



# **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 #20.3**

**September 1, 2020**

# Manual Letter #20.3

This manual letter lists new and revised policy for the Minnesota Health Care Programs (MHCP) Eligibility Policy Manual (EPM) as of September 1, 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

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

### A. [EPM Home Page](#)

We added this manual letter to the home page and removed bulletin #17-21-05.

### B. [Section 1.2.7 MHCP Applications for Incarcerated People Preparing for Release](#)

The update is to clarify the date of incarceration and the actual or anticipated date of release must be verified for incarcerated people who request Medical Assistance.

### C. [Section 2.2.3.4 MA-FCA Income Methodology](#)

This update clarifies that there are different types of income that varies month to month.

### D. [Section 2.3.2.2 MA-ABD Certification Disability](#)

We clarify people who need a disability determination from SMRT and when a person must be referred to SMRT.

### E. [Section 2.3.5.1.2 MA-EPD Premiums Cost Sharing](#)

We define how to identify and verify when a person is an American Indian.

### F. [Section 2.3.5.1.3 MA-EPD Work Requirements](#)

In this section, we clarify when seasonal self-employment income is counted. We also expand on when the four-month medical leave ends.

### **G. Section 2.3.7 MA 1619(a) and 1619(b)**

We include a person with 1619 (a) or 1619 (b) status must be verified; however, verification of their income and assets are not required. We also consolidated the policy statement for people with 1619 (a) or 1619 (b) status are eligible without an income or asset test.

### **H. Section 2.5.4.4.1 IMD Cost-Effective Insurance**

We remove the reference to part B from the Medicare reimbursement title.

### **I. Section 3.1.2.2 MinnesotaCare Premiums and Cost Sharing**

In this section, we clarify when a MinnesotaCare premium can be refunded to the enrollee.

### **J. Appendix F Standards and Guidelines**

We update the amounts for the following allowances:

- Utility allowance
- Electricity allowance
- Telephone allowance

The updated amounts become effective October 1, 2020.

## II. Documentation of Changes

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

- A. [EPM Home Page](#)
- B. [Section 1.2.7 MHCP Applications for Incarcerated People Preparing for Release](#)
- C. [Section 2.2.3.4 MA-FCA Income Methodology](#)
- D. [Section 2.3.2.2 MA-ABD Certification Disability](#)
- E. [Section 2.3.5.1.2 MA-EPD Premiums Cost Sharing](#)
- F. [Section 2.3.5.1.3 MA-EPD Work Requirements](#)
- G. [Section 2.3.7 MA 1619\(a\) and 1619\(b\)](#)
- H. [Section 2.5.4.4.1 IMD Cost-Effective Insurance](#)
- I. [Section 3.1.2.2 MinnesotaCare Premiums and Cost Sharing](#)
- J. [Appendix F Standards and Guidelines](#)

## 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 1, 2020

MHCP EPM Manual Letter #20.2, June 1, 2020

MHCP EPM Manual Letter #20.3, September 1, 2020

2019 Manual Letter

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

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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## **B. Section 1.2.7 MHCP Applications for Incarcerated People Preparing for Release**

Minnesota Health Care Programs

### **1.2.7 Applications for Incarcerated People Preparing for Release**

A person who is incarcerated and applying for Minnesota Health Care Programs (MHCP) before their release from a state prison, county detention facility, or city jail must apply using a paper application. Applying with a paper application ensures that eligibility dates for health care coverage are correct.

Incarcerated people who do not apply for MHCP before release follow all standard policies when applying for health care after release.

#### **Health Care Application**

People who are incarcerated preparing for release may receive application assistance from a discharge planner or facility staff when applying for MHCP.

There are two application paths for people who are incarcerated so health care coverage can begin on the day they are released.

