



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 #22.4

September 1, 2022

Manual Letter #22.4

This manual letter lists new and revised policy for the Minnesota Health Care Programs (MHCP) Eligibility Policy Manual (EPM) as of September 1, 2022. 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.

Summary of Changes

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

A. [EPM Home Page](#)

The policy in the following bulletins has been incorporated into the EPM with this manual letter and have been removed from the EPM home page.

- 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 #21-21-13, DHS Explains Changes to the Evaluation of Client-Funded Irrevocable Trusts for MA-LTC and AC

We also removed the EPM user guide and the reference to it and added a link to this manual letter on the home page.

B. [Section 2.1.1.2.1.3.2 Medical Assistance \(MA\) Medical Support](#)

This change incorporates bulletin #22-21-03, DHS Extends the MA and CHIP-funded MA Postpartum Period for Pregnant Women to 12 Months.

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

This change incorporates bulletin #22-21-03, DHS Extends the MA and CHIP-funded MA Postpartum Period for Pregnant Women to 12 Months. This change also incorporates bulletin #20-21-11, DHS Clarifies Medical Assistance Policies for Accepting Self-Attestation of Certain Eligibility Factors.

D. [Section 2.1.4.3 MA Renewals](#)

This change incorporates bulletin #22-21-03, DHS Extends the MA and CHIP-funded MA Postpartum Period for Pregnant Women to 12 Months.

E. Section 2.2.1.2 MA-Families, Children, and Adults (FCA) Mandatory Verifications

This change incorporates bulletin #20-21-11, DHS Clarifies Medical Assistance Policies for Accepting Self-Attestation of Certain Eligibility Factors.

F. Section 2.2.2.1 MA-FCA Bases of Eligibility

This change incorporates bulletin #22-21-03, DHS Extends the MA and CHIP-funded MA Postpartum Period for Pregnant Women to 12 Months.

G. Section 2.2.2.1.2 MA-FCA Basis of Eligibility Pregnant Woman

This change incorporates bulletin #22-21-03, DHS Extends the MA and CHIP-funded MA Postpartum Period for Pregnant Women to 12 Months.

H. Section 2.2.3.2.1 MA-FCA Sponsor Deeming

This change incorporates bulletin #22-21-03, DHS Extends the MA and CHIP-funded MA Postpartum Period for Pregnant Women to 12 Months.

I. Section 2.3.1.1 MA- Age 65 and older, Blind, or have a Disability (ABD) Mandatory Verifications

We removed State Medical Review Team (SMRT) as an option for self-attestation of certification of a disability.

J. Section 2.3.2.1 MA- ABD Bases of Eligibility

This change incorporates bulletin #22-21-03, DHS Extends the MA and CHIP-funded MA Postpartum Period for Pregnant Women to 12 Months.

K. Section 2.3.3.2.2.1 MA-ABD Sponsor Asset Deeming

We clarify the distribution from an HRA is not income. We also include policy for prorated expenses for rental income.

L. Section 2.3.3.2.7.4.3 MA-ABD Life Estates and Remainder Interests

This change incorporates Bulletin #20-21-12, DHS Clarifies Treatment of Non-Homestead Life Estate in Medical Assistance for Long-Term Care (LTC). We also clarify policy for how to value a life estate interest when there are multiple life estate owners.

M. Section 2.3.3.2.7.9.2 MA-ABD Client Funded Trusts

This change incorporates bulletin #21-21-13, DHS Explains Changes to the Evaluation of Client-Funded Irrevocable Trusts for MA-LTC and AC.

N. Section 2.3.3.3.2.1.2 MA-ABD Sponsor Income Deeming

This change incorporates bulletin #22-21-03, DHS Extends the MA and CHIP-funded MA Postpartum Period for Pregnant Women to 12 Months.

O. Section 2.3.5.1.1 MA-Employed Persons with Disabilities (EPD) Mandatory Verifications

We removed State Medical Review Team (SMRT) as an option for self-attestation of certification of a disability..

P. Section 2.4.2.1 MA- Long Term Care (LTC) Asset Evaluation for Married Couples

This is not a change to the policy, rather it is a reorganization of how we present the CSAA policy.

Q. Section 2.4.2.1.2 MA-LTC Community Spouse Asset Allowance

This is not a change to the policy, rather it is a reorganization of how we present the CSAA policy.

R. Section 2.4.2.1.2.1 MA-LTC Asset Eligibility for LTC Spouse

This is a new section added to clarify policy as part of the reorganization of how we present the CSAA policy.

S. Section 2.5.1.1.2 MA-Breast Cancer (BC) Mandatory Verifications

This change incorporates bulletin #20-21-11, DHS Clarifies Medical Assistance Policies for Accepting Self-Attestation of Certain Eligibility Factors.

T. Section 2.5.2.1.1 MA-Center for Victims of Torture (CVT) Mandatory Verifications

This change incorporates bulletin #20-21-11, DHS Clarifies Medical Assistance Policies for Accepting Self-Attestation of Certain Eligibility Factors.

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

This change incorporates bulletin #20-21-11, DHS Clarifies Medical Assistance Policies for Accepting Self-Attestation of Certain Eligibility Factors.

V. Section 3.2.1.2 MinnesotaCare Lawful Presence and DACA

This change also incorporates bulletin #20-21-11, DHS Clarifies Medical Assistance Policies for Accepting Self-Attestation of Certain Eligibility Factors. We also clarify immigration status must be verified again when an applicant or enrollee reports a change in status.

W. Section 4.2.1.1 Medicare Savings Program (MSP) Applications

We clarify a new application is not required to apply for MSP for a current MA enrollee, and the same for an MSP enrollee; they are not required to submit an application to apply for MA.

X. Appendix A

We expand the definition of an Health Reimbursement Arrangement/Account (HRA) to include Health Care Savings Plans (HCSP).

Y. Appendix E

We include children's residential facilities as a type of Institution for Mental Disease (IMD). We also update the bullet on Rule 31 CD treatment program to be residential substance use disorder treatment programs. And, we clarify that Psychiatric Residential Treatment Facilities (PRTF) are excluded from IMD status.

Z. Appendix F

We updated the LTC utility standards effective 2022. We also updated the Federal Millage rate in June 2022, effective July 1, 2022. This update is to reflect that change.

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 2.1.1.2.1.3.2 MA Medical Support](#)
- C. [Section 2.1.2.2.2 MA Immigration Status](#)
- D. [Section 2.1.4.3 MA Renewals](#)
- E. [Section 2.2.1.2 MA-FCA Mandatory Verifications](#)
- F. [Section 2.2.2.1 MA-FCA Bases of Eligibility](#)
- G. [Section 2.2.2.1.2 MA-FCA Basis of Eligibility Pregnant Woman](#)
- H. [Section 2.2.3.2.1 MA-FCA Sponsor Deeming](#)
- I. [Section 2.3.1.1 MA-ABD Mandatory Verifications](#)
- J. [Section 2.3.2.1 MA-ABD Bases of Eligibility](#)
- K. [Section 2.3.3.2.2.1 MA-ABD Sponsor Asset Deeming](#)
- L. [Section 2.3.3.2.7.4.3 MA-ABD Life Estates and Remainder Interests](#)
- M. [Section 2.3.3.2.7.9.2 MA-ABD Client Funded Trusts](#)
- N. [Section 2.3.3.3.2.1.2 MA-ABD Sponsor Income Deeming](#)
- O. [Section 2.3.5.1.1 MA-EPD Mandatory Verifications](#)
- P. [Section 2.4.2.1 MA-LTC Asset Evaluation for Married Couples](#)
- Q. [Section 2.4.2.1.2 MA-LTC Community Spouse Asset Allowance](#)
- R. [Section 2.4.2.1.2.1 MA-LTC Asset Eligibility for LTC Spouse](#)
- S. [Section 2.5.1.1.2 MA-BC Mandatory Verifications](#)
- T. [Section 2.5.2.1.1 MA-CVT Mandatory Verifications](#)
- U. [Section 2.5.3.1.1 EMA Mandatory Verifications](#)
- V. [Section 3.2.1.2 MinnesotaCare Lawful Presence and DACA](#)
- W. [Section 4.2.1.1 MSP Applications](#)
- X. [Appendix A](#)
- Y. [Appendix E](#)
- Z. [Appendix F](#)

A. EPM Home Page

Minnesota Health Care Programs

Eligibility Policy Manual

~~This manual has been updated to a new format on October 4, 2021. The EPM User Guide provides information about some of the new features.~~

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 #22.4, September 1, 2022](#)

[MHCP EPM Manual Letter #22.3, June 1, 2022](#)

[MHCP EPM Manual Letter #22.2, March 1, 2022](#)

[MHCP EPM Manual Letter #22.1, January 1, 2022](#)

[2021 Manual Letter](#)

[2020 Manual Letter](#)

[2019 Manual Letter](#)

[2018 Manual Letters](#)

[2017 Manual Letters](#)

[2016 Manual Letters](#)

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 #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
- Bulletin #21-21-09, DHS Explains Changes to the Evaluation of Transfers to Pooled Trusts for MA-LTC and AC
- ~~Bulletin #21-21-13 DHS Explains Changes to the Evaluation of Client-Funded Irrevocable Trusts for MA-LTC and AC~~
- Bulletin #22-21-02 DHS Announces the Increase in Medical Assistance Spenddown Standard for Certain People.

COVID-19 Emergency Bulletins: These bulletins announce temporary policy modifications, which supersede 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

- Bulletin #21-21-02, DHS Explains Treatment of Coronavirus Response Payments under the American Rescue Plan Act of 2021, for MHCP
- Bulletin #21-21-03, DHS Explains Treatment of PUA and PEUC for Minnesota Health Care Programs
- Bulletin #21-21-04, DHS Explains Redetermination and Closure of MHCP for Enrollees Not Validly Enrolled due to Fraud or Agency Error
- Bulletin #21-21-05, DHS Announces a Change to the MAGI Methodology for Medical Assistance and MinnesotaCare
- Bulletin #21-21-06 DHS Announces MinnesotaCare Premium Reductions for 2021 and 2022
- Bulletin #21-21-07 DHS Explains Redetermination and Closure of MHCP for Enrollees Not Validly Enrolled due to Abuse
- Bulletin #21-21-08 DHS Explains Treatment of RentHelpMN Assistance and Child Tax Credit Payments 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.

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Manual Letter #22.3, June 1, 2022

B. Section 2.1.1.2.1.3.2 MA Medical Support

Medical Assistance

2.1.1.2.1.3.2 Medical Support

The Medical Assistance (MA) program requires parents or relative caretakers to help provide health care for their children. When both parents live with the child, this requirement is generally met by deeming the parents' income to the child. When one parent does not live with the child, a referral for medical support may be required.

Medical support is health insurance coverage or cash payments that a parent, who is not living with the child, provides or is court-ordered to provide to meet the medical needs of their child. For MA eligibility, the parent or relative caretaker who lives with the child is required to cooperate with medical support referral requirements for children younger than age 19 on MA.

Assignment of Rights and Cooperation

A parent or relative caretaker assigns the child's right to medical support by signing a paper or online health care application or renewal form.

County, tribal or state servicing agencies are required to mail a medical support referral packet to the parent or relative caretaker. The MA enrolled parent or relative caretaker must return the form within 30 days of the date on the referral packet. Regardless of whether the forms are returned or not, the county, tribal or state servicing agency must initiate a referral to the county or tribal child support agency, also called the IV-D agency.

For medical support, cooperation may include:

- Establishing paternity
- Establishing an order for medical support, or enforcing an existing order
- Providing information about non-custodial parents
- Forwarding any medical support payments received directly from the non-custodial parent to the Department of Human Services (DHS)

A pregnant woman, or a parent or relative caretaker who is pregnant, is not required to cooperate with medical support for the child she is expecting or for any other child during pregnancy or during the 12 month postpartum period.

