



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 #21.2

March 1, 2021

Manual Letter #21.2

This manual letter lists new and revised policy for the Minnesota Health Care Programs (MHCP) Eligibility Policy Manual (EPM) as of March 1, 2021. 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](#)

We add this manual letter to the EPM home page.

B. [Section 2.1.1.2.4 MA Referral Other Benefits](#)

We clarify people enrolled in Medicare Part A are not required to enroll in Part B or an MSP if they have primary coverage through an employer group health plan.

C. [Section 2.1.2.2.1 MA Citizenship](#)

We add REAL ID driver's license and ID card to the acceptable List 2.

D. [Section 2.3.3.3.2.1 MA-ABD Countable Income](#)

We clarify net rental income in the unearned income section.

E. [Section 3.2.1.1 MinnesotaCare Citizenship](#)

We add REAL ID driver's license and ID card to the acceptable List 2.

F. [Section 3.2.3.2 MinnesotaCare Employer Sponsored Coverage](#)

We update the MinnesotaCare Affordability Standard for Employer Sponsored coverage to 9.83 percent for 2021.

G. [Appendix F Standards and Guidelines](#)

We updated the Internal Revenue Service (IRS) mileage rate to .56 cents per mile for 2021.

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 Other Benefits](#)

C. [Section 2.1.2.2.1 MA Citizenship](#)

D. [Section 2.3.3.3.2.1 MA-ABD Countable Income](#)

E. [Section 3.2.1.1 MinnesotaCare Citizenship](#)

F. [Section 3.2.3.2 MinnesotaCare Employer Sponsored Coverage](#)

G. [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 #21.1, January 1, 2021

[MHCP EPM Manual Letter #21.2, March 1, 2021](#)

2020 Manual Letter

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

MHCP EPM Manual Letter #20.4, December 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 #19-21-01, Pre-eligibility Verification for Medical Assistance for Families with Children and Adults

- Bulletin #19-21-04, DHS Announces Changes to the MAGI Methodology for Medical Assistance and MinnesotaCare
- Bulletin #20-21-11, DHS Clarifies Medical Assistance Policies for Accepting Self-Attestation of Certain Eligibility Factors
- Bulletin #20-21-12, DHS Clarifies Treatment of Non-Homestead Life Estate in Medical Assistance for Long-Term Care (LTC)
- Bulletin #21-21-01, DHS Announces Automatic Medical Assistance Eligibility for Children in Foster Care or Receiving Northstar Kinship Assistance

COVID-19 Emergency Bulletins: These bulletins announce temporary policy modifications, which supercede policies in this manual, during the COVID-19 emergency. Because these bulletins provide temporary guidance, they will not be incorporated into this manual.

- Bulletin #20-21-02, DHS Announces Temporary Policy Changes to Minnesota Health Care Programs During the COVID-19 Peacetime Emergency
- Bulletin #20-21-03, DHS Announces Medical Assistance for COVID-19 Testing of Uninsured Individuals x Bulletin #20-21-04, DHS Explains Treatment of Federal Coronavirus Aid, Relief, and Economic Security Act Payments for Minnesota Health Care Programs
- Bulletin #20-21-05, DHS Explains Treatment of Federal Pandemic Unemployment Compensation Payments for Minnesota Health Care Programs
- Bulletin #20-21-06, DHS Explains Treatment of State, Local and Tribal COVID-19 Relief Payments for Minnesota Health Care Programs
- Bulletin #20-21-10, DHS Announces Updates to Temporary Policies for Minnesota Health Care Programs during the COVID-19 Public Health Emergency
- Bulletin #20-21-13, DHS Announces a Change to Processing PARIS Interstate Matches for MHCP Enrollees During the COVID-19 Public Health Emergency
- Bulletin #20-21-14, DHS Explains Treatment of Coronavirus Response Payments under the Consolidated Appropriations Act, 2021, for Minnesota Health Care Programs

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.