#### **Shortened Application Process for People Incarcerated for Less Than 12 Months**

People who are incarcerated for less than 12 months and who were MA enrollees at the time they were incarcerated may have their MA coverage reopened without a new MHCP application by submitting a Request to Re-Open MA (DHS-5038) to their county or tribal servicing agency. DHS-5038 must be submitted no earlier than 45 days before release and no later than 10 calendar days after release.

#### **New Application for People Incarcerated for 12 Months or More**

People who are incarcerated for 12 months or more must complete the appropriate MHCP application and the Individual Discharge Information Sheet (IDIS) (DHS-3443). Refer to Section 1.2 MHCP Application Forms for more information. The application and DHS-3443 must be submitted no earlier than 45 days before release.

The date of incarceration and the actual or anticipated release date from incarceration must be verified. The release date may be verified by any of the following:

- The actual date of release from the Facility Section on DHS-5038
- Phone or fax contacts with the facility
- Official correspondence from the facility with the release date listed

- Official lists provided to the county agency by the facility containing the incarcerated individual's name and release date
- Department of Corrections Web site
- Official jail roster.

## **Servicing Agency for Incarcerated People Preparing for Release**

The completed DHS-5038, or the completed MHCP application and DHS-3443, are submitted to the county or tribal servicing agency where the person lived immediately before entering the correctional facility. If the previous county of residence is unknown or the person lived in another state immediately before being incarcerated, the completed forms are sent to the county or tribal servicing agency where the person plans to live after release.

## **Financially Responsible Agency for Incarcerated People Preparing for Release**

The financially responsible agency is the agency in which the person resided immediately before entering the correctional facility. If the previous county of residence is unknown or the person lived in another state immediately before being incarcerated, the financially responsible agency is the county or tribe in which the facility is located.

## **Legal Citations**

Minnesota Statutes, section 256B.055, subdivision 14

Minnesota Statutes, section 256G.01, subdivision 4

Minnesota Statutes, section 256G.02, subdivision 4 & 6

Minnesota Statutes, section 256G.08, subdivision 2

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## C. Section 2.2.3.4 MA-FCA Income Methodology

Medical Assistance for Families with Children and Adults

### 2.2.3.4 Income Methodology

Income eligibility for Medical Assistance for Families with Children and Adults (MA-FCA) is based on current monthly income and adjustments using the Modified Adjusted Gross Income (MAGI) methodology as follows:

- Household income includes:
  - The types of income included in Federal taxable income, including losses, minus Federal income tax adjustments
  - Nontaxable foreign earned income and housing cost of citizens or residents of the United States living abroad
  - Nontaxable interest income
  - Nontaxable Social Security and tier one railroad retirement benefits
- Household income does not include:
  - Scholarships, awards or fellowship grants used for education purposes and not for living expenses
  - Certain American Indian/Alaska Native income
- Lump sum income is counted in the month received if it is from a type of income that is included in MAGI methodology. If the lump sum is from an income type that is not included in a person's modified adjusted gross income, it is not counted.

Refer to the MAGI Fact Sheet for a quick reference guide on MAGI.

Current income is the income a person actually receives in a current or past month, and expects to receive during each month of their 12-month certification period.

Current income is reported and counted based on how frequently a person receives it. A person may receive income weekly, biweekly (every other week), semi-monthly (twice a month), monthly, quarterly, or in other frequencies.

Current monthly income is counted in the month received.

- Income received less frequently than monthly is counted based on the average monthly income.
- Income that varies month to month including, but not limited to, seasonal income, temporary census income, and unemployment compensation ~~and seasonal income~~ are reported and counted based on the annual amount a person expects to receive during the 12-month certification period.

## Federal Taxable Income

Federal taxable income are the different types of income that appear in the Income section of the Internal Revenue Service (IRS) form 1040, IRS form 1040-A and or IRS form 1040-EZ. Only the taxable portions of these types of income are included in the adjusted gross income. The types of losses that are reported on federal income tax returns can offset income. See the appropriate IRS form instructions for examples of federal taxable income. The general types of taxable income include the following:

- Wages, salary and tips
  - Payroll or pre-tax deductions for childcare, health insurance, retirement plans, transportation assistance and other employee benefits are not taxable and are not included in a person's adjusted gross income.
  - Medicaid waiver payments received by a person who provides HCBS waiver services (personal care services, habilitation services, and other services) to an eligible person living with them are not taxable and not included in a person's adjusted gross income. See Internal Revenue Bulletin 2014-4 for more information.