Non-Cooperation

The county or tribal child support office determines non-cooperation with medical support requirements and notifies the county, tribal or state servicing agency. The parent or relative caretaker's MA coverage is closed with 10-day notice.

If MA is closed for non-cooperation, MA coverage cannot be reopened until the parent or relative caretaker cooperates with medical support requirements. If the parent or relative caretaker cooperates, MA may reopen the first day of the month in which cooperation occurs.

The MA coverage of a child, or of anyone without the legal ability to assign rights, is not impacted by non-cooperation with medical support requirements, such as the non-cooperation of a parent or relative caretaker.

Good Cause

A parent or relative caretaker may request “good cause” when there are circumstances beyond their control which keeps them from cooperating with medical support requirements. Information about good cause is included in the medical support referral packet sent to parents who are referred to medical support. A good cause committee reviews the good cause request. A person may withdraw a claim of good cause at any time in the process.

A parent or relative caretaker who meets all other program requirements are eligible for health care coverage while the good cause claim is being decided. If the good cause committee notifies the worker that the caretaker is not cooperating or does not meet the criteria for a good cause claim, the parent or relative caretaker’s MA may be closed with ten-day notice.

Good cause claims must be reviewed annually. If a household with an approved good cause claim moves to another county, the review date for the good cause exemption remains one year from the date it was approved by the good cause committee at the original county.

If a household with an approved good cause claim moves to another county, the new county good cause committee is not required to make the same good cause finding. If the custodial parent or relative caretaker requests it, the county committees must share the evidence between counties.

When Medical Support Referrals are Made

A medical support referral is made when a child younger than age 19 resides with one parent or a relative caretaker, both the child and the parent or relative caretaker are eligible for MA, and none of the Referral Not Required criteria below applies.

Referral Not Required

A medical support referral is not made in any of the following circumstances:

- One parent in a two-parent household has a temporary absence. Refer to Section 1.4.4 Minnesota Health Care Programs Temporary Absence for more information.
- Only a child, and not a parent or relative caretaker, is enrolled in MA.
- The parent is deceased.
- The parent or relative caretaker is pregnant or in the 12 month postpartum period.

- The parent is a minor child under age 18 or is an emancipated minor.
- The child receives Northstar Adoption Assistance.
- The child receives Northstar Foster Care or Kinship Assistance.
- A parent is involuntarily out of the household because he or she is being detained by U.S. Immigration and Customs Enforcement (ICE) or is waiting for immigration authorization from U.S. Citizenship and Immigration Services (USCIS) from outside of the United States.

Voluntary Referral

A parent or relative caretaker may request voluntary medical support or child support referral services from the county or tribal IV-D agency when a referral for MA eligibility purposes is not required. The county or tribal IV-D agencies can assist people in getting the medical or child support referral services.

Legal Citations

Code of Federal Regulations, title 42, section 435.610

Code of Federal Regulations, title 42, section 433.145

Code of Federal Regulations, title 42, section 433.146

Code of Federal Regulations, title 42, section 433.147

Code of Federal Regulations, title 42, section 433.148

Minnesota Statutes, section 256.741

Minnesota Statutes, section 256B.056, subdivisions 6 and 8

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Manual Letter #20.4, December 1, 2020

Manual Letter #17.4, September 1, 2017

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

C. Section 2.1.2.2.2 MA Immigration Status

Medical Assistance

2.1.2.2.2 Immigration Status

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

MA Eligibility for Noncitizen Children under Age 21 and Pregnant Women

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

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

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

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

Refer to the Immigration Status and Minnesota Health Care Programs Eligibility chart for a quick reference guide to Medical Assistance eligibility for applicants and enrollees who are noncitizens.

MA Eligibility for Noncitizens Age 21 or Older and Not Pregnant

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

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

Qualified Immigration Statuses Without a Five-Year Waiting Period

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

- Afghan or Iraqi Special Immigrants
- Amerasians
- American Indian noncitizens

- Asylees, including asylees who later adjust to lawful permanent resident status
- Citizens of the Freely Associated States - the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau
- Conditional Entrants
- Cuban/Haitian Entrants
- Lawful permanent residents (LPRs) who entered the United States before August 22, 1996 and have continuously resided in the United States, regardless of when they adjusted to LPR status.
- LPRs who adjusted from asylee or refugee status. ~~LPRs who were formerly asylees or refugees are eligible for MA without a five-year wait.~~
- Qualified noncitizens who are U.S. veterans or on active military duty and their spouses and children
- Refugees, including refugees who later adjust to lawful permanent resident status
- T-Visa
- Trafficking victims
- Withholding of Removal

Qualified Immigration Statuses With a Five-Year Waiting Period

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

- Battered noncitizens
- Immigrants paroled or one year or more
- Lawful permanent residents (LPRs), except:
 - LPRs who adjusted from asylee or refugee status or who entered the United States before August 22, 1996 and have continuously resided in the United State, regardless of when they adjusted to LPR status

MA for Noncitizens Not Otherwise Eligible for Medical Assistance

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

- Children's Health Insurance Program (CHIP) funded MA may be available for pregnant women who are undocumented or noncitizens not otherwise eligible for MA. Eligibility may continue through the ~~60-day~~12 month postpartum period. CHIP-funded MA is not available to people enrolled in other health care coverage.
- People who are receiving services from the Center for Victims of Torture (CVT) may be eligible for state funded MA-CVT

- People with a medical emergency may be eligible for Emergency Medical Assistance (EMA)
- People who meet specific criteria may be eligible for federally funded Refugee Medical Assistance (RMA)

Verification

~~Immigration status must be verified electronically. The county, tribal, or state agency must attempt and exhaust all trusted electronic sources, including SAVE, prior to requiring paper documentation from the enrollee. Applicants and enrollees whose immigration status cannot be verified electronically must be provided a period of time to submit documents or resolve discrepancies to verify immigration status.~~

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

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

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

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

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

Immigration status must be verified electronically:

- At application

- When a change in immigration status is reported by the enrollee after application
- When a new non-citizen household member is added and requests coverage
- When corrections are made about a person's immigration status after application

See MHCP Change in Circumstances for more information.

Paper Documentation

The county, tribal or state agency must attempt and exhaust all trusted electronic sources, including SAVE, prior to requiring paper documentation from the enrollee.

Applicants and enrollees whose immigration status cannot be verified electronically must be provided an opportunity to submit documents or resolve discrepancies to verify immigration status. Paper documentation submitted to verify immigration status must be validated using electronic sources, such as SAVE.

See Immigration documentation types at HealthCare.gov for information about immigration documentation.

Reasonable Opportunity Period

Eligibility is approved for applicants who meet all other eligibility criteria and attest to meeting the noncitizen eligibility requirements.

A person approved for MA without electronic verification of their immigration status has a reasonable opportunity to work with the agency to resolve clerical discrepancies preventing electronic verification or to provide proof of status for SAVE validation. A notice is sent to the enrollee to indicate they have 90 days, plus five days for mailing, from the date of the notice to satisfy the request.

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

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

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

State Residency

Verification of immigration status cannot be used to determine the individual is not a state resident. See MHCP State Residency.

Legal Citations

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

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

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

Consolidated Appropriations Act, 2021, Public Law 116-260

Code of Federal Regulations, title 42, section 435.406

Code of Federal Regulations, title 42, section 435.945

Code of Federal Regulations, title 42, section 435.949

Code of Federal Regulations, title 42, section 435.952

Code of Federal Regulations, title 42, section 435.956

Minnesota Statutes, section 256B.06, subdivision 4 & 10

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

United States Code, title 8, section 1641

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D. Section 2.1.4.3 MA Renewals

Medical Assistance

2.1.4.3 Renewals

Medical Assistance (MA) enrollees must have eligibility renewed every six or 12 months. Renewing eligibility means redetermining eligibility. Most MA enrollees have an annual renewal. Some MA enrollees have a six-month renewal. Some MA enrollees are exempt from the renewal requirement.

The types of MA that have specific renewal policies are:

- MA for Families with Children and Adults (MA-FCA) Renewals
- MA for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) Renewals, including MA for Employed Persons with Disabilities MA-EPD), MA under the TEFRA Option for children with disabilities, 1619 (a), 1619 (b), and Medicare Savings Programs (MSP)
- MA for women with Breast or Cervical Cancer (MA-BC) Renewals
- MA for people receiving services at the Center for Victims of Torture (MA-CVT) Renewals

Exempt from Renewal

The types of MA that are exempt from health care renewals, unless specified, are:

- Auto newborns have eligibility renewed the month following the month of their first birthday
- Children receiving Title IV-E or non-Title IV-E Adoption Assistance
- Children receiving Title IV-E Foster Care or Title IV-E Kinship Assistance
 - People enrolled in Refugee Medical Assistance (RMA)
- People enrolled in Transitional MA (TMA) or Transition Year MA (TYMA), unless a scheduled renewal is due when TMA or TYMA is ending
- People receiving Minnesota Supplemental Aid (MSA) must renew their MSA benefit, but not their automatic MA
- Pregnant women have eligibility renewed the month following the month ~~that~~ the 12 month postpartum ends

Legal Citations

Code of Federal Regulations, title 42, section 435.916

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

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

E. Section 2.2.1.2 MA-FCA Mandatory Verifications

Medical Assistance for Families with Children and Adults

2.2.1.2 Mandatory Verifications

Mandatory verifications must be verified through an available electronic data source or by paper proof, if electronic data sources are unsuccessful or unavailable. Self-attestation of certain eligibility factors may be accepted if electronic data sources are unsuccessful or unavailable and paper proof does not exist or is not available. See individual eligibility requirements for acceptable proof and timelines.

Pre Eligibility Verification

The following eligibility factors must be verified prior to eligibility determination:

- Exceptions to having a Social Security Number. See 2.1.2.5 MA Social Security Number.
- All sources of current income, adjustments and income exceptions, based on the modified adjusted gross income (MAGI) methodology. See 2.2.3.5 MA-FCA Income Verification.
- Projected Annual Income (PAI), if the person is eligible for Medical Assistance through the safety net provision. See 2.2.3.3 MA-FCA Income Limit.

Post Eligibility Verification

The following factors can be verified after eligibility has been approved. If proof is not provided, eligibility may end.

- Citizenship or Immigration status: See 2.1.2.2.1 MA Citizenship or 2.1.2.2.2 MA Immigration Status
- Social Security number (SSN): See 2.1.2.5 MA Social Security Number

Spenddown

For MA for parents, relative caretakers, pregnant women and children with a spenddown, the following pre-eligibility verifications must also verify:

- Medical expenses to meet a spenddown
- Assets – when an asset limit applies,
 - Verification of assets is required at application, renewal and when a new asset is reported.
 - At renewal, an excluded asset that was verified does not need to be verified again unless the asset has changed and a determination of whether or not the change affects the exclusion is necessary. ~~to determine whether the change affects the exclusion.~~
 - Verification of the following assets are not required at application or renewal:

- Homestead, if it qualifies for the real property homestead exclusion. The only exception applies to people who are applying for or renewing Medical Assistance for Long Term Care eligibility. Refer to 2.4.1.2 MA LTC Home Equity Limit for more information about the exception.
- Vehicles, up to the number of persons in the household of age 16 or older.
- Household goods and personal effects

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

Self-Attestation

Self-attestation, either verbal or in writing, of the following eligibility factors may be accepted if electronic data sources are unsuccessful or unavailable and paper proof does not exist or is not available:

- Income
- Assets
- Medical expenses to meet a spenddown
- Exceptions to having a Social Security number

Paper proof is considered not available if neither the applicant or enrollee, nor the agency can obtain it. The county, tribal and state servicing agency must make efforts to assist the applicant or enrollee in obtaining the requested paper proof, if it exists. This includes obtaining authorization from the applicant or enrollee to contact a third party on their behalf, if appropriate. Decisions to accept an applicant's or enrollee's self-attestation must be based on the individual case circumstances.