Published: ~~January-March~~ 1, 2021
Previous Versions
Manual Letter #21.1, January 1, 2021
Manual Letter #20.4, December 1, 2020
Manual Letter #20.3, September 1, 2020
Manual Letter #20.2, June 1, 2020
Manual Letter #20.1 March 1, 2020
Manual Letter #19.7, December 1, 2019
Manual Letter #19.6, November 1, 2019
Manual Letter #19.5, September 1, 2019
Manual Letter #19.4, August 7, 2019
Manual Letter #19.3, June 1, 2019
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

Archive Information

- Publication date: January 1, 2021
- Archived date: March 1, 2021
- Links:
 - [Archived page](#)
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B. Section 2.1.1.2.4 MA Referral 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.

MA enrollees enrolled in Medicare Part A are not required to enroll in Medicare Part B or enroll in an MSP if they have primary coverage under an employer group health insurance plan through:

- Their own current employment or their spouse's current employment.

- A parent's current employment as a disabled child (of any age).

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

Published: March 1, 2021~~0~~

Previous Versions

Manual Letter #20.1, March 4, 2020

Manual Letter #19.6, November 1, 2019

Manual Letter #19.2, April 1, 2019

Manual Letter 18.3, June 1, 2018

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

Archive Information

- Publication date: March 4, 2020
- Archived date: March 1, 2021
- Links:
 - [Archived page](#)
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C. Section 2.1.2.2.1 MA Citizenship

Medical Assistance

2.1.2.2.1 Citizenship

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

U.S. Citizen

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

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

U.S. National

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

Verification

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

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

Eligibility and coverage must end with a 10-day advance notice if the enrollee fails to provide proof of citizenship by the end of the reasonable opportunity period.

During the reasonable opportunity period, the county, tribal or state servicing agency must continue efforts to complete verification of an applicant's citizenship. This includes correcting errant demographic data, re-running electronic sources and checking case records and files for prior instances of successful electronic verification or citizenship documentation received previously. The agency must document efforts to verify an applicant's citizenship during the reasonable opportunity period in the case record. The agency must also help applicants and enrollees obtain required paper proofs.

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

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

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

Paper Proof of Citizenship

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

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

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

- List 1

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

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

- List 2

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

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

Exemptions from the Citizenship Verification Requirement

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

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

Legal Citations

Code of Federal Regulations, title 42, section 435.406

Code of Federal Regulations, title 42, section 435.407

Code of Federal Regulations, title 42, section 435.911

Code of Federal Regulations, title 42, section 435.945

Code of Federal Regulations, title 42, section 435.949
Code of Federal Regulations, title 42, section 435.952
Code of Federal Regulations, title 42, section 435.956
Code of Federal Regulations, title 42, section 435.1008
Code of Federal Regulations, title 42, section 457.320
Code of Federal Regulations, title 42, section 457.380
Patient Protection and Affordable Care Act, Public Law 111-148, section 1413
Patient Protection and Affordable Care Act, Public Law 111-148, section 14141

Published: ~~June~~ March 1, 2021

Previous Version:

Manual Letter #20.2, June 1, 2020

Manual Letter #19.3, June 1, 2019

Manual Letter #19.2, April 1, 2019

Manual Letter #18.2, April 1, 2018

Manual Letter #18.1, January 1, 2018

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

Archive Information

- Publication date: June 1, 2020
- Archived date: March 1, 2021
- Links:
 - [Archived page](#)
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D. Section 2.3.3.3.2.1 MA-ABD Countable Income

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

2.3.3.3.2.1 Countable Income

This policy provides information on types of income that must be counted when calculating a person's income for Medical Assistance (MA) for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) and Medicare Savings Programs (MSP). With some exceptions, MA-ABD uses the methodology of the Social Security Income (SSI) program to determine countable income. Some of these types of income are subject to disregards and deductions; see the MA-ABD Disregards and Deductions policy for more information. See the MSP chapter for more information.

Income is counted in the month it is received.