If the eligible person does not live with the person providing the HCBS waiver services, the Medicaid waiver payments are taxable and are included in the person's adjusted gross income.

- Interest
- Dividends
- Taxable refunds, credits or offsets of state and local income taxes
- Alimony received
- Business income or loss (includes self-employment)
- Capital gains or losses
- Other gains or losses
- Individual retirement account (IRA) distributions
- Pension and annuity payments
- Income or loss from rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Farm income or loss
- Unemployment compensation
- Social Security benefits
- Other income or loss

Generally, money a person receives through a fundraising or donation event is considered a personal gift if the money was given directly or indirectly without the expectation of receiving anything in return. Personal gifts are not included in a person's adjusted gross income.

- Net operating loss, including a carryforward loss

## **Federal Income Tax Adjustments**

The types of adjustments that appear in the Adjusted Gross Income section of the 1040 or 1040-A are subtracted from gross income to calculate the adjusted gross income. Only specific types of adjustments are allowed. See the appropriate IRS form instructions for specific information about the types of adjustments.

- Educator expenses
- Certain business expenses of reservists, performing artists and fee-basis government officials
- Health savings account
- Moving expenses
- Deductible portion of self-employment tax
- Self-employed Simplified Employee Pension (SEP), Savings Incentive Match Plan for Employees (SIMPLE) and qualified plans
- Self-employed health insurance
- Penalty on early withdrawal of savings
- Alimony paid (spousal support)
- IRA deduction
- Student loan interest
- Tuition and fees
- Domestic production activities

## **Scholarships, Awards or Fellowship Grants**

Taxable scholarships, awards or grants used for education purposes and not for living expenses (room and board) are excluded income under the MA-FCA income methodology.

## **American Indian and Alaska Native Income**

The following income is excluded under the MA-FCA income methodology for American Indian and Alaska Native people:

- Distributions from Alaska Native Corporations and Settlement Trusts
- Distributions from any property held in trust, subject to federal restrictions, located within the most recent boundaries of a prior federal reservation, or otherwise under the supervision of the Secretary of the Interior
- Distributions and payments from rents, leases, rights of way, royalties, usage rights or natural resource extraction and harvest from:

- rights of ownership or possession in properties held in trust under the supervision of the Secretary of the Interior; or
- federally protected rights regarding off-reservation hunting, fishing, gathering or usage of natural resources.
- Distributions resulting from real property ownership interests related to natural resources and improvements:
  - located on or near a reservation or within the most recent boundaries of a prior federal reservation, or
  - resulting from the exercise of federally protected rights relating to such real property ownership interests.
- Payments resulting from ownership interests in or usage rights to items that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable Tribal Law or custom
- Student financial assistance provided under the Bureau of Indian Affairs education programs

### **Lump Sum Income**

Under MA-FCA, lump sum income is one-time income that is not predictable. Periodic reoccurring income is not lump sum income. Lump sum income is only counted under MA-FCA if it is a type of income that is included in the calculation of modified adjusted gross income (MAGI).

Examples of lump sum income that is part of the MAGI calculation include, but are not limited to:

- Winnings (lottery, gambling)
- Alimony settlements
- Wage bonuses

### **Legal Citations**

Code of Federal Regulations, title 42, section 435.603

Code of Federal Regulations, title 45, section 155.305

Minnesota Statutes, section 256B.057

Minnesota Statutes, section 256L.01

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## D. Section 2.3.2.2 MA-ABD Certification Disability

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

### 2.3.2.2 Certification of Disability

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

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

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

## Medicare

An individual does not need a disability determination if they are eligible for Medicare, and lose their RSDI benefits because they earn more than the Substantial Gainful Activity (SGA) level. These people are eligible for the Medicare extension (as long as SSA considers these people to remain disabled during the Medicare extension, they continue to meet a disabled basis for MA).