Self-attestation cannot be accepted in lieu of electronic verification or paper documentation of an applicant or enrollee's citizenship, immigration status, or Social Security number.

Legal Citations

Code of Federal Regulations, title 42, section 435.945

Code of Federal Regulations, title 42, section 435.952

Minnesota Rules, part 9505.0095

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Manual Letter #22.2, March 1, 2022

F. Section 2.2.2.1 MA-FCA Bases of Eligibility

Medical Assistance for Families with Children and Adults

2.2.2.1 Bases of Eligibility

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

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

- Parent:
 - Biological, natural, adoptive or step parent
 - Living with a child younger than age 19
 - Has primary responsibility for the child's care
- Caretaker Relative, including foster parents, legal guardians or others, who are:
 - A relative of a child younger than age 19, by blood, adoption, or marriage. Including:
 - First cousins, nephews, nieces, aunts or uncles and people of preceding generations as denoted by grand, great or great-great
 - Stepfather, stepmother, stepbrother or stepsister
 - Spouses and former spouses of the people named above
 - Living with a child younger than age 19
 - Has primary responsibility for the child's care
- Pregnant Woman:
 - A woman who is pregnant
 - A woman within the ~~60 days~~ 12 Month post-partum period
- Auto Newborn: child born to a mother enrolled in MA
- Infant: child age 0 through 1
 - Children's Health Insurance Program (CHIP) funded MA may be available for infants with income between 275% and 283% FPG who are not enrolled in other health insurance.
 - A CHIP funded infant who has or gains other health insurance becomes eligible for MA as a non-CHIP funded infant
- Child age 2 through 18
- Child age 19 and 20
- Adult age 21 through 64 who:

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

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

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

Beginning and Ending Bases of Eligibility

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

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

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

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

- Pregnant woman:
 - Begins the first day of the month of conception
 - Ends the last day of the month following the ~~60-day~~12 month postpartum period
 - Begin and end dates for the pregnant woman basis of eligibility are determined using information the application or enrollee attests. Verification of pregnancy is not required to establish this basis.
- Auto newborn:

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

Multiple Bases of Eligibility

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

Change in Basis of Eligibility for Enrollees

- A change in circumstances may affect an MA enrollee's basis of eligibility. People who lose eligibility under one basis must be redetermined under another basis without interruption in their coverage. Additional information may be required to determine continued eligibility under another basis. Some changes that may affect an enrollee's basis of eligibility include, but are not limited to:
 - Age
 - An auto newborn basis of eligibility ends the last day of the month in which the child turns one
 - A child basis of eligibility ends the last day of the month of the child's 21st birthday
 - An adult without children basis of eligibility ends the month before the enrollee's 65th birthday
 - Disability status
 - Household Composition
 - Medicare A or B. An adult without children basis of eligibility ends the month before the enrollee is eligible for or enrolled in Medicare A or B.
 - Pregnancy. A pregnant basis of eligibility ends on the last day of the month in which the ~~60-day~~ 12 month postpartum period ends.

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

Legal Citations

Code of Federal Regulations, title 42, section 431.213

Code of Federal Regulations, title 42, section 435

Code of Federal Regulations, title 42, section 457.1

Minnesota Statutes, section 256B.055, subdivision 6

Minnesota Statutes, section 256B.06, subdivision 4, 5 & 10

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Manual Letter #18.4, September 1, 2018

G. Section 2.2.2.1.2 MA-FCA Basis of Eligibility Pregnant Woman

Medical Assistance for Families with Children and Adults

2.2.2.1.2 Pregnant Woman Basis of Eligibility

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

Basis of Eligibility

The pregnant woman basis of eligibility requires the woman to:

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

Attestation of pregnancy establishes this basis of eligibility. The agency must accept self-attestation of pregnancy, unless the agency has information that is inconsistent with the attestation. Verification of pregnancy can only be required if it is needed to resolve inconsistent information.

Household Composition

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

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

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

Income and Spenddown Eligibility

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

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

Sponsor deeming does not apply when the sponsored noncitizen is pregnant or within the 60-day 12 month postpartum period. See Medical Assistance for Families with Children and Adults Sponsor Deeming for more information.

MA for Pregnant Noncitizens Not Otherwise Eligible for Medical Assistance

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

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

CHIP-Funded Pregnant Woman

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

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

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

Emergency Medical Assistance (EMA)

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

EMA coverage for labor and delivery costs does not include a postpartum period.

State-Funded MA

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

Eligibility Begin Date

Application

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

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

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

Change in Circumstances

- Medical Assistance

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

- MinnesotaCare

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

- Advanced Premium Tax Credits (APTC)

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

Eligibility End Date

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

- Begins the day the pregnancy ends. Pregnancy ends on the date of a birth, miscarriage, abortion, or stillbirth.
- Ends the last day of the month ~~60 days~~ 12 months after the pregnancy ends, ~~or the last day of the second month after the pregnancy ends, whichever is later.~~

Eligibility for the pregnant woman must be redetermined prior to the end of the postpartum period for the remainder of her household's certification period. Updated information must be gathered and changes verified for the redetermination at the end of the postpartum period.

Post-Eligibility

Renewal

A pregnant woman is exempt from renewal requirements through the end of the postpartum period. Eligibility for the pregnant woman must be redetermined before the postpartum period ends for the remainder of her household's certification period.

Cost-Effective Health Insurance

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

Medical Support

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

Change in Basis of Eligibility

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

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

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

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

Legal Citations

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

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

Code of Federal Regulations, title 42, section 435.116

Code of Federal Regulations, title 42, section 435.117
Code of Federal Regulations, title 42, section 435.170
Code of Federal Regulations, title 42, section 435.956
Minnesota Statutes, section 256B.055, subdivision 6
Minnesota Statutes, section 256B.057, subdivision 1
Minnesota Statutes, section 256B.06, subdivision 4 & 5

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H. Section 2.2.3.2.1 MA-FCA Sponsor Deeming

Sect Medical Assistance for Families with Children and Adults

2.2.3.2.1 Sponsor Deeming

Certain noncitizens have a sponsor. For purposes of Medical Assistance for Families with Children and Adults (MA-FCA) eligibility, a sponsor is a U.S. citizen or lawful permanent resident (LPR) who sponsors a noncitizen as a condition of the noncitizen's entry into the United States.

Applicants, enrollees, and sponsors must cooperate with supplying or obtaining sponsor information if sponsor deeming applies. If the applicant, enrollee, or sponsor fails to cooperate coverage may be closed. The Sponsor Letter (DHS-3453) can be sent to the sponsor to remind them of their legal obligation to provide support and to request verification from the sponsor.

Applicants, enrollees, and sponsors must cooperate with supplying or obtaining sponsor information if sponsor deeming applies. If the applicant, enrollee, or sponsor fails to cooperate coverage may be closed. The Sponsor Letter (DHS-3453) can be sent to the sponsor to remind them of their legal obligation to provide support and to request verification from the sponsor.

Sponsor deeming only applies if the noncitizen was sponsored using Form I-864, Affidavit of Support. This type of sponsorship only applies to certain family-based immigrants and to employment-based immigrants coming to work for a relative.

To qualify to be a sponsor, a person must agree and demonstrate to the federal government that they can support the noncitizen to 125% federal poverty guidelines (FPG). To represent the sponsor's contribution to the noncitizen, 125% FPG for a household of one is added to the sponsored noncitizen's income to determine MA financial eligibility. If a sponsored noncitizen is eligible for MA after the 125% FPG is added, no verification of sponsor income is needed.

If a sponsored noncitizen is not eligible for MA due to sponsor deeming and the sponsor is providing less than 125% FPG, they can provide proof and have eligibility redetermined. Once verified, only the income the sponsor or sponsor's spouse actually contributes to the noncitizen is counted when determining MA financial eligibility.

Exceptions to MA Sponsor Deeming

The sponsorship ends and sponsor deeming no longer applies when any of the following changes occur:

- The sponsored immigrant becomes a naturalized citizen
- The sponsor or sponsored immigrant dies
- The noncitizen has attained at least 40 work quarters as determined by the Social Security Administration

Sponsor deeming does not apply to sponsored noncitizens when the noncitizen:

- is under age 21
- is pregnant. This exception ends when the sponsored pregnant woman's ~~60-day~~ 12 month postpartum period ends. Sponsor deeming applies the month following the end of the postpartum period.
- is sponsored by someone whose income has already been counted in the MAGI-based MA household, such as the applicant's spouse.
- has sponsorship deferred by USCIS when their immigration status is changed to Battered Noncitizen
- needs placement in a facility and placement is jeopardized by the sponsor's failure or inability to provide support, or inability of the client to locate the sponsor

Exceptions to Form I-864 Sponsorship

Noncitizens who immigrate with a non-family based petition are not subject to sponsorship and sponsor deeming. These include, but are not limited to the following:

Battered noncitizens

Cuban Haitian entrants

Diversity visa recipients

Noncitizen sponsored by a business or organization that is not related to an immigrant

People with temporary protected status

Refugee and asylees

Safety Net

If deeming a sponsor's income causes an applicant to be ineligible for MA-FCA based on income eligibility, and the applicant's projected annual income is less than 100% FPG according to income standards for MinnesotaCare, the applicant will be eligible for MA. This is because sponsor income is not counted for MinnesotaCare. This is called the Safety Net Provision.

Legal Citations

Minnesota Statutes, section 256B.06

Personal Responsibility and Work Opportunity Reconciliation Act of 1996, title IV, Public Law 104-193, sections 421-423 (1996)

United States Code, title 8, section 1183a

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Manual Letter #21.5, November 1, 2021

I. Section 2.3.2.1 MA-ABD Bases of Eligibility

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

2.3.2.1 Bases of Eligibility

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

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

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

Multiple Bases of Eligibility

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

Beginning and Ending Bases of Eligibility

When an enrollee's basis of eligibility ends, they must be evaluated for other MA bases of eligibility and other health care programs before their coverage is closed.

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

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

The blind or disabled basis of eligibility continues while a person appeals their disability status, until an adverse ruling by an administrative law judge. The blind or disabled basis of eligibility ends the

last day of the month in which the appeal results in a finding the person no longer meets the SSA or SMRT disability criteria. See MA-ABD Certification of Disability for more information.

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

Change in Basis of Eligibility for Enrollees

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

- A disability certification ending
- Becoming pregnant. A pregnant basis of eligibility ends on the last day of the month in which the ~~60-day~~ 12 month postpartum period ends.
- Becoming a parent or relative caretaker of a minor child
- Turning age 21 or 65

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

Legal Citations

Code of Federal Regulations, title 42, section 435.121

Code of Federal Regulations, title 42, section 435.201

Code of Federal Regulations, title 42, section 435.230

Code of Federal Regulations, title 42, section 435.330

Code of Federal Regulations, title 42, section 435.520

Code of Federal Regulations, title 42, section 435.522

Code of Federal Regulations, title 42, section 435.530

Code of Federal Regulations, title 42, section 435.540

Code of Federal Regulations, title 42, section 435.541

Code of Federal Regulations, title 42, section 435.911

Code of Federal Regulations, title 42, section 435.916

Minnesota Statutes, section 256B.055

Minnesota Statutes, section 256B.057

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Manual Letter #20.1, March 1, 2020

J. Section 2.3.3.2.2.1 MA-ABD Sponsor Asset Deeming

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

2.3.3.2.2.1 Sponsor Asset Deeming

Sponsor deeming rules apply to noncitizens who are sponsored by an individual or individuals and have a signed Affidavit of Support (USCIS 1-1864), unless an exception is met.

Assets of a sponsor and the sponsor's spouse are deemed to each noncitizen covered by the affidavit regardless of whether the sponsor actually contributes to the noncitizen's household needs. Assets are deemed even if the sponsor or the sponsor's spouse are receiving public assistance in Minnesota or another state.