What is not Income

Some items received by a person are not counted as income in the month received. See MA-ABD Countable Assets and MA-ABD Excluded Assets for more information on how these items are treated if retained after the month of receipt. Items that are not income include, but are not limited to:

- Amounts withheld from unearned income, if both of the following conditions are met:
 - The income is being reduced to repay a prior overpayment from the same source; and
 - The overpaid amount was previously counted as unearned income for MA eligibility.
- Bona fide loans, including student loans, because of the obligation to repay
- Conversion of assets. This includes, but is not limited to, cash received from the sale of assets, money withdrawn from savings accounts or other liquid assets, reverse mortgages, etc.
- Distributions from a Health Flexible Spending Arrangement
- Distributions from a Health Savings Account
- Free rent in exchange for caretaking duties. If the caretaker receives a paycheck with an amount for rent deducted, the gross earnings are earned income, not in-kind income.
- Interest on countable assets
- In-kind benefits or payments

Earned Income

Earned income is cash people receive in exchange for work or service, including employment and self-employment. See Appendix B Income Types for descriptions of the different types of income. The following types of earned income is counted:

- Employee income, including, but not limited to:
 - Cash payments to clergy for housing
 - Commissions
 - Severance pay, based on accrued leave time
 - Tips
 - Vacation donation compensation
 - Wages
- Irregular or infrequent earned lump sum, non-gift, or income from an employer, trade or business. See MA-ABD Disregards and Deductions, earned lump sum income, for more information.
- Net earnings from self-employment, which is the gross income minus all expenses the Internal Revenue Service (IRS) allows as a self-employment expense
- Net rental income, which is the gross rental income minus verified rental and repair expenses, when the person spends an average of at least 10 hours per week maintaining or managing the property. Rental deposits are not income while subject to return to the tenant. Rental deposits used to pay rental expenses become income at the point of use. Verified expenses for providing a room or food or both to a roomer or boarder are subtracted from rental income.
- Other income received in exchange for work or service, including, but not limited to:
 - Jury duty pay
 - Picket duty pay
 - Blood and blood plasma sales
 - Royalties and honoraria

Unearned Income

Unearned income is cash that people receive without being required to perform work or service. The following types of unearned income is counted in a person's income calculation:

- Annuity payments
- Child support and arrearage payments made for a deceased child are counted for the person who receives the payment.
- Child support and arrearage payments are unearned income for the child, excluding:
 - Court ordered medical support
 - Payments to reimburse the custodial parent for medical expenses

- Child support and arrearage payments received and retained by the county child support enforcement agency on behalf of a child enrolled in the Minnesota Family Investment Program (MFIP) or foster care
- Child support payments received by or on behalf of children who:
 - Receive services through the Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI) or Developmental Disabilities (DD) waiver
 - Are enrolled in MA under the TEFRA option
- Disability payments that are part of the employer's benefit package
- Extended income support payments through the Trade Adjustment Reform Act (TAA)
- Interest and dividends earned on excluded assets, unless otherwise excluded. See MA-ABD Countable Assets and MA-ABD Excluded Assets for more information on how these items are treated.
- Irregular or infrequent unearned lump sum income from an individual, organization, or investment. See MA-ABD Disregards and Deductions, unearned lump sum income, for more information.
- Net rental income, which is the gross rental income minus verified rental and repair expenses, when the person spends an average of less than 10 hours per week maintaining or managing the property. Rental deposits used to pay rental expenses or repairs become income to the landlord at the point of use. Verified expenses for providing a room or food or both to a roomer or boarder are subtracted from rental income.
- Regular and frequent gift income
- Retirement, Survivor's, and Disability Insurance (RSDI). See MA-ABD Disregards and Deductions, dependent RSDI benefits, for more information.
- RSDI or Veterans Benefits for the Elderly reissued because an individual representative payee of 15 or more beneficiaries or an organization representative payee misused benefits is counted as income in the month received only if the original payment was not used to determine eligibility
- Retroactive RSDI lump sum payments are counted in the month received
- Pension or retirement benefits from public or private sources
- Severance pay that is not based on accrued leave time
- Spousal maintenance
- Student financial aid, in the following situations:
 - Earnings through the Federal Work Study program are counted for MA for Employed Persons with Disabilities (MA-EPD) if:
 - Average gross monthly earnings exceed \$65
 - Social Security and Medicare taxes are withheld

