950	Larger of \$2,750 or Earned Income Reported up to \$11,850 + \$2,000
Single	Yes	Yes	Earned Income	\$15,200	\$15,500
Single	Yes	Yes	Unearned Income	\$4,250	\$4,400
Single	Yes	Yes	Gross Income	Larger of \$4,250 or Earned Income	Larger of \$4,400 or Earned Income

Marital Status	Age over 65?	Blind?	Income Type	2019 Tax Year Threshold Amount	2020 Tax Year Threshold Amount
				Reported up to \$11,650 + \$3,550	Reported up to \$11,850 + \$3,650
Married	No	No	Earned Income	\$12,000	\$12,200
Married	No	No	Unearned Income	\$1,050	\$1,100
Married	No	No	Gross Income	Larger of \$1,050 or Earned Income Reported up to \$11,650 + \$350	Larger of \$1,100 or Earned Income Reported up to \$11,850 + \$350
Married	Yes	No	Earned Income	\$13,300	\$13,500
Married	Yes	No	Unearned Income	\$2,350	\$2,400
Married	Yes	No	Gross Income	Larger of \$2,350 or Earned Income Reported up to \$11,650 + \$1,650	Larger of \$2,400 or Earned Income Reported up to \$11,850 + \$1,650
Married	No	Yes	Earned Income	\$13,300	\$13,500
Married	No	Yes	Unearned Income	\$2,350	\$2,400
Married	No	Yes	Gross Income	Larger of \$2,350 or Earned Income Reported up to \$11,650 + \$1,650	Larger of \$2,400 or Earned Income Reported up to \$11,850 + \$1,650

Marital Status	Age over 65?	Blind?	Income Type	2019 Tax Year Threshold Amount	2020 Tax Year Threshold Amount
Married	Yes	Yes	Earned Income	\$14,600	\$14,800
Married	Yes	Yes	Unearned Income	\$3,650	\$3,700
Married	Yes	Yes	Gross Income	Larger of \$3,650 or Earned Income Reported up to \$11,650 + \$2,950	Larger of \$3,700 or Earned Income Reported up to \$11,850 + \$2,950

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N. Appendix H Lawfully Present Noncitizens

Appendix H

Lawfully Present Noncitizens

A lawfully present noncitizen is a noncitizen who has been granted the right to enter or stay in the United States and has not violated the terms of their agreement.

For eligibility information for Minnesota Health Care Programs, see the [MA Immigration Status](#) and [MinnesotaCare Lawful Presence](#) sections.

Immigration statuses that are lawfully present include, but are not limited to:

- Afghan and Iraqi Special Immigrant
- Amerasian
- Asylee, including:
 - pending applicants for asylum under the age of 14 who have had an application pending for at least 180 days, or
 - pending applicants for asylum age 14 or older who have been granted employment authorization
- Battered Noncitizen, including a child of a Battered Noncitizen
- Beneficiary of an approved visa petition with a pending application for adjustment of status
- Conditional Entrant
- Cuban or Haitian Entrant
- Deferred Action
- Deferred Enforced Departure (DED) decision by the President of the United States
- Family Unity Beneficiary
- Granted an Administrative stay of removal Leave
- ~~Granted employment authorization and have one of the following statuses: under 8 CFR 274a.12(c). See the USCIS website for a list of employment authorized categories.~~
 - Applicant for cancellation of removal or suspension of deportation
 - Order of supervision
 - Registry applicants for a Green Card
 - Applicant for legalization under Immigration Reform and Control Act (IRCA) or under the LIFE Act
- ~~Haitian Entrant~~

- Humanitarian ~~Parolee~~ Entrant
- Lawful Permanent Resident (LPR)
- Lawful Temporary Resident (LTR)
- Lawfully present in American Samoa and Commonwealth of Northern Mariana Islands
- Marshall Islanders, Micronesians, and Palauans
- Members of a federally recognized Indian tribe or American Indians born in Canada
- ~~Micronesian~~
- Noncitizens receiving services at the Centers for Victims of Torture
- Nonimmigrant Status, including, but not limited to people with:
 - K-Visas
 - Student Visas
 - Tourist Visas
 - ~~T-Visas~~
 - U-Visas
 - V-Visas
 - Worker Visas
- Paroled into the United States for one year or more
- ~~Palauan~~
- Refugee
- Special Immigrant Juvenile Status (SIJS), including pending applicants for SIJS
- Temporary Protected Status (TPS), including pending applicants for TPS who have been granted employment authorization
- Temporary Resident Status under 8 USC 1160 or 1255a
- Trafficking Victim or T-Visa holders
- Withholding of Removal

Legal Citations

Centers for Medicare & 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 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 435.406

Code of Federal Regulations, title 45, section 152.2

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