If the sponsor is a member of the household:

- The sponsor and the sponsor's family members are counted in the applicant's household composition. See Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) Household Composition policy for more information.
- Applicable asset exclusions are applied to the sponsor's assets.

If the sponsor is not a member of the household, the following rules apply:

- The sponsor or the sponsor's family members are not counted in the noncitizen's household composition.
- The sponsor or the sponsor's spouse's assets are not considered unavailable or excluded.
- Applicants, enrollees, and sponsors must cooperate with supplying or obtaining sponsor information if sponsor deeming applies. If the applicant, enrollee, or sponsor fails to cooperate coverage may be closed. The Sponsor Letter (DHS-3453) reminds the sponsor of their legal obligation to provide support and to request verification from the sponsor.

Exceptions to MA Sponsor Deeming

- The sponsorship ends and sponsor deeming no longer applies when any one the following changes occur:
- The sponsored immigrant becomes a naturalized citizen
- The sponsor or sponsored immigrant dies
- The noncitizen has attained at least 40 work quarters as determined by the Social Security Administration

Sponsor deeming does not apply to sponsored noncitizens when the noncitizen:

- is under age 21
- is pregnant. This exception ends when the sponsored pregnant woman's ~~60-day~~ 12 month postpartum period ends. Sponsor deeming applies the month following the end of the postpartum period.
- has sponsorship deferred by USCIS when their immigration status is changed to Battered Noncitizen
- needs placement in a facility and placement is jeopardized by the sponsor's failure or inability to provide support, or inability of the client to locate the sponsor

Exceptions to Form I-864 Sponsorship

Noncitizens who immigrate with a non-family based petition are not subject to sponsorship and sponsor deeming. These include, but are not limited to the following:

- Battered noncitizens
- Cuban Haitian entrants
- Diversity visa recipients
- Noncitizen sponsored by a business or organization that is not related to an immigrant
- People with temporary protected status
- Refugee and asylees

Legal Citations

Code of Federal Regulations, title 42, section 435.602

Minnesota Statutes, section 256B.06, subdivision 5

Personal Responsibility and Work Opportunity Reconciliation Act of 1996, title IV, Public Law 104–193, section 421 and 422

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K. Section 2.3.1.1 MA-ABD Mandatory Verifications

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

2.3.1.1 Mandatory Verifications

Mandatory verifications must be verified through an available electronic data source or by paper proof, if electronic data sources are unsuccessful or unavailable. Self-attestation of certain eligibility factors may be accepted if electronic data sources are unsuccessful or unavailable and paper proof does not exist or is not available.

Medical Assistance for People Who Are Age 65 or Older and People Who are Blind or Have a Disability (MA-ABD) has the following mandatory verifications.

Pre-Eligibility Verification

The following eligibility factors must be verified prior to the eligibility determination:

- Assets
 - Verification of assets is required at application, renewal, and when a new asset is reported.
 - At renewal, an excluded asset that was verified does not need to be verified again unless the asset has changed, to determine whether the change affects the exclusion
 - An applicant or enrollee must verify assets even if the Account Validation Service (AVS) was requested.
 - Assets that are counted for a person with an asset limit must be verified even if the asset belongs to a person who is not applying for Medical Assistance (MA) or does not have an asset limit.
 - Verification of the following assets are not required at application or renewal:
 - Homestead, if it qualifies for the exclusion. Refer to Section 2.3.3.2.7.4.1 MA-ABD Homestead Real Property for more information.
 - Vehicle, if only one is reported. Refer to Section 2.3.3.2.7.7 MA-ABD Automobiles and Other Vehicles Used for Transportation for more information.
 - Household goods and personal effects
- Certification of Disability through Social Security Administration (SSA)
- Income
 - If a person is receiving Supplemental Security Income (SSI), only the SSI income is verified. Eligibility for SSI is accepted as verification of other income SSA considers in determining eligibility.

- Note: Veteran's Administration (VA) Aid and Attendance benefits and VA unusual medical expense payments must be verified even if the person is receiving SSI.
- ~~Immigration status~~
- Medical expenses to meet a spenddown

Post-Eligibility Verification

If the following factors cannot be verified at application, they can be verified after eligibility has been approved so long as the applicant meets all other eligibility requirements. If proof is not provided by the conclusion of the reasonable opportunity period (ROP), eligibility may end.

- Social Security Number: See 2.1.2.5 MA Social Security Number
- Citizenship: See 2.1.2.2.1 MA Citizenship
- Immigration Status: See 2.1.2.2.2 MA Immigration Status
- ~~U.S. Citizenship~~

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

Self-Attestation

Self-attestation, either verbal or in writing, of the following eligibility factors may be accepted if electronic data sources are unsuccessful or unavailable and paper proof does not exist or is not available:

- Income
- Assets
- Medical expenses to meet a spenddown
- Certification of Disability through Social Security Administration (SSA) ~~or State Medical Review Team (SMRT)~~
- Exceptions to having a Social Security Number.

Paper proof is considered not available if neither the applicant or enrollee, nor the agency can obtain it. The county, tribal and state servicing agency must make efforts to assist the applicant or enrollee in obtaining the requested paper proof, if it exists. This includes obtaining authorization from the applicant or enrollee to contact a third party on their behalf, if appropriate. Decisions to accept an applicant's or enrollee's self-attestation must be based on the individual case circumstances.

Self-attestation cannot be accepted in lieu of electronic verification or paper documentation of an applicant or enrollee's citizenship, immigration status, or social security number.

Legal Citations

Code of Federal Regulations, title 42, section 435.407

Code of Federal Regulations, title 42, section 435.541

Code of Federal Regulations, title 42, section 435.920

Code of Federal Regulations, title 42, section 435.945

Code of Federal Regulations, title 42, section 435.948

Code of Federal Regulations, title 42, section 435.949

Code of Federal Regulations, title 42, section 435.952

Code of Federal Regulations, title 42, section 435.956

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L. Section 2.3.3.2.7.4.3 MA-ABD Life Estates and Remainder Interests

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

2.3.3.2.7.4.3 Life Estates and Remainder Interests

A life estate is an ownership interest in real property. The right of ownership exists for the lifetime of the person holding it, the lives of one or more other designated persons, or one or more other specified conditions within the lifetime of the life estate owner. A life estate document specifies when the life estate terminates.

The owner(s) of a life estate ~~is~~ may be called a “life tenant” or “tenant for life.” Generally, a life estate entitles the life tenant to occupy, possess or otherwise use the property as long as he or she lives.

When the owner of property gives it to one party in the form of a life estate, and designates a second person to inherit it upon the death of the life estate owner, the second person has a remainder interest in the property and is referred to as a remainderman.

A life estate is generally created:

- When a person with property rights in real property transfers a remainder interest in the property to another and retains a life estate in the property
- When a person purchases a life estate interest in someone else’s property
- By operation of probate law

Rights and Responsibilities of the Life Estate Owner

The life estate owner:

- Has the right to occupy, possess, or otherwise use the property until the life estate is terminated
- Has the right to sell the life estate interest if not prohibited in the legal instrument establishing the life estate interest
- Is entitled to all income and profits of the life estate interest, such as rent on the property
- Cannot sell the property or the remainder interest
- Is responsible for paying the mortgage, taxes, and insurance on the property
- Is responsible for the upkeep and the repair of the property

Rights of the Remainderman

The remainderman has ownership interest in the property subject to the life estate interest. The remainderman does not have the right to occupy, possess or otherwise use the property until the life estate is terminated.

The remainderman can:

- Sell his or her interest in the property even before the life estate interest terminates, if allowed by the legal instrument establishing the life estate interest. In such cases, the life estate owner retains the life estate interest until the life estate terminates.
- Sell the entire property with the permission of the life estate owner

Evaluation of a Life Estate Owner's Interest Evaluation

Life estates interests are treated as real property.

- ~~A life estate interest in a person's principal place of residence, is excluded as homestead property.~~
- ~~A life estate interest that is not excluded as homestead property, is treated as non-homestead real property. However, MA enrollees are not required to make a good faith effort to sell a life estate interest in non-homestead real property because life estates are assumed to not be salable. The life estate interest is considered unavailable and is not counted towards the MA asset limit~~
- Homestead life estates: If the life estate is the person's principal place of residence, it is homestead property and is excluded.
- Non-homestead life estates: If the life estate is not the person's principal place of residence, it is non-homestead property.
 - If a non-homestead life estate is owned by the applicant or enrollee, it is not counted toward the person's asset limit. The applicant or enrollee is entitled to any income derived from the life estate. DHS places liens on non-homestead life estates owned by certain enrollees. See the MA Estate Recovery Manual for more information
 - For MA-LTC, if a non-homestead life estate is owned by the community spouse, the life estate is included in the couple's asset evaluation.

~~The value of a life estate interest is counted as an asset in the month following the month of the sale, if retained:~~

- ~~When the property is sold~~
- ~~When the remainderman or someone else purchases the life estate interest~~

Determining the Value of a Life Estate Interest in real property

The value of a life estate interest ~~in real property~~ is the property's estimated market value (EMV) equity value on the date the life estate interest is created, terminated, or sold,

multiplied by the person's mortality figure based on the person's age, as determined by the Life Estate Mortality Table.

The value of the property may be determined by a licensed real estate appraiser if the accuracy of the EMV is disputed.

~~The value of a life estate interest at the time the property is sold is the sale price of the property multiplied by the person's mortality figure as determined by the Life Estate Mortality Table. Expenses related to the sale of the property that are the responsibility of the life estate owner are deducted from the value of the life estate.~~

~~If there are two or more life estate owners, each life estate interest is calculated separately based on each owners age~~

The value of a life estate on the date the life estate was created is based on the equity value of the property on the date the life estate was established.

The value of a life estate on the date the life estate was terminated is based on the equity value of the property on the termination date. The termination date is the date of death of the life estate owner or, if termination is due to a specific condition in the deed or contract, then the date the condition occurred.

The value of a life estate at the time the property is sold is based on the sale price of the property. Expenses related to the sale of the property that are the responsibility of the life estate owner are deducted from the value of the life estate interest.

The proceeds from the sale of a life estate interest are counted as an asset in the month following the month of the sale, if retained:

- When the property is sold
- When the remainderman or someone else purchases the life estate interest

Multiple Owners

If there are two or more life estate owners, each owner's life estate interest is that owner's share of the equity value multiplied by their mortality figure. Absent evidence to the contrary, each owner is presumed to have an equal equity interest in the property.

Example: Frank (age 85) and Norma have life estate interests in non-homestead property. Frank is applying for MA. The total equity value of the property is \$100,000. Frank has a mortality figure of .35359 and a presumed equity value of \$50,000 because there are two life estate owners. Therefore, Frank's life estate interest is valued at \$17,679.50 (.35359 x \$50,000).

Remainder Interest Evaluation

Remainder interests are treated as real property and counted as an asset.

Determining the value of a remainder interest

The value of a remainder interest when a person is a remainderman is the property's equity value, multiplied by the remainderman mortality figure that corresponds to the life estate owner's age, as determined by the Life Estate Mortality Table.

When the Remainder Interest is Available to the Life Estate Owner

If a person owns both the life estate interest and the remainder interest, the life estate and remainder interests merge into full ownership of the property. The property is evaluated as a non-life estate real property.

Legal Citations

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

Minnesota Statutes, section 256B.056, subdivision 4a

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Previous Versions

Manual Letter #19.1, January 1, 2019

M. Section 2.3.3.2.7.9.2 MA-ABD Client Funded Trusts

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

2.3.3.2.7.9.2 Client-Funded Trusts

Client-funded trusts are trusts funded with the income and assets of the person and/or the person's spouse. A client-funded trust must be evaluated for people with an asset limit to determine whether the trust is available to ~~can~~ contribute toward the person's health care needs.