- Non-Title IV of the Higher Education Act (HEA) and Non-Bureau of Indian Affairs (BIA) grants, scholarships, fellowships and other non-loan financial aid not used for or set aside for educational expenses.
- Distributions from a Coverdell Educational Savings Accounts (ESA) not used for or set aside for educational expenses.
- Tribal per capita payments from casinos
- Unemployment Insurance
- Veteran's Administration (VA) benefits
- Workers' Compensation

Availability of Income

For MA-ABD and MSP, income is available when the person has a legal interest and the ability to use that income for support and maintenance. Available income is counted unless it is excluded under another policy; income that is not available is not counted toward a person's income limit. See MA-ABD Excluded Income and MA-ABD Disregards and Deductions for more information. Income is usually available in the following situations:

- The person receives the income
- Someone else receives the income on the person's behalf
- The employer or other payer owes the person money, but withholds the income at the person or the court's request
- Income is withheld from payments due to a garnishment or to pay a legal debt or obligation

For MA-ABD and MSP, income is unavailable when the person:

- Cannot gain access to the income
- Receives money to cover someone else's expenses and then uses that money to pay those expenses
- Receives benefits under credit life and disability insurance coverage. Payments under these policies cover payments on loans, mortgages, etc. in the event of death or disability. These insurance payments are sent directly to the loan or mortgage company and are not available to the person.

A person must try to gain access to potentially available income.

Legal Citations

Code of Federal Regulations, title 42, section 435.631

Code of Federal Regulations, title 42, section 435.831

Minnesota Statutes, section 256B.056, subdivision 4

Published: ~~June~~ March 1, 2021²⁰

Previous Versions

Manual Letter #20.2, June 1, 2020

Manual Letter #19.6, November 1, 2019

Manual Letter #18.3, June 1, 2018

Manual Letter #18.1, January 1, 2018

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

Archive Information

- Publication date: June 1, 2020
- Archived date: March 1, 2021
- Links:
 - [Archived page](#)
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E. Section 3.2.1.1 MinnesotaCare Citizenship

MinnesotaCare

3.2.1.1 Citizenship

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

U.S. Citizen

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

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

U.S. National

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

Verification

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

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

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

During the reasonable opportunity period, the county, tribal or state servicing agency must continue efforts to complete verification of an applicant's citizenship. This includes correcting errant demographic data, re-running electronic sources and checking case records and files for prior instances of successful electronic verification or citizenship documentation received previously. The agency must document efforts to verify an applicant's citizenship during the reasonable opportunity period in the case record. The agency must also help applicants and enrollees obtain required paper proofs.

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

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

Paper Proof of Citizenship

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

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

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

- List 1
 - U.S. public birth certificate or other birth document

- The birth record document may be issued by a State, Commonwealth, Territory, or local jurisdiction.
- For people born in Minnesota, birth records can only be obtained by sending the Minnesota Department of Health (MDH) the Minnesota Birth Record Application form. For people that were born in another state, birth records can be obtained directly from the state of birth.
- An electronic data match with a State vital statistics agency can substitute for a List 1 document. Electronic Verification of Vital Events (EVVE) is a web-based system that requests birth records for the purpose of verifying U.S. Citizenship for Minnesota and other participating states. Nineteen states are currently participating in the EVVE program.