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

## Disability Certification for MA Eligibility

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

- Enroll in MA for Employed Persons with Disabilities (MA-EPD)
  - MA-EPD enrollees who lose their certification of disability with SSA must be referred to SMRT for a certification of disability. An MA-EPD enrollee who is referred to SMRT remains eligible for MA-EPD during the time SMRT is making its determination.
- ~~Use the TEFRA option.~~ Access MA under the TEFRA option for children with a disability is named after the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 that created the option. Children with a disability and household income above the MA income limit need a disability certification and level of care determination to use the TEFRA option.
  - SMRT makes the level of care determination.

- Receive home and community-based services through the:
  - Brain Injury (BI) waiver
  - Community Alternative Care (CAC) waiver
  - Community Access for Disability Inclusion (CADI) waiver

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

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

### **Disability Certification for Other Reasons**

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

- To be excluded from managed care enrollment
  - A person does not have to use a disabled basis of eligibility for Medical Assistance to be excluded from managed care enrollment.
- To enroll in Special Needs Basic Care (SNBC), a specialized managed care plan for people age 18-64 with a certified disability

Additional reasons for needing a disability certification include:

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

### **State Medical Review Team Certification of Disability**

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

### **Referral Process**

Since the SSA disability determination process can be long, the county, tribal or state servicing agency completes a SMRT Referral for a Disability Determination. Referrals are sent in only through the Integrated Service Delivery System (ISDS).

### **Expedited Case Criteria**

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

- The person has a condition that appears on the SSA Compassionate Allowance Listing (CAL)
- The person is awaiting discharge from a facility and can be discharged immediately if MA is approved
- The person has a potentially life-threatening situation and requires immediate treatment or medication
- There is a county error that may jeopardize a client's benefits. This circumstance is reviewed and accepted on a case by case basis.

### **Continuing Disability Review**

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

### **Additional SMRT Referrals:**

The following people need a SMRT referral:

- People whose Supplemental Security Income (SSI) or Retirement, Survivors, and Disability Insurance (RSDI) application is pending or being appealed.
- People who are not eligible for SSI or RSDI, because they earn more than the substantial gainful activity (SGA) level.
- People whose SSI, RSDI, or 1619(a) for 1619(b) benefits are terminated.
- People who have extended Medicare but who are no longer receiving RSDI. Some people may remain disabled but lose RSDI because they earn more than the substantial gainful activity (SGA) level. Because SSA considers them to remain disabled, they continue to meet a disabled basis of eligibility for MA. A referral to SMRT should be made two months before the Medicare extension ends.

### **Legal Citations**

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

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

Code of Federal Regulations, title 42, section 435.541

Minnesota Statutes, section 256.01

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## E. Section 2.3.5.1.2 MA-EPD Premiums Cost Sharing

Medical Assistance for Employed Persons with Disabilities

### 2.3.5.1.2 Premiums and Cost Sharing

People enrolled in Medical Assistance for Employed Persons with Disabilities (MA-EPD) must pay monthly premiums. A premium is based upon:

1. A person's gross countable income. The minimum amount will be \$35 per month, with a sliding scale for people with gross income at or below 300% of the Federal Poverty Guidelines (FPG). If income is greater than 300% FPG, the rate is 7.5% of gross income.
2. An additional fee that is equal to 0.5% of unearned income. The fee is paid no matter how low gross income is.

The total MA-EPD premium is the combined amount.

An American Indian or Alaska Native who has provided verification of American Indian or Alaska Native status is exempt from paying a premium for MA-EPD.