Trust Characteristics

A client-funded trust must meet all of the following criteria:

- Not established by will;
- Funded with the assets or income of the person or the person's spouse;
- Established by one or more of the following; and:
 - The person
 - The person's spouse
 - A person, including a court or administrative body, with legal authority to act in place of or on behalf of the person or the person's spouse
 - A person including any court or administrative body, acting at the direction or upon the request of the person or the person's spouse
- Established on or after August 11, 1993.

Trust Funding

Who funds the trust determines how the assets held in the trust are analyzed for purposes of determining eligibility for Medical Assistance (MA).

Funded by the Person and/or Person's Spouse

The assets in the trust are analyzed using the availability concepts applicable to revocable and irrevocable client-funded trusts.

Funded by the Person and Any Other Person

The portion of the trust funded with assets of the person or the person's spouse are analyzed using the availability concepts applicable to revocable and irrevocable client-funded trusts.

The portion of the trust funded with assets of any other person is not analyzed using the availability concepts applicable to revocable and irrevocable client-funded trusts. The portion of

the trust funded with assets of any other person is analyzed under the availability concepts applicable to third party established and funded trusts.

Trust Availability

The availability concepts applicable to client-funded trusts apply regardless of any of the following:

- The purpose for which the trust was established
- Whether the trustees have or exercise any discretion
 - ~~A discretionary support analysis for a client-funded trust is unnecessary, as all client-funded trusts are available for purposes of determining eligibility, regardless of whether they are discretionary or support.~~
- Any restrictions on when or if a distribution may be made from the trust
- Any restrictions on the use of the distributions from the trust.

~~Any client-funded trust, which meets the basic definition of a trust, can be counted in determining eligibility for MA.~~ How a specific trust is counted evaluated for eligibility purposes depends on the characteristics of the trust.

Revocable Client-Funded Trusts

A revocable client-funded trust is any trust that:

- Can be revoked by the grantor
- Provides that the trust can only be modified or terminated by a court
- Is called irrevocable but contains language that allows it to terminate if some action is taken by the grantor

~~Trust Corpus~~Principal (or Assets)

The entire value of the trust principal ~~corpus~~ is ~~counted~~ as an available asset.

~~Distributions~~Disbursements

Any payment from a revocable client-funded trust to or for the benefit of the person or the person's spouse is income to that individual in the month received. ~~Any payments from the trust to or for the benefit of the is income to the grantor.~~

Any payment from the trust to a third party not for the benefit of the person or the person's spouse is a transfer of assets. See 2.4.1.3 MA-LTC Uncompensated Transfers.

Irrevocable Client-Funded Trusts

An irrevocable trust is a trust that cannot be revoked by the grantor in any way. ~~Unless the terms of a trust expressly provide that the trust is revocable, the grantor may not revoke or amend the trust.~~

Availability of Trust Corpus Assets

If there are any circumstances under which payment from the assets could be made to or for the benefit of the person or their spouse, the portion of the trust assets from which payment could be made is available and counted in the asset evaluation. Any portion of the trust income or trust corpus that could be paid to or for the benefit of the beneficiary is counted as an available asset.

Trust assets are available to the extent the terms of the trust provide that the trustee can do any of the following:

- can or must make disbursements, including loans or gifts, to the person or spouse;
- has complete power, authority, or discretion over whether to make disbursements to the person or spouse;
- can make disbursements to the person or spouse only if a specific event occurs, even if the event has not yet occurred or even if the event is unlikely to occur; or
- can make disbursements to benefit the person or spouse even if the trustee cannot make payments directly to these individuals.

For example:

- the trustee could purchase an asset for the person or spouse to use; or
- the trust owns property that the person or spouse resides on, and the trustee could pay for expenses for upkeep of the property

Availability of Trust Income

If there are any circumstances under which payment from trust income could be made to or for the benefit of the person or the person's spouse, the income (including accumulated income that may have been reinvested in the trust) is available.

Depending on the specific terms in the trust, income earned by trust assets may be available while trust assets are unavailable.

Unavailable Trusts

If there are NO circumstances under which payment from a client-funded irrevocable trust (or a portion of that trust) could be made to or for the benefit of person or the person's spouse, the trust (or portion thereof) is unavailable and not counted.

An unavailable trust must be evaluated to determine if an uncompensated transfer occurred during the 60-month lookback period or during enrollment in MA-LTC when the trust was established or when the person or the person's spouse made additions to the trust. See 2.4.1.3.4 MA-LTC Other Asset Transfer Considerations.

Distributions Disbursements

Any payment from available trust assets or income directly to or for the benefit of the person or the person's spouse is income to that individual in the month received. Any payment from available trust assets or income that does not benefit the person or their spouse must be evaluated to determine if an uncompensated transfer occurred for MA-LTC.

~~Payments from the trust income or trust corpus made to or for the benefit of the person are income to the person.~~

~~People Requesting MA for Long-Term Care Services~~

~~All irrevocable client-funded trusts created after July 1, 2005, are analyzed as Revocable Client-Funded Trusts if the person is requesting MA for Long-Term Care Services (LTC).~~

Client-Funded Trusts for People with a Disability

The availability concepts do not apply to trusts that meet the statutory requirements for Special Needs or Pooled Trusts. See the specific sections to evaluate the availability of assets held in a Special Needs Trust or Pooled Trust.

Legal Citations

~~Minnesota Statutes, section 501C.1206~~

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

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

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[Previous Version](#)

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

N. Section 2.3.3.3.2.1.2 MA-ABD Sponsor Income Deeming

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

2.3.3.3.2.1.2 Sponsor Income Deeming

Sponsor deeming rules apply to noncitizens who are sponsored by an individual or individuals and have a signed Affidavit of Support (USCIS I-1864), unless an exception is met.

Income of a sponsor and the sponsor's spouse is deemed to each noncitizen covered by the affidavit regardless of whether the sponsor actually contributes to the noncitizen's household needs. Income is deemed even if the sponsor or the sponsor's spouse are receiving public assistance in Minnesota or another state.

The following sponsor and sponsor's spouse's income is deemed to the sponsored noncitizen:

- Gross income, including any cash assistance received by the sponsor or the sponsor's spouse
- Net self-employment income, minus self-employment expenses

If the sponsor is a member of the household:

- The sponsor's income is already deemed to the sponsored noncitizen spouse and family members under the MA for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) income deeming rules.
- Applicable MA-ABD income disregards and deductions are applied to the sponsor's income.

If the sponsor is not a member of the household or is a household member whose income is not deemed to the sponsored noncitizen under MA-ABD income deeming rules, the following rules apply:

- The total gross income of the sponsor and the sponsor's spouse is deemed to each sponsored noncitizen, even if the sponsor and the sponsor's spouse are sponsoring more than one person.
- The sponsor or the sponsor's spouse's income are not considered unavailable or excluded, and there are no deductions or prorating for the needs of a sponsor, a sponsor's spouse, or other household members.

Applicants, enrollees, and sponsors must cooperate with supplying or obtaining sponsor information if sponsor deeming applies. If the applicant, enrollee, or sponsor fails to cooperate coverage may be closed. The Sponsor Letter (DHS-3453) reminds the sponsor of their legal obligation to provide support and to request verification from the sponsor.

Exceptions to MA Sponsor Deeming

- The sponsorship ends and sponsor deeming no longer applies when any one the following changes occur:
- The sponsored immigrant becomes a naturalized citizen
- The sponsor or sponsored immigrant dies
- The noncitizen has attained at least 40 work quarters as determined by the Social Security Administration

Sponsor deeming does not apply to sponsored noncitizens when the noncitizen:

- is under age 21
- is pregnant. This exception ends when the sponsored pregnant woman's ~~60-day~~ 12 month postpartum period ends. Sponsor deeming applies the month following the end of the postpartum period.
- has sponsorship deferred by USCIS when their immigration status is changed to Battered Noncitizen
- needs placement in a facility and placement is jeopardized by the sponsor's failure or inability to provide support, or inability of the client to locate the sponsor

Exceptions to Form I-864 Sponsorship

Noncitizens who immigrate with a non-family based petition are not subject to sponsorship and sponsor deeming. These include, but are not limited to the following:

- Battered noncitizens
- Cuban Haitian entrants
- Diversity visa recipients
- Noncitizen sponsored by a business or organization that is not related to an immigrant
- People with temporary protected status
- Refugee and asylees

Legal Citations

Code of Federal Regulations, title 42, section 435.602

Minnesota Statutes, section 256B.06, subdivision 5

Personal Responsibility and Work Opportunity Reconciliation Act of 1996, title IV, Public Law 104–193, section 421 and 422

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Manual Letter #21.5, November 1, 2021

O. Section 2.3.5.1.1 MA-EPD Mandatory Verifications

Medical Assistance for Employed Persons with Disabilities

2.3.5.1.1 Mandatory Verifications

Mandatory verifications must be verified through an available electronic data source or by paper proof, if electronic data sources are unsuccessful or unavailable. Self-attestation of certain eligibility factors may be accepted if electronic data sources are unsuccessful or unavailable and paper proof does not exist or is not available.

Medical Assistance for Employed Persons with Disabilities (MA-EPD) has the following mandatory verifications.

Pre-Eligibility Verification

The following eligibility factors must be verified prior to the eligibility determination:

- Assets
 - Verification of assets is required at application, renewal, and when a new asset is reported. If an asset is determined to be excluded it does not need to be verified again at renewal.
 - An applicant or enrollee must verify assets even if The Account Validation Service (AVS) was requested.
 - Verification of the following assets are not required at application or renewal:
 - Homestead, if it qualifies for the real property homestead exclusion. The only exception applies to people who are applying for or renewing Medical Assistance for Long Term Care eligibility. Refer to Section 2.4.1.2 MA-LTC Home Equity Limit for more information about the exception.
 - Vehicle, if only one is reported. Refer to Section 2.3.3.2.7.7 MA-ABD Automobiles and Other Vehicles Used for Transportation for more information.
 - Household goods and personal effects
- Certification of Disability through Social Security Administration (SSA) or State Medical Review Team (SMRT)
- Income from employment
 - For wage income, only the following forms of verification are acceptable:
 - Pay stubs that include:
 - The employee's name or Social Security Number.
 - Hours worked.
 - Gross pay.

- Social Security and Medicare taxes withheld.
- Net pay.
- Period covered by earnings.
- Employer's name.
- A completed Authorization for Release of Employment Information (DHS-2146). This form is only required when the employee does not provide pay stubs containing the required information, or any other statement from the employer that provides the necessary information.
- For self-employment income one of the following must be provided as verification of earnings:
 - Federal tax forms if the client has been in business long enough to file taxes and was required to file federal income tax for the previous year. Tax forms must include any of the following:
 - Quarterly Schedule ES (Form 1040) Estimated Tax for Individuals, if they were required to pay quarterly self-employment taxes.
 - Form 1040 U.S. Individual Income Tax Return with the "Self-Employment Tax" line completed.
 - Schedule SE (Form 1040) Self-Employment Tax.
 - Business records if the client has not been in business long enough to file a federal income tax return or quarterly estimated taxes, or if tax forms do not accurately reflect self-employment income.
- An enrollee must submit a copy of the federal tax return when it becomes available at the next renewal.
 - Business records may include:
 - Business financial statement.
 - Detailed records of gross receipts and expenses.
 - Business quarterly report.
 - Computer printout showing gross receipts and expenses.
 - Signed statement from the business's accountant verifying projected business income or expenses.
- ~~Immigration status~~
- Royalties, Honoraria, and Stipends
 - Documentation of royalty, honoraria, or stipend income must show:
 - The nature and amount of payments.
 - Dates of payments.