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

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

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

- List 2

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

- State driver's license or state ID card
- Real ID driver's license or ID card
- School ID card
- U.S. military ID card or draft record
- Military Dependent's ID Card
- U.S. Coast Guard Merchant Mariner card
- For a person under age 19:
 - School records including report card
 - Clinic, doctor or hospital records
 - Two other documents containing consistent information that corroborates a person's identity
- Finding of identity from a federal or State government agency

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

Legal Citations

Code of Federal Regulations, title 42, section 435.945

Code of Federal Regulations, title 42, section 435.949

Code of Federal Regulations, title 42, section 435.952

Code of Federal Regulations, title 42, section 600.305

Code of Federal Regulations, title 42, section 600.345

Code of Federal Regulations, title 45, section 155.305

Code of Federal Regulations, title 45, section 155.315

Minnesota Statutes, section 256L.04, subdivision 10

Published: ~~June~~ March 1, 2021

Previous Version:

Manual Letter #20.2, June 1, 2020

Manual Letter #19.3, June 1, 2019

Manual Letter #18.1, January 1, 2018

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

Archive Information

- Publication date: June 1, 2020
- Archived date: March 1, 2021
- Links:
 - [Archived page](#)
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F. Section 3.2.3.2 MinnesotaCare Employer Sponsored Coverage

MinnesotaCare

3.2.3.2 Employer-Sponsored Coverage

Employer-sponsored coverage is a barrier to MinnesotaCare eligibility for an employee in the following circumstances:

- The employee has access to coverage that meets both the minimum value and affordability standards.
- The employee is enrolled in the coverage, regardless of whether it meets the minimum value or affordability standards.

Access to employer-sponsored coverage that meets both the minimum value and affordability standards is a barrier to MinnesotaCare eligibility for people when they do not enroll in the employer-sponsored coverage at the time of the employer's open enrollment period or during a special enrollment period.

When an employer offers open enrollment less often than annually for a plan that meets the minimum value and affordability standards, an employee is considered eligible for the employer-sponsored coverage during the first coverage year that follows each open enrollment period. The employee is not eligible for MinnesotaCare for the first coverage year after each open enrollment opportunity.

When an employer offers open enrollment less often than annually for a plan that meets the minimum value and affordability standards and there was no open enrollment opportunity for the current coverage year an employee is not considered to be eligible for the employer-sponsored coverage until after the next open enrollment period. The employee may be eligible for MinnesotaCare, if the employee meets all other MinnesotaCare eligibility factors, until the employer-sponsored plan is offered again.

A person does not have access to employer-sponsored coverage until the first day of the first full month it is available to the person.

Minimum Value Standard for Employer-Sponsored Coverage

An employer-sponsored health plan meets the minimum value standard if it covers at least 60 percent of the total allowed costs under the plan, and the plan's benefits include substantial coverage of inpatient hospital and physician services.

Affordability Standard for Employer-Sponsored Coverage

An employer-sponsored health plan is affordable if the employee's portion of the annual premiums for employee-only coverage does not exceed ~~9.8378~~ 9.83 percent of their annual household income for the tax year. The lowest-cost plan for employee-only coverage is used when determining affordability.

Employer-Sponsored Coverage for a Spouse and Dependents

Employer-sponsored coverage is a barrier to MinnesotaCare eligibility for an employee's spouse or dependents if they are enrolled in the coverage, regardless of whether the employer-sponsored coverage meets the minimum value and affordability standards.

Employer-sponsored coverage that meets both the minimum value and affordability standards for the employee is a barrier to MinnesotaCare eligibility for the following people if they have access to enroll in the coverage, regardless of whether they enroll:

- People the employee expects to claim as a tax dependent
- The employee's spouse, if either of the following are true:
 - The employee and the spouse expect to file taxes jointly
 - The employee and the spouse do not expect to file taxes jointly, but the employee expects to claim a personal exemption for the spouse. The employee expects to claim a personal exemption for the spouse when they expect to list and count the spouse on a federal income tax return.

Employer-sponsored coverage is a barrier to eligibility for these people if they did not enroll in the employer-sponsored coverage at the time of the employer's open enrollment period or during a special enrollment period.