An American Indian is defined as a person who is:

- A member of a federally recognized Indian tribe;
- Considered by the Secretary of the interior to be an Indian for any purpose: or
- Determined to be an Indian under regulations promulgated by the U.S. Secretary of Health and Human Services.

Any formal documentation from a tribe, Indian Health Services (IHS), or the Bureau of Indian Affairs (BIA) that verifies a person is an American Indian is acceptable as verification.

Premium free MA-EPD coverage for people who are American Indian or Alaska Native begins the first month of MA-EPD eligibility.

An online MA-EPD premium estimator is available. A person's county or tribal servicing agency is responsible for collecting the initial MA-EPD premium. The Minnesota Department of Human Services (DHS) bills for ongoing MA-EPD premiums monthly.

MA-EPD coverage does not begin until the initial premium is paid. Applicants who request retroactive coverage must pay the premium for any retroactive months before coverage is approved for the retroactive period.

The average anticipated gross monthly countable income is used to calculate the MA-EPD premium amount for a six-month period. The actual gross monthly income is used to calculate the MA-EPD premium amount during any retroactive months.

MA-EPD premiums are calculated for a six-month period. The premium amount is the same for all six months, because the premium is based on average anticipated income.

Premiums can be changed during the six-month period only in the following situations:

- A reported change results in a decreased premium. The decreased premium is effective the first day of the month after the change is reported.
- Income guidelines change because of a change in law,
- The annual increase in FPG standards
- To include increased RSDI benefit amounts when the RSDI COLA disregard ends, effective July 1 of each year

Premiums are recalculated at each six-month renewal.

## **Gross Countable Income**

Gross countable income includes countable earned and unearned income of the person and anyone whose income deems to the person, without any disregards or deductions applied. See the MA for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) Countable Income policy for more information.

### **Excluded Income**

The MA-ABD excluded income policy applies to MA-EPD. See the MA-ABD Excluded Income policy for more information.

### **Deeming**

Only the MA-EPD enrollee's income is counted for adults age 18 and older. No spousal income is deemed to the MA-EPD spouse. Parental income is deemed for MA-EPD applicants and enrollees younger than age 18.

### **Disregards and Deductions**

MA-EPD enrollees do not use standard MA-ABD deductions and disregards, because premiums are calculated using the gross countable income.

## **Family Size**

Family size is used to determine premium rates. Family size is determined for each person separately. Family size may be different for each person on an application or in a household.

For MA-EPD enrollees age 21 or older, family size includes the following, if they are living with the person:

- Enrollee
- Spouse (unless they are enrolled in MA-EPD)
- Biological or adopted children, including those who are temporarily absent
- Spouse's biological or adopted children, including those who are temporarily absent

- Unborn children of the person or their spouse

For MA-EPD enrollees under age 21, family size includes the following if they are living with the person:

- Enrollee
- Spouse (unless they are enrolled in MA-EPD)
- Biological or adoptive parents
- Stepparent, if the biological or adoptive parent also lives with the person
- Siblings (biological, adopted, or step siblings)
- Unborn children of the person, their spouse or their biological, adoptive or step parents listed above

## **Good Cause for Non Payment of MA-EPD Premiums**

People who cannot pay their premium may request good cause. A “good cause” request is an enrollee’s request for premium relief because of circumstances outside their control. DHS is responsible for good cause determinations. When a request is approved, premiums are waived for the period necessary for the enrollee to resolve the situation preventing the enrollee from paying premiums.

Good cause is defined as circumstances beyond a person's control or that they could not reasonably foresee resulting in the enrollee being unable or failing to pay the premium.

Good cause does not include choosing to pay other household expenses instead of the premium. A person cannot request good cause for non-payment of an initial premium. Good cause can only be requested for the non-payment of subsequent premiums.

### **Requesting Good Cause**

People must request good cause using the MA-EPD Good Case Request form (DHS-6939). The form can be submitted electronically, or printed and mailed to DHS. Enrollees needing assistance in completing the form can call Disability Hub MN at 866-333-2466.