- Frequency of payments.
- Social Security and Medicare tax withholding.
- This income can be verified with:
 - Tax forms for the previous year identifying royalties, honoraria, or stipends with Medicare and Social Security taxes paid via entries on:
 - Federal Tax Form 1040.
 - Schedule C.
 - Schedule SE.
 - Form 1099-Misc.
- Pay stubs or written statement from the source of payment showing:
 - Social Security and Medicare taxes withheld.
 - Client's name or Social Security Number.
 - Amount of payment.
 - Dates of payment.
 - Name of the issuer.
- Quarterly Schedule ES (Form 1040) Estimated Tax for Individuals.
- Schedule SE (Form 1040) Self-Employment Tax.
- ~~Social Security Number~~
- Social Security and Medicare taxes paid
- ~~U.S. Citizenship~~
- ~~American Indian and Alaska Native enrollees need to provide proof of status to be exempt from paying MA-EPD premiums.~~

Post-Eligibility Verification

If the following factors cannot be verified at application, they can be verified after eligibility has been approved so long as the applicant meets all other eligibility requirements. If proof is not provided by the conclusion of the reasonable opportunity period (ROP), eligibility may end.

- Social Security Number: See 2.1.2.5 MA Social Security Number
- Citizenship: See 2.1.2.2.1 MA Citizenship
- Immigration status: See 2.1.2.2.2 MA Immigration Status
- American Indian and Alaska Native enrollees need to provide proof of status to be exempt from paying MA-EPD premiums.

Self-Attestation

Self-attestation, either verbal or in writing, of the following eligibility factors may be accepted if electronic data sources are unsuccessful or unavailable and paper proof does not exist or is not available:

- Income
- Assets
- Medical expenses to meet a spenddown
- Certification of Disability through Social Security Administration (SSA) ~~or State Medical Review Team (SMRT)~~
- Exceptions to having a Social Security Number.

Paper proof is considered not available if neither the applicant or enrollee, nor the agency can obtain it. The county, tribal and state servicing agency must make efforts to assist the applicant or enrollee in obtaining the requested paper proof, if it exists. This includes obtaining authorization from the applicant or enrollee to contact a third party on their behalf, if appropriate. Decisions to accept an applicant's or enrollee's self-attestation must be based on the individual case circumstances.

Self-attestation cannot be accepted in lieu of electronic verification or paper documentation of an applicant or enrollee's citizenship, immigration status, or social security number.

Legal Citations

Minnesota Statutes, section 256B.057

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Manual Letter #22.3, June 1, 2022

P. Section 2.4.2.1 MA-LTC Asset Evaluation for Married Couples

Medical Assistance for Long-Term Care Services

2.4.2.1 Asset Eligibility Evaluation for a Long-Term Care Spouse Married Couples

An asset evaluation is required to determine asset eligibility when a long-term care (LTC) spouse requests Medical Assistance for Long-Term Care Services (MA-LTC). An asset evaluation is required for married couples when one spouse is requesting Medical Assistance (MA) for Long-Term Care (LTC) and the other spouse is considered a community spouse

Long Term Care (LTC) Spouse

An LTC spouse is a married person who:

- Resides in a long term care facility (LTCF) or receives Elderly Waiver program services, and is expected to remain in the LTCF or receive EW services for at least 30 consecutive days; and
- Has a community spouse. ~~Has a spouse who does not reside in a LTCF and does not receive waiver services from Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), Developmental Disability (DD), or Elderly Waiver (EW) programs.~~

Community Spouse

A community spouse is someone who:

- Is married to an LTC spouse; and
- Who does not reside in a LTCF and does not receive waiver services from Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), Developmental Disability (DD), or Elderly Waiver (EW) programs.

A community spouse can receive MA, MinnesotaCare or services through the Alternative Care (AC) program.

~~The asset assessment determines the amount of assets protected for the community spouse, known as a Community Spouse Asset Allowance (CSAA). A community spouse~~

~~is someone who is married to an LTC spouse. A community spouse can receive MA or services through the Alternative Care (AG) program.~~

~~The asset assessment is only required when the LTC spouse's basis of eligibility is MA for People Who Are Age 65 or Older or People Who Are Blind or Have a Disability (MA-ABD). An asset assessment is not required when the LTC spouse's basis of eligibility is MA for Families with Children and Adults (MA-FCA) or when a person enrolled in MA for Employed Persons with Disabilities (MA-EPD) requests MA-LTC.~~

~~This section discusses the asset assessment process that determines the CSAA.~~

Asset Evaluation

At the time of a request for MA-LTC, the LTC spouse and community spouse must report and verify all assets individually or jointly owned by either spouse, regardless of whether the asset is excluded.

The asset evaluation:

- Determines the amount of the couple's total assets.
 - The couple uses the amount to determine which assets they will protect for the community spouse, known as a Community Spouse Asset Allowance (CSAA).
 - The remaining assets that are not designated toward the CSAA are evaluated in an asset eligibility determination for the LTC spouse. See section 2.4.2.1.2.1 Asset Eligibility for a Long-Term Care Spouse
- Is only required when the LTC spouse's basis of eligibility is MA for:
 - People Who Are Age 65 or Older or People Who Are Blind or Have a Disability (MA-ABD), or
 - Families with Children and Adults (MA-FCA) with a spenddown.
- Is not required when the LTC spouse's basis of eligibility is MA for:
 - Families with Children and Adults (MA-FCA) without a spenddown, or
 - Employed Persons with Disabilities (MA-EPD)

Whereabouts of the Community Spouse are Unknown

When an asset evaluation is required and the LTC spouse does not know the whereabouts of the community spouse, the LTC spouse must make a reasonable effort to locate the community spouse.

If reasonable efforts to locate the community spouse do not succeed, eligibility for MA-LTC for the LTC spouse is still possible. The LTC spouse must report assets on the application based on the information they know about the community spouse's assets.

Notification Requirements and Appeal Rights

The LTC spouse, the LTC spouse's authorized representative, if applicable, and the community spouse must be notified of the results of the asset evaluation using DHS-3340A. Any of these people may appeal the results.

New Asset Evaluation

A new asset evaluation is required if a person has a break in LTC eligibility of one calendar month or more and the county or tribal nation servicing agency receives a new request for MA-LTC. An asset evaluation is not used to determine asset eligibility if an enrollee receiving MA-LTC marries a person who meets the definition of a community spouse after eligibility for MA-LTC is approved.

Legal Citations

United States Code, title 42, Section 1396r-5(h)

Minnesota Statutes 256B.059

MA-LTC Asset Assessment

MA-LTC Community Spouse Asset Allowance

Published: January ~~September~~ 1, ~~2022~~ 2019
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Manual Letter #19.1, January 1, 2019

Q. Section 2.4.2.1.2 MA-LTC Community Spouse Asset Allowance

Medical Assistance for Long-Term Care Services

2.4.2.1.2 Community Spouse Asset Allowance

The Community Spouse Asset Allowance (CSAA) is the amount of assets the community spouse can retain. A couple must consider many factors when deciding which assets to include in the CSAA, including tax implications as well as personal factors such as the desire to retain ownership of a particular asset.

~~At the time of a request for Medical Assistance for Long-Term Care Services (MA-LTC), the LTC spouse who has a community spouse must report and verify their assets. An asset evaluation is used to calculate which assets are protected for the community spouse. The assets that the community spouse is allowed to keep is called the Community Spouse Asset Allowance (CSAA).~~

~~There are many factors that a couple must consider when deciding which of the couple's assets are included in the CSAA, including tax implications as well as personal factors such as the desire to retain ownership of a particular asset. The decision on how to divide the couple's assets is up to the couple. The couple can contact a tax accountant, an attorney or someone who specializes in estate planning for questions unrelated to Medical Assistance (MA) policy.~~

Determining the Community Spouse Asset Allowance

The couple must decide for themselves which assets to designate to the CSAA. The couple can contact a tax accountant, an attorney or someone who specializes in estate planning for questions about which assets they should include. The amount of the couple's total assets, as determined by the asset evaluation, is compared to the maximum CSAA. The community spouse may keep up to the maximum CSAA in effect on the date of the request for MA-LTC. The maximum CSAA is updated annually.

~~The CSAA includes the couple's total countable assets as determined by the asset evaluation. The couple must provide proof of the value of all of their assets, regardless of whether the asset is excluded or unavailable.~~

~~The total value of the couple's countable assets are compared to the maximum CSAA. The community spouse may keep up to the maximum asset allowance in effect on the date of the request. The maximum CSAA is updated annually.~~

~~The remaining assets that do not make up the CSAA are evaluated in an asset eligibility determination for the LTC spouse, to determine whether the LTC spouse meets the MA asset limit. If the couple's assets exceed the CSAA and the MA asset limit, the LTC spouse may have to reduce assets before MA can be approved.~~

~~An asset evaluation is not used to determine asset eligibility if an enrollee receiving MA-LTC marries a person who meets the definition of a community spouse after eligibility for MA-LTC is approved.~~

~~A new asset evaluation is required if a person has a break in LTC services of one calendar month or more and the county or tribal agency receives a new request for MA-LTC.~~

~~Whereabouts of the Community Spouse are Unknown~~

~~When an asset evaluation is required and the LTC spouse does not know the whereabouts of the community spouse, they must make a reasonable effort to locate the community spouse.~~

~~If reasonable efforts to locate the community spouse do not succeed, eligibility for MA-LTC for the LTC spouse is still possible. The LTC spouse must report assets on the application based on the information they know about the community spouse's assets. The signature of the community spouse on the Account Validation Service (AVS) authorization (DHS-7823) is not required to complete the CSAA.~~

Treatment of Non-Homestead Life Estates in the CSAA

The value of a non-homestead life estate interest owned by the community spouse cannot be excluded unless the interest is transferred to the LTC spouse. Otherwise, the value is counted toward the maximum CSAA limit.

Notification Requirements

The LTC spouse, community spouse, and the LTC spouse's authorized representative, if applicable, ~~and the community spouse must be of the CSAA. Any of these individuals may appeal the results.~~ sent the Designation of Assets (DHS-3340C), to provide written notice of the assets the couple designated toward the CSAA.

Increased Community Spouse Asset Allowance

The CSAA is increased beyond the maximum CSAA in the following situations:

- A court, due to a legal separation, orders an amount of the couple's assets for the community spouse that is greater than the CSAA.
- The community spouse qualifies for additional income-producing assets to meet the community spouse's monthly maintenance needs.

Additional Income-Producing Assets to Meet Community Spouse's Monthly Maintenance Needs

A community spouse may keep additional income-producing assets above the CSAA, if he or she cannot meet his or her monthly maintenance needs with the income allocated from the LTC spouse combined with his or her own income.

The couple must meet the following requirements for the community spouse to keep additional income-producing assets above the CSAA:

- The community spouse's income, combined with any income allocation from the LTC spouse, is less than the calculated monthly maintenance needs.
- The CSAA must already include as many income-producing assets as possible.
- The LTC spouse must make available, and the community spouse must accept, the community spouse income allocation. The couple cannot refuse to make or accept a community spouse income allocation as a way to reduce the community spouse's income in order to qualify for additional income-producing assets.
- The purchase of an income-producing asset for the benefit of the community spouse, under this provision, must occur before MA-LTC may be approved.
- The amount of assets above the CSAA is limited to an amount necessary to produce the additional income needed to meet the community spouse's monthly maintenance needs.
- Assets already producing an income cannot be used to purchase another income-producing asset, unless the asset purchased produces more income than the original asset.

Transfers from the LTC Spouse to the Community Spouse

Assets designated to the CSAA must be transferred to the community spouse no later than the LTC spouse's next annual renewal. At the LTC spouse's next annual renewal, all assets owned by the LTC spouse are evaluated in order to determine asset eligibility.