Change in Affordability for Employer-Sponsored Coverage

If a person's employer-sponsored coverage is determined unaffordable at application, and becomes affordable at some point later in the employer-sponsored plan year, they remain eligible for MinnesotaCare for the remainder of the employer-sponsored plan year. Once the person is able to enroll in affordable employer-sponsored coverage through an open enrollment period, they are no longer eligible for MinnesotaCare.

If a person is determined eligible for MinnesotaCare because they provide incorrect information regarding the affordability of their employer-sponsored plan at application, they can be disenrolled following 10-day advance notice requirements.

If a person is determined eligible for MinnesotaCare because they did not update information regarding the affordability of their employer-sponsored plan at the time of their renewal, they can be disenrolled following 10-day advance notice requirements.

Voluntary Disenrollment from Employer-Sponsored Coverage

People who are ineligible for MinnesotaCare because they are enrolled in employer-sponsored coverage may qualify for MinnesotaCare if the employer-sponsored coverage does not meet either the affordability or minimum value standard and they disenroll from the coverage. Eligibility begins the month after the employer-sponsored coverage ends.

Post-Employment Employer-Sponsored Coverage

Health insurance available to former employees and dependents of former employees, such as continuation coverage under COBRA or retiree insurance, is only a barrier to MinnesotaCare eligibility if a person is enrolled in the coverage.

Legal Citations

Code of Federal Regulations, title 26, section 1.36B-2
Code of Federal Regulations, title 26, section 1.5000A-2
Code of Federal Regulations, title 26, section 1.5000A-3
Code of Federal Regulations, title 42, section 600.305
Code of Federal Regulations, title 42, section 600.345
Code of Federal Regulations, title 45, section 155.320
Minnesota Statutes, section 256L.07

Published: ~~December~~ March 1, 2021¹⁹

Previous Versions

Manual Letter #19.7, December 1, 2019

Manual Letter #19.2, April 1, 2019

Manual Letter #18.2, April 1, 2018

Manual Letter #18.1 January 1, 2018 (Original Version)

Archive Information

- Publication date: December 1, 2019
- Archived date: March 1, 2021
- Links:
 - [Archived page](#)
 - [Revised page](#)

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G. 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, 2021 to December 31, 2021	\$3,259.50
January 1, 2020 to December 31, 2020	\$3,216

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
October 1, 2020 to September 30, 2021	\$496
October 1, 2019 to September 30, 2020	\$490

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, 2020 to September 30, 2021	\$154
October 1, 2019 to September 30, 2020	\$143

Effective Dates	Telephone Allowance
October 1, 2020 to September 30, 2021	\$56
October 1, 2019 to September 30, 2020	\$49

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, 2021 to December 31, 2021	\$603,000
January 1, 2020 to December 31, 2020	\$595,000

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, 2021 to December 31, 2021</u>	<u>56 cents</u>
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, 2021 to December 31, 2021	\$105
January 1, 2020 to December 31, 2020	\$104

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, 2021 to December 31, 2021	No minimum	\$130,380
January 1, 2020 to December 31, 2020	No minimum	\$128,640

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, 2021 to December 31, 2021	1.013
January 1, 2020 to December 31, 2020	1.016

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, 2021 to June 30, 2021	\$177
July 1, 2020 to December 31, 2020	\$176

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, 2021 to December 31, 2021	\$2,382
January 1, 2020 to December 31, 2020	\$2,349

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, 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.