DHS provides the person with written notice of their decision within 30 days. People may appeal a finding that good cause does not exist. See the MHCP Appeals policy for more information.

## **Legal Citations**

Minnesota Rules, part 9506.0040, subpart 7, items B to D

Minnesota Statutes, section 256B.057, subdivision 9

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## F. Section 2.3.5.1.3 MA-EPD Work Requirements

Medical Assistance for Employed Persons with Disabilities

### 2.3.5.1.3 Work Requirements

A person must be employed to be eligible for Medical Assistance for Employed Persons with Disabilities (MA-EPD). This policy describes specific employment requirements for MA-EPD.

#### Employment Income

A person must have earned income greater than \$65 from wages or self-employment earnings. For wages, earned income is monthly average gross income. For self-employment income, earned income is the net earnings from self-employment, which is the gross income minus all expenses the Internal Revenue Service (IRS) allows as a self-employment expense.

Seasonal self-employment is counted only in the months in which the person is engaged in work activity.

Social Security and Medicare taxes must be withheld from wages. State and federal income taxes need only be paid or withheld if the person earns enough to be required to pay those taxes. A person with self-employment earnings must pay Social Security and Medicare taxes at least annually. Quarterly estimated state and federal income taxes must be paid if the person earns enough to be required to pay those taxes.

A person cannot retain MA-EPD eligibility or become eligible for MA-EPD simply by filing self-employment taxes. Self-employed people generally must:

- work for themselves rather than for an employer
- be responsible for their own work schedule
- not be covered under an employer's liability insurance or Workers' Compensation
- pay Social Security and Medicare taxes

The following are not considered employment income for MA-EPD:

- Gratuitous money allowances
- Honoraria or stipends that only reimburse expenses or do not have Medicare and Social Security taxes withheld or paid annually
- Payments for participation in a clinical trial
- Payments for the sale of blood or blood plasma

Individuals with two sources of employment income, one source that has taxes withheld and one source that does not, are eligible for MA-EPD. The gross monthly earnings from which taxes are withheld must exceed \$65.

## **Verification of Employment Income**

Employment income must be verified at application and renewal. See Mandatory Verifications for more information. Refer to ~~section 2.3.3.3.2.1~~ Countable Income

## **Medical Leave or Job Loss Extension**

MA-EPD enrollees must receive employment income or must engage in self-employment activities each month unless they meet specific medical leave or job loss criteria. However, medical leave and job loss provisions do not pertain to the month of application or in any retroactive month. An MA-EPD applicant must be employed at application and during any retroactive months.

MA-EPD enrollees are still considered employed if they change jobs and receive no paychecks for one month because of different pay periods in each job.

### **Four-Month Medical Leave**

An MA-EPD enrollee may maintain eligibility, without earnings, for up to four calendar months due to a verified medical condition.

- A physician's statement is necessary to verify the need for medical leave before continuing coverage under MA-EPD.
- The four-month medical leave begins the month after the enrollee is unable to work.
- The four-month medical leave ends the last day of the fourth month in which the enrollee is unable to work, even if the physician's statement states the enrollee is expected to be unable to work for more than four calendar months.

### **Four-Month Job Loss**

An MA-EPD enrollee may maintain eligibility, without earnings, for up to four months due to job loss that was not caused by or attributed to the enrollee. Situations that would allow a four-month extension include, but are not limited to, layoffs due to lack of work or business closing.

- Verification of the reason the enrollee became unemployed is required before continuing coverage under MA-EPD.
- The four-month job loss leave begins after the enrollee stops working or receives the last paycheck, whichever is later.

MA-EPD enrollees who become unemployed for reasons attributable to them, such as poor work performance, discharge for misconduct, or resignation for reasons other than medical leave, are not eligible for the four-month extension.

Employees who become unemployed while on medical leave from their jobs may remain enrolled for four additional months following the month in which they are terminated or laid off.