- Income from an asset in the LTC spouse's name is counted in the LTC income calculation even if it is income produced by an asset that is considered part of the CSAA. ~~Therefore, it is in the best interests of the couple to transfer any income-producing asset in the name of the LTC spouse to the community spouse as soon as possible.~~

~~Transfers from the Community Spouse to the LTC Spouse~~

~~Ownership of assets that are in the community spouse's name but are not included in the CSAA and do not have to be reduced must be transferred to the LTC spouse. Transfer of ownership must be verified before MA-LTC eligibility may be approved.~~

~~Community Spouse Does Not Make Assets Available to the LTC Spouse~~

~~The community spouse must make assets owned jointly or individually in excess of the CSAA available to the LTC spouse. If the community spouse does not make those assets available, the~~

~~LTC spouse may still be found eligible for MA-LTC if the LTC spouse cannot use those assets without the consent of the community spouse, and if any of the following occurs:~~

- ~~• the LTC spouse assigns the right to support from the community spouse to the Minnesota Department of Human Services (DHS)(this is done by signing the Minnesota Health Care Programs Application for Long-Term Care Services (DHS-3531));~~
- ~~• the LTC spouse is unable to assign the right to support due to a physical or mental impairment;~~
~~or~~
- ~~• the denial of eligibility would cause an imminent threat to the LTC spouse's health and well-being.~~

~~A person whose request for a hardship waiver is denied can appeal the denial. When MA-LTC is approved under this provision, the county or tribal agency makes a referral to the county attorney's office to determine if a cause of action exists against the community spouse.~~

~~Treatment of the Community Spouse's Assets after MA-LTC Approval~~

~~Once MA-LTC has been approved, any additional assets acquired by the community spouse are not available to the LTC spouse, as long as there is no break in MA-LTC eligibility for one calendar month or more and the county or tribal agency receives a new request for MA-LTC.~~

Legal Citations

Minnesota Statutes, section 256B.059

Minnesota Statutes, section 256B.056, subdivision 4a

United States Code, chapter 42, section 1396r-5(c)

Published: ~~December~~ September 1, 2022 ~~2020~~

Previous Version
Manual Letter #20.4, December 2020

R. Section 2.4.2.1.2.1 MA-LTC Asset Eligibility for LTC Spouse

Medical Assistance for Long-Term Care Services

2.4.2.1.2.1 Asset Eligibility for a Long-Term Care Spouse

The couple's remaining assets that are not designated toward the CSAA are evaluated in an asset eligibility determination for the LTC spouse, to determine whether the LTC spouse meets the MA asset limit.

Transfers from the Community Spouse to the LTC Spouse

Countable assets the couple has chosen not to protect in the CSAA are considered available to the LTC spouse when determining MA eligibility for the LTC spouse. These assets must be transferred to the LTC spouse. Transfer of ownership must be verified before MA-LTC eligibility may be approved.

Availability of Assets

The LTC spouse's assets are evaluated using the applicable policy:

- MA for People Who Are Age 65 or Older and People Who Are blind or Have a Disability (MA-ABD) asset rules, or
- MA for Families with Children and Adults with a Medical Spenddown.

Assets that are excluded or unavailable are not counted toward the LTC spouse's asset limit.

When the LTC spouse has excess countable assets, they must reduce those assets before approval of MA. See EPM 2.3.3.2.6 Excess Assets for more information.

Community Spouse Does Not Make Assets Available to the LTC Spouse

The community spouse must make assets owned jointly or individually in excess of the CSAA available to the LTC spouse. If the community spouse does not make those assets available, the LTC spouse may still be found eligible for MA-LTC if the LTC spouse cannot use those assets without the consent of the community spouse, and if any of the following occurs:

- the LTC spouse assigns the right to support from the community spouse to the Minnesota Department of Human Services (DHS) (this is done by signing the Minnesota Health Care Programs Application for Long-Term Care Services (DHS-3531));

- the LTC spouse is unable to assign the right to support due to a physical or mental impairment; or
- the denial of eligibility would cause an imminent threat to the LTC spouse's health and well-being.

A person whose request for a hardship waiver is denied can appeal the denial. When MA-LTC is approved under this provision, the county or tribal nation servicing agency makes a referral to the county attorney's office to determine if a cause of action exists against the community spouse.

Treatment of the Community Spouse's Assets after MA-LTC Approval

Once MA-LTC has been approved, any additional assets acquired by the community spouse are not available to the LTC spouse unless:

- there is a break in MA-LTC for one calendar month or more; and
- the county or tribal nation servicing agency receives a new request for MA-LTC.

Legal Citations

United States Code, title 42, Section 1396r-5

Minnesota Statutes 256B.059

Published: September 1, 2022

S. Section 2.5.1.1.2 MA-BC Mandatory Verifications

Medical Assistance for Women with Breast or Cervical Cancer

2.5.1.1.2 Mandatory Verifications

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

Presumptive Eligibility Period

For presumptive eligibility (PE) for MA-BC, the following must be verified:

- Screened by the Minnesota Department of Health Sage Screening Program or the American Indian Cancer Foundation Screen Our Circle Program
- Need for treatment or further diagnostic services for breast or cervical cancer

A Sage Enrollment form or Screen Our Circle Enrollment form are acceptable proof of both Sage screening and the need for treatment.

A Social Security number (SSN) or verification of an SSN is not required for PE. Verification of US citizenship and immigration status is not required for PE.

On-going MA-BC Eligibility

For on-going MA-BC coverage, the following must be verified:

- Screened by the Minnesota Department of Health Sage Screening Program or the American Indian Cancer Foundation Screen Our Circle Program
- Need for treatment or further diagnostic services for breast or cervical cancer

A Minnesota Department of Health Sage Enrollment form or American Indian Cancer Foundation Screen Our Circle Enrollment form are acceptable proof of both Sage screening and the need for treatment.

- U.S. Citizenship
- Immigration Status
- Social Security Number

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

Legal Citations

Minnesota Statutes, section 265B.056, subdivision 10

Published: September 1, ~~2022~~ 2020

Previous Versions

Manual Letter #20.3, December 1, 2020

T. Section 2.5.2.1.1 MA-CVT Mandatory Verifications

Medical Assistance Center for Victims of Torture

2.5.2.1.1 Mandatory Verifications

Mandatory verifications must be verified through an available electronic data source or by paper verification, if electronic data sources are unsuccessful or unavailable. Self-attestation of certain eligibility factors may be accepted if electronic data sources are unsuccessful or unavailable and paper proof does not exist or is not available. ~~Self-attestation alone is not acceptable verification of mandatory verifications.~~

Applicants for Medical Assistance for people receiving services at the Center for Victims of Torture (MA-CVT) have one mandatory verification. A copy of the CVT acceptance letter dated within the past 30 days must be submitted in order to determine if the applicant is receiving services.

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

Legal Citations

Minnesota Statutes, section 256B.06, subdivision 4

Published: ~~April~~ September 1, 2022 ~~2019~~

Previous Version

Manual Letter #19.2, April 1, 2019

U. Section 2.5.3.1.1 EMA Mandatory Verifications

Emergency Medical Assistance

2.5.3.1.1 Mandatory Verifications

Mandatory verifications must be verified through electronic data sources or by paper proof, if electronic data sources are unsuccessful or unavailable. Self-attestation of certain eligibility factors may be accepted if electronic data sources are unsuccessful or unavailable and paper proof does not exist or is not available. ~~Self-attestation alone is not acceptable verification of mandatory verifications.~~

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

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

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

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

- Assets
 - Verification of assets is required at application and when a new asset is reported. If an asset is determined to be excluded, it does not need to be verified again at renewal.
 - Verification of the following assets are not required at application or renewal:
 - Homestead, if it qualifies for the real property homestead exclusion. Refer to Section 2.3.3.2.7.4.1 MA-ABD Homestead Real Property for information.
 - Vehicle, if only one is reported. Refer to Section 2.3.3.2.7.7 MA-ABD Automobiles and Other Vehicles Used for Transportation for more information.
 - Household goods and personal effects
- Certification of Disability through Social Security Administration (SSA)
- Current income

EMA with a Spenddown

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

- Assets

The Asset policy depends on the person's basis of eligibility. Refer to Sections 2.2.1.2 FCA Mandatory Verifications and 2.3.1.1 MA ABD Mandatory Verifications for more information about asset policies for bases of eligibility under MA-FCA and MA-ABD, respectively.

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

Verifications Not Required

People applying for EMA are not required to verify:

- Immigration Status
- Medical Emergency
- Social Security Number

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

Self-Attestation

Self-attestation, either verbal or in writing, of the following eligibility factors may be accepted if electronic data sources are unsuccessful or unavailable and paper proof does not exist or is not available:

- Income
- Assets
- Medical expenses to meet a spenddown
- Certification of Disability through Social Security Administration (SSA)

Paper proof is considered not available if neither the applicant or enrollee, nor the agency can obtain it. The county, tribal and state servicing agency must make efforts to assist the applicant or enrollee in obtaining the requested paper proof, if it exists. This includes obtaining authorization from the applicant or enrollee to contact a third party on their behalf, if appropriate. Decisions to accept an applicant's or enrollee's self-attestation must be based on the individual case circumstances.

Legal Citations

Code of Federal Regulations, title 42, section 435.139

Code of Federal Regulations, title 42, section 435.350

Code of Federal Regulations, title 42, section 440.255

Minnesota Statutes, section 256B.06, subdivision 4

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Manual Letter #19.2, April 1, 2019

V. Section 3.2.1.2 MinnesotaCare Lawful Presence and DACA

MinnesotaCare

3.2.1.2 Lawful Presence and DACA

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

Lawfully Present Noncitizens

All lawfully present noncitizens may be eligible for MinnesotaCare.

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

Undocumented noncitizens are not eligible for MinnesotaCare.

Refer to the Immigration Status and Minnesota Health Care Programs Eligibility chart for a quick reference to more information about MinnesotaCare eligibility for noncitizens.

Verification

Lawful presence must be verified electronically:

- At application
- When a change in immigration status is reported by the enrollee after application
- When a new non-citizen household member is added and requests coverage
- When corrections are made about a person's immigration status after application

See MHCP Change in Circumstances for more information.

Paper Documentation

Lawful presence may be verified electronically at the time of application through a data match with the Federal Data Services Hub (FDSH). If unsuccessful, the county, tribal or state servicing agency must submit a request for verification through SAVE prior to requiring paper documentation from the enrollee.

Applicants and enrollees whose lawful presence cannot be verified electronically must provide proofs, which must be validated using electronic sources, such as SAVE. People who are DACA

grantees must also provide proof that DACA has been approved if their status cannot be verified electronically.

See Immigration documentation types at HealthCare.gov for information about immigration documentation.

Reasonable Opportunity Period

Eligibility is approved for applicants who meet all other eligibility criteria and attest to meeting the noncitizen eligibility requirements.

A person approved for MinnesotaCare whose lawful presence or DACA grantee status cannot be verified electronically has a reasonable opportunity to work with the agency to resolve clerical discrepancies preventing electronic verification or to provide proof. A notice is sent to the enrollee to indicate they have 90 days, plus 5 days for mailing, from the date of the notice to satisfy the request.

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

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

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

Legal Citations

Code of Federal Regulations, title 42, section 600.305

Code of Federal Regulations, title 42, section 600.345

Code of Federal Regulations, title 42, section 600.5

Code of Federal Regulations, title 42, section 155.315

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

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W. Section 4.2.1.1 MSP Applications

Medicare Savings Programs

4.2.1.1 Applications

The federal government administers the Medicare program and the Minnesota Department of Human Services (DHS) administers the Medicare Savings Programs (MSP). This section outlines the requirements for Medicare and MSP applications.

Medicare Application

People must sign up for Medicare with the federal government. See MSP Medicare Overview for more information.

Medicare Part D Extra Help

Some Part D beneficiaries who have limited income and assets are eligible for premium and cost sharing subsidies. These subsidies are referred to as Extra Help or Low-Income Subsidy (LIS). The two types of Extra Help are full and partial subsidies. People enrolled in a MSP or Medical Assistance (MA) automatically qualify for Extra Help with Medicare Part D. DHS informs Medicare who these people are and Medicare sends the person information about which Medicare Part D plans have Extra Help or LIS.