Effective Date	Monthly	Annual
January 1, 2021 to December 31, 2021	\$1,930	\$7,770
January 1, 2020 to December 31, 2020	\$1,900	\$7,670

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, 2021 to December 31, 2021	\$794
January 1, 2020 to December 31, 2020	\$783

Effective Date	Couple
January 1, 2021 to December 31, 2021	\$1,191
January 1, 2020 to December 31, 2020	\$1,175

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	2020 Tax Year Threshold Amount	2021 Tax Year Threshold Amount
Single	No	No	Earned Income	\$12,200	\$12,400
Single	No	No	Unearned Income	\$1,100	\$1,100
Single	No	No	Gross Income	Larger of \$1,100 or Earned Income	Larger of \$1,100 or Earned Income

Marital Status	Age over 65?	Blind?	Income Type	2020 Tax Year Threshold Amount	2021 Tax Year Threshold Amount
				Reported up to \$11,850 + \$350	Reported up to \$12,050 + \$350
Single	Yes	No	Earned Income	\$13,850	\$14,050
Single	Yes	No	Unearned Income	\$2,750	\$2,750
Single	Yes	No	Gross Income	Larger of \$2,750 or Earned Income Reported up to \$11,850 + \$2,000	Larger of \$2,750 or Earned Income Reported up to \$12,050 + \$2,000
Single	No	Yes	Earned Income	\$13,850	\$14,050
Single	No	Yes	Unearned Income	\$2,750	\$2,750
Single	No	Yes	Gross Income	Larger of \$2,750 or Earned Income Reported up to \$11,850 + \$2,000	Larger of \$2,750 or Earned Income Reported up to \$12,050 + \$2000
Single	Yes	Yes	Earned Income	\$15,500	\$15,700
Single	Yes	Yes	Unearned Income	\$4,400	\$4,400
Single	Yes	Yes	Gross Income	Larger of \$4,400 or Earned Income Reported up to \$11,850 + \$3,650	Larger of \$4,400 or Earned Income Reported up to \$12,050 + \$3,650
Married	No	No	Earned Income	\$12,200	\$12,400
Married	No	No	Unearned Income	\$1,100	\$1,100

Marital Status	Age over 65?	Blind?	Income Type	2020 Tax Year Threshold Amount	2021 Tax Year Threshold Amount
Married	No	No	Gross Income	Larger of \$1,100 or Earned Income Reported up to \$11,850 + \$350	Larger of \$1,100 or Earned Income Reported up to \$12,050 + \$350
Married	Yes	No	Earned Income	\$13,500	\$13,700
Married	Yes	No	Unearned Income	\$2,400	\$2,400
Married	Yes	No	Gross Income	Larger of \$2,400 or Earned Income Reported up to \$11,850 + \$1,650	Larger of \$2,400 or Earned Income Reported up to \$12,050 + \$1,650
Married	No	Yes	Earned Income	\$13,500	\$13,700
Married	No	Yes	Unearned Income	\$2,400	\$2,400
Married	No	Yes	Gross Income	Larger of \$2,400 or Earned Income Reported up to \$11,850 + \$1,650	Larger of \$2,400 or Earned Income Reported up to \$12,050 + \$1,650
Married	Yes	Yes	Earned Income	\$14,800	\$15,000
Married	Yes	Yes	Unearned Income	\$3,700	\$3,700
Married	Yes	Yes	Gross Income	Larger of \$3,700 or Earned Income Reported up to \$11,850 + \$2,950	Larger of \$3,700 or Earned Income Reported up to \$12,050 + \$2,950

Published: ~~January~~ March 1, 2021
Previous Versions
Manual Letter #21.1, January 1, 2021
Manual Letter #20.3, September 1, 2020
Manual Letter #20.2, June 1, 2020
Manual Letter #20.1, March 4, 2020
January 14, 2020
Manual Letter #19.7, December 1, 2019
Manual Letter #19.5, September 1, 2019
Manual Letter #19.3, June 1, 2019
Manual Letter #19.2, April 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 #18.1, January 1, 2018
Manual Letter #17.5, December 1, 2017
Manual Letter #17.4, September 1, 2017
Manual Letter #17.2, June 1, 2017
Manual Letter #16.4, December 22, 2016
Manual Letter #16.3, September 1, 2016
Manual Letter #16.1, June 1, 2016 (Original Version)

Archive Information

- Publication date: January 1, 2021
- Archived date: March 1, 2021
- Links:
 - [Archived page](#)
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