There is no annual limit on the number of times the MA-EPD medical leave or job loss extensions can be used. The enrollee must return to work between leaves and meet all requirements. Enrollees who remain eligible for MA-EPD due to the four-month job loss extension may not extend eligibility with a medical leave without returning to work between leaves.

Enrollees must continue to pay MA-EPD premiums during the four-month medical leave or job loss extension.

## Legal Citations

Minnesota Statutes, section 256B.057, subdivision 9

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## G. Section 2.3.7 MA 1619(a) and 1619(b)

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

### **2.3.7 Medical Assistance 1619 (a) or 1619 (b)**

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

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

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

#### General Requirements

##### MA Applications

People currently enrolled in MA who gain 1619(a) or 1619(b) status are not required to submit a new application to continue MA eligibility. People not currently enrolled in MA who gain 1619(a) or 1619(b) status must submit a new application to apply for MA. Refer to Minnesota Health Care Programs Application (MHCP) for more information about applications.

##### MA Responsibilities

###### MA Benefit Recovery

- MA Estate Recovery

- MA Liens

- MA Third Party Liability

- MA Cost Effective Insurance

- MA Medical Support

- MA Other Third Party Liability

###### MA Cooperation

- MA Cost Sharing

- MHCP Fraud

- MHCP Inconsistent Information

## MA Referral for Other Benefits

### MHCP Rights

MHCP Appeals

MHCP Authorized Representative

MHCP Civil Rights

MHCP Data Privacy

MHCP Notices

### Non-Financial Eligibility

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

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

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

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

The person's 1619 (a) or 1619 (b) status must be verified at application and renewal.

### MA-ABD Non-Financial Eligibility

### Financial Eligibility

People with 1619 (a) or 1619 (b) status are eligible without an income or asset test. SSA decides when a person exceeds the 1619 (a) or 1619 (b) income or asset limit.

Verification of income and assets are not required while the person remains under the 1619 (a) or 1619 (b) status.

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

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

See the SSA Continued Medicaid Eligibility webpage for more information.

### Post-Eligibility

#### MA Benefit Recovery

MA Estate Recovery  
MA Liens  
MHCP Overpayments  
MA Third Party Liability  
MA Cost-Effective Insurance  
MA Medical Support  
MA Other Third Party Liability  
MHCP Change in Circumstances  
MA Cooperation  
MA Cost Sharing  
MHCP Fraud  
MA-ABD Health Care Delivery  
MA Inconsistent Information  
MA Qualifying Health Coverage  
MA Referral for Other Benefits  
MA-ABD Renewals

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

### **Legal Citations**

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

Social Security Act, section 1619

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Section 2.3.7 was previously titled MA-ABD Medical Assistance Minnesota Supplemental Aid. That version was archived on June 1, 2020. The section formerly titled 2.3.8 MA-ABD Medical Assistance 1619(a) or 1619(b) was moved to Section 2.3.7 to replace the previous page. The following is a hyperlink to the only archive of the previous page:

[Section 2.3.7 MA-ABD medical Assistance Minnesota Supplemental Aid, Manual Letter #16.1 June 1, 2016 \(Original Version\)](#)

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  - [Revised page](#)

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## H.Section 2.5.4.4.1 IMD Cost-Effective Insurance

Program IM

### 2.5.4.4.1 Medicare

#### Medicare Eligibility

People who are enrolled in an Institution for Mental Diseases (IMD) and who would otherwise qualify for Medical Assistance (MA) if they did not reside in an IMD must enroll in Medicare, if eligible, to be eligible for Program IM.

If a person eligible for Medicare is not enrolled in the program at the time they are placed in an IMD, they must apply for Medicare during the next available general enrollment period (January through March of each year) to remain eligible in Program IM.

#### Medicare ~~Part B~~ Reimbursement

People who would be eligible for a Medicare Savings Program (MSP) if they did not reside in an IMD may be eligible to have their Medicare premiums reimbursed.