Medicare Savings Program Application

If Medicare thinks someone might be eligible for an MSP, then the Social Security Administration (SSA) sends them a letter called “How to Get Help With Your Medicare Costs” SSA Publication Form L447. A person does not need this letter to apply for an MSP. A person must submit an application form to their county, tribal or state servicing agency for an MSP eligibility determination.

Application Forms

A person’s situation determines which application form to use to apply for an MSP.

New applicants living in the community who are applying for an MSP and Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) should use the MHCP Application for Certain Populations (DHS-3876) for the quickest eligibility determination.

New applicants living in a nursing facility or intermediate care facility and who are applying for MSP and MA long-term care facility services using a MA-ABD basis of eligibility should use the MHCP Application for Payment of Long-Term Care Services (DHS-3531) for the quickest eligibility determination.

New applicants living in the community who are seeking a home and community based services waiver to help stay in their home and who are applying for MSP and MA for long-term care

services using a MA-ABD basis of eligibility should use the MHCP Application for Payment of Long-Term Care Services (DHS-3531) for the quickest eligibility determination.

When a person is ~~currently~~ enrolled in MA and wants to apply for an an MSP, they should contact their county, tribal or state servicing agency. An MA enrollee is not required to submit a new application when applying for an MSP; rather tThe servicing agency will request further information, including any necessary supplements, to make an MSP eligibility determination. Similarly, an MSP enrollee is not required to submit a new application when applying for MA.

Application requirements

The following MHCP application policies also apply to MSPs:

MHCP Application Submission

MHCP Date of Application

MHCP Processing Period

MHCP Signature

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Previous Versions

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

X. Appendix A

Appendix A

Types of Assets

401(k) Plan

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

403(b) Plan

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

457 Plan

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

Academic Achievement Incentive Scholarships

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

Academic Competitiveness Grants

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

Achieving a Better Life Experience (ABLE) Account

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

Adoption assistance

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

Agent Orange Settlement Fund payments

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

Agricultural homestead

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

Alaska Native Claims Settlement Act (ANCSA) payments

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

Annuities

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

Asset conversion

A change from one type of asset to another.

Austrian Reparation payments (also called Austrian Social Insurance payments)

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

Blood product settlement payments

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

Bureau of Indian Affairs (BIA) student financial aid

BIA funded student financial aid to eligible individuals.

Burial Assets

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

Cash Surrender Value (CSV)

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

Certificate of Deposit (CDs)

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

Client Funded Trusts

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

Clinical trial participation payments

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

Clothing and Personal Needs Allowance Accumulation

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

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

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

College Assistance Migrant Program (CAMP)

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

Commercial annuity

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

Continuing Care Retirement Community (CCRC) Entrance Fee

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

Contract for deed

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

Corporation for National and Community Service (CNCS) payments

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

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

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

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

Crime victim payments

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

Deemed Individual Retirement Account (IRA)

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

Deferred annuity

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

Disability insurance

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

Disaster Assistance, federal declaration

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

Disaster Assistance, state declaration

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

Employee Stock Ownership Plans (ESOPs)

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

Employer-sponsored Individual Retirement Account (IRA)

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

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

Escrow

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

Face Value (FV)

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

Federal Family Education Loan (FFEL)

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

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

Federal Supplemental Educational Opportunity Grant (FSEOG) Program

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

Federal Work-Study (FWS) program

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

Filipino Veterans Equity Compensation (FVEC) fund payments

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

Fixed annuity

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

Flexible spending accounts/arrangement (FSA)

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

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

Foster care payments

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

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

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

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

Gifts to children with life threatening conditions

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

Guardianship account

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

Health Reimbursement Arrangement/Account (HRA)

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

Health Savings Account (HSA)

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

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

High School Equivalency Program (HEP)

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

Higher Education Act of 1965 (HEA)

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

Home equity

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

Homestead property

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

Household goods and personal effects

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

I-35W Bridge Collapse payment

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

Immediate annuity

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

Individual Development Accounts (IDA)

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

Individual Retirement Arrangement (IRA)

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

Interest

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

Interest income from Indian trust land or restricted lands

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

Irrevocable trust

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

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

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

Japanese-American and Aleutian restitution payments

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

Jensen Settlement Agreement payment

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

Keogh plan

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

Legal instrument or device similar to a trust

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

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

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

Life annuity payments

Annuity payments that continue for the life of the annuitant.

Life estate

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

Life insurance

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

Liquid assets

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

Low Income Home Energy Assistance Program (LIHEAP) payments

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

Lump sum income

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

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

Medicaid Qualifying Trust (MQT)

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

Medical Savings Account (MSA)

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

Minnesota Housing Finance Agency (MHFA) home improvement loan

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

Money market account

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

Mutual fund share

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

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

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

Nazi Persecution payment

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

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

Netherlands Act (WUV) payments to victims of Japanese persecution

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

Netherlands Act (WUV) payments to victims of Nazi persecution

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

Non-homestead Real Property

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

Non-term life insurance policy

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

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

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

Operating assets

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

Payroll Deduction Individual Retirement Account (IRA)

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

Pell grants

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

Pension payments

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

Perkins loan

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

Personal property

Property that is not considered real property.

Plan to Achieve Self Support (PASS) financial aid

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

Pooled trusts

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

Presidential Access scholarships

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

Private annuity

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

Profit Sharing Plan

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

Promissory notes

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

Property agreements

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

Public assistance appeal payments

Payments resulting from an appeal of public assistance benefits.

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

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

Radiation Exposure Compensation Act payments

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

Real property

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

Relocation Assistance payments, federal

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

Relocation Assistance payments, state and local

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

Representative payee misuse payments

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

Retirement plans

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

Reverse mortgages

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

Revocable trust

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

Ricky Ray Hemophilia Relief Act payments

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

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

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

Roth 401(k) Plan

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

Roth Individual Retirement Account (IRA)

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

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

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

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

See Qualified Tuition Program.

Self-employment assets

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

Settlement agreement

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

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

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

Social Welfare Fund

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

Special Leveraging Educational Assistance Partnership (SLEAP) Program

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

Special Needs Trusts

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

Spousal Individual Retirement Account (IRA)

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

State annuities for certain veterans

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

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

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

Stocks

Shares of stock represent ownership in a business corporation.

Student financial aid

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

Supplemental Education Opportunity Grants (SEOG) Program

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

Supplemental Needs Trusts

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

Supplemental Security Income (SSI) Dedicated Child Account

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

Tax credits

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

Tax refund

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

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

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

Term certain annuity

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

Term life insurance

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

Third Party Trusts

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

Thrift Savings Plans (TSPs)

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

Time deposits

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

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

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

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

Tort settlement

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

Trade or business asset

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

Traditional Individual Retirement Account (IRA)

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

Treasury bill

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

Tribal Land Settlements or Judgements

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

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

TRIO Programs (TRIO)

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

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

Trust

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

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

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

United States savings bond

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

Universal Life Insurance

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

Variable annuity

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

Vehicles

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

Veterans Benefits for educational assistance

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

Veterans' Children with Certain Birth Defects payments

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

Vietnamese Commando Compensation Act Payments

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

Voluntary Employees' Beneficiary Association (VEBA) payments

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

Whole Life Insurance

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

Women, Infant and Children (WIC) vouchers

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

Workers' compensation settlement

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

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Y. Appendix E

Appendix E

Institutions for Mental Diseases

An Institution for Mental Diseases (IMD) is a hospital, nursing facility, or other institution or residential program that has 17 or more beds and provides diagnosis, treatment, or care of people with mental diseases.

Types of IMD facilities include:

- In-state children's mental health residential facilities
- Some In-State and Out-of-State severe emotional disturbance (SED) residential treatment facilities for children. Psychiatric Residential Treatment Facilities (PRTF) are excluded from IMD status.
- ~~(17 beds or more)~~
- Regional Treatment Center (RTC) - mental illness (MI) psychiatric inpatient hospital
 - Residential substance use disorder treatment programs
- ~~Rule 31 CD treatment program~~
- Rule 36 MI treatment program
- Privately owned psychiatric inpatient hospital
- State sex offender program
- State forensic program
- Nursing homes – when 50% or more of beds are for treatment of mental illness

Legal Citations

Code of Federal Regulations, title 42, Section 435.1010

Minnesota Statutes, section 253B.045

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Z. Appendix F

Appendix F

Standards and Guidelines

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

Community Spouse Allowances

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

Basic Shelter Allowance

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

Effective Dates	Basic Shelter Allowance
July 1, 2022 to June 30, 2023	\$687
July 1, 2021 to June 30, 2022	\$653

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, 2022 to December 31, 2022	\$3,435
January 1, 2021 to December 31, 2021	\$3,259.50

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, 2022 to June 30, 2023	\$2,289
July 1, 2021 to June 30, 2022	\$2,178

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, 2022 to September 30, 2023</u>	<u>\$586</u>
October 1, 2021 to September 30, 2022	\$488
October 1, 2020 to September 30, 2021	\$496

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, 2022 to September 30, 2023</u>	<u>\$185</u>
October 1, 2021 to September 30, 2022	\$149
October 1, 2020 to September 30, 2021	\$154

Effective Dates	Telephone Allowance
<u>October 1, 2022 to September 30, 2023</u>	<u>\$55</u>
October 1, 2021 to September 30, 2022	\$56
October 1, 2020 to September 30, 2021	\$56

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, 2022 to December 31, 2022	\$636,000
January 1, 2021 to December 31, 2021	\$603,000

IRS Mileage Rate

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

Effective Dates	IRS Mileage Rate
<u>July 1, 2022 to December 31, 2022</u>	<u>62.5 cents</u>
January 1, 2022 to <u>June 30, 2022</u>	58.5 cents

Long-Term Needs Allowances

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

Clothing and Personal Needs Allowance

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

Effective Dates	Clothing and Personal Needs Allowance
January 1, 2022 to December 31, 2022	\$111
January 1, 2021 to December 31, 2021	\$105

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, 2022 to June 30, 2023	\$1,133
July 1, 2021 to June 30, 2022	\$1,074

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, 2022 to June 30, 2023	\$1,152
July 1, 2021 to June 30, 2022	\$1,059

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, 2022 to December 31, 2022	No minimum	\$137,400
January 1, 2021 to December 31, 2021	No minimum	\$130,380

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, 2022 to December 31, 2022	1.059
January 1, 2021 to December 31, 2021	1.013

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, 2022 to December 31, 2022	\$234
January 1, 2022 to June 30, 2022	\$195
July 1, 2021 to December 31, 2021	\$189

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, 2022 to December 31, 2022	\$2,523
January 1, 2021 to December 31, 2021	\$2,382

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, 2022 to June 30, 2023	\$9,312
July 1, 2021 to June 30, 2022	\$8,781

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, 2022 to December 31, 2022	\$2,040	\$8,230
January 1, 2021 to December 31, 2021	\$1,930	\$7,770

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, 2022 to December 31, 2022	\$841
January 1, 2021 to December 31, 2021	\$794

Effective Date	Couple
January 1, 2022 to December 31, 2022	\$1,261
January 1, 2021 to December 31, 2021	\$1,191

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

Marital Status	Age over 65?	Blind?	Income Type	2020 Tax Year Threshold Amount	2021 Tax Year Threshold Amount
Single	No	No	Unearned Income	\$1,100	\$1,100
Single	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
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 + \$2,000
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

Marital Status	Age over 65?	Blind?	Income Type	2020 Tax Year Threshold Amount	2021 Tax Year Threshold Amount
Married	No	No	Earned Income	\$12,200	\$12,400
Married	No	No	Unearned Income	\$1,100	\$1,100
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	Larger of \$3,700 or Earned Income Reported up to

Marital Status	Age over 65?	Blind?	Income Type	2020 Tax Year Threshold Amount	2021 Tax Year Threshold Amount
				\$11,850 + \$2,950	\$12,050 + \$2,950

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