- People age 20 or younger and people age 65 or older may be eligible for an MSP while living in an IMD
- People age 21 through 64 are not eligible for an MSP while living in an IMD

#### Legal Citations

Minnesota Rules, part 9505.0430

Minnesota Statutes, section 256B.0625, subdivision 15

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## I. 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~~ A MinnesotaCare premium for a particular month, the premium is refunded only if, at the time the household requested the refund, the household paid a premium was 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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## J. 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, 2020 to June 30, 2021	\$647
July 1, 2019 to June 30, 2020	\$635

#### 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
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, 2020 to June 30, 2021	\$2,155
July 1, 2019 to June 30, 2020	\$ 2,115

### 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
<u>October 1, 2020 to September 30, 2021</u>	<u>\$496</u>
October 1, 2019 to September 30, 2020	\$490
<u>October 1, 2018 to September 30, 2019</u>	<u>\$493</u>

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
<u>October 1, 2020 to September 30, 2021</u>	<u>\$154</u>
October 1, 2019 to September 30, 2020	\$143
<u>October 1, 2018 to September 30, 2019</u>	<u>\$126</u>

Effective Dates	Telephone Allowance
October 1, 2020 to September 30, 2021	\$56
October 1, 2019 to September 30, 2020	\$49
<u>October 1, 2018 to September 30, 2019</u>	<u>\$47</u>

### 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
January 1, 2020 to December 31, 2020	57.5 cents
January 1, 2019 to December 31, 2019	58 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, 2020 to June 30, 2021	\$1,064
July 1, 2019 to June 30, 2020	\$1,041

### 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, 2020 to June 30, 2021	\$1,038
July 1, 2019 to June 30, 2020	\$1,024

## 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
July 1, 2020 to December 31, 2020	\$176
January 1, 2020 to June 30, 2020	\$182

## 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.

<b>Roomer and Boarder Standard</b>	<b>Amount</b>
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.

<b>Effective Dates</b>	<b>SIS</b>
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.

<b>Effective Dates</b>	<b>SAPSNF</b>
July 1, 2020 to June 30, 2021	\$8,412
July 1, 2019 to June 30, 2020	\$7,960

### **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.

<b>Effective Date</b>	<b>Monthly</b>	<b>Annual</b>
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.

<b>Effective Date</b>	<b>Individual</b>
January 1, 2020 to December 31, 2020	\$783
January 1, 2019 to December 31, 2019	\$771

<b>Effective Date</b>	<b>Couple</b>
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**

<b>Marital Status</b>	<b>Age over 65?</b>	<b>Blind?</b>	<b>Income Type</b>	<b>2019 Tax Year Threshold Amount</b>	<b>2020 Tax Year Threshold Amount</b>
Single	No	No	Earned Income	\$12,000	\$12,200

<b>Marital Status</b>	<b>Age over 65?</b>	<b>Blind?</b>	<b>Income Type</b>	<b>2019 Tax Year Threshold Amount</b>	<b>2020 Tax Year Threshold Amount</b>
Single	No	No	Unearned Income	\$1,050	\$1,100
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

<b>Marital Status</b>	<b>Age over 65?</b>	<b>Blind?</b>	<b>Income Type</b>	<b>2019 Tax Year Threshold Amount</b>	<b>2020 Tax Year Threshold Amount</b>
Single	Yes	Yes	Gross Income	Larger of \$4,250 or Earned Income Reported up to \$11,650 + \$3,550	Larger of \$4,400 or Earned Income 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	Larger of \$2,400 or Earned Income

<b>Marital Status</b>	<b>Age over 65?</b>	<b>Blind?</b>	<b>Income Type</b>	<b>2019 Tax Year Threshold Amount</b>	<b>2020 Tax Year Threshold Amount</b>
				Reported up to \$11,650 + \$1,650	Reported up to \$11,850 + \$1,650
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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