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 #22.1

January 1, 2022

Manual Letter #22.1

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

I. Summary of Changes

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

A. EPM Home Page

We removed Bulletin #19-21-01, Pre-eligibility Verification for Medical Assistance for Families with Children and Adults. We added this Manual Letter.

B. Section 2.3.3.2.3 Medical Assistance (MA) for People Who Are Age 65 or Older or People Who Are Blind or Have A Disability (ABD) Excluded Assets

We clarified when assets established under the Uniform Gift to Minors Act/Uniform Transfers to Minors Act (UGMA/UTMA) becomes available to the beneficiary.

C. Section 2.3.3.2.7.11.3 MA-ABD Prepaid Burial Arrangements

We added limits to revocability for agreements made out of state.

D. Section 2.3.3.4.2 MA-ABD Health Care Expenses

We added a list of health care expenses that are not allowed to meet the spenddown. We clarified how to apply unused portions of allowable health care expenses to a spenddown.

E. Section 2.3.5.1.3 MA-EPD Work Requirements

We updated the Employment Income section to clarify a person's income requirement must be met for the six-month period used at application and renewal.

F. Section 2.4.1 MA for Long-Term Care Services (MA-LTC) Eligibility Requirements

We added information about what forms to use when an MA enrollee requests MA-LTC coverage of waiver services.

G. Section 2.4.2.5.1 MA-LTC Income Calculation Deductions

We clarified when Medicare premiums are paid by another program. We also added that a private room charge, when not medically necessary, is not a medical expense.

H. Section 2.5.5.1.1 MA for Hospitalized Incarcerated People (MA-HIP) Applications

We clarified what the earliest eligibility beginning date can be.

I. Appendix C

We updated this appendix with the Medicare cost sharing amounts for the 2022 benefit year

J. Appendix F

We update the following standards and guidelines in this appendix:

- Maximum monthly income allowance
- Home equity limit
- Clothing and personal needs allowance
- Maximum asset allowance
- Pickle disregard
- Remedial care expense
- Special income standard
- Student earned income exclusion
- Supplemental Security Income (SSI) maximum payment amounts

The updated amounts are effective January 1, 2022.

II. Documentation of Changes

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

A. EPM Home Page

B. Section 2.3.3.2.3 MA-ABD Excluded Assets

C. Section 2.3.3.2.7.11.3 Prepaid Burial Arrangements

D. Section 2.3.3.4.2 MA-ABD Health Care Expenses

E. Section 2.3.5.1.3 MA-EPD Work Requirements

F. Section 2.4.1 MA-LTC Eligibility Requirements

G. Section 2.4.2.5.1 MA-LTC Income Calculation Deductions

H. Section 2.5.5.1.1 MA-HIP Applications

I. Appendix C

J. Appendix F

A. EPM Home Page

Minnesota Health Care Programs

Eligibility Policy Manual

Welcome to the Minnesota Department of Human Services (DHS) Minnesota Health Care Programs Eligibility Policy Manual (EPM). This manual contains the official DHS eligibility policies for the Minnesota Health Care Programs including Medical Assistance and MinnesotaCare. Minnesota Health Care Programs policies are based on the state and federal laws and regulations that govern the programs. See Legal Authority section for more information.

The EPM is for use by applicants, enrollees, health care eligibility workers and other interested parties. It provides accurate and timely information about policy only. The EPM does not provide procedural instructions or systems information that health care eligibility workers need to use.

Manual Letters

DHS issues periodic manual letters to announce changes in the EPM. These letters document updated sections and describe any policy changes.

MHCP EPM Manual Letter #22.1, January 1, 2022

2021 Manual Letters

MHCP EPM Manual Letter #21.1, January 1, 2021

MHCP EPM Manual Letter #21.2, March 1, 2021

MHCP EPM Manual Letter #21.3, June 1, 2021

MHCP EPM Manual Letter #21.4, October 1, 2021

MHCP EPM Manual Letter #21.5, November 1, 2021

2020 Manual Letters

MHCP EPM Manual Letter #20.1, March 1, 2020

MHCP EPM Manual Letter #20.2, June 1, 2020

MHCP EPM Manual Letter #20.3, September 1, 2020

MHCP EPM Manual Letter #20.4, December 1, 2020

2019 Manual Letters

MHCP EPM Manual Letter #19.1, January 1, 2019

MHCP EPM Manual Letter #19.2, April 1, 2019

MHCP EPM Manual Letter #19.3 June 1, 2019

MHCP EPM Manual Letter #19.4, August 7, 2019

MHCP EPM Manual Letter #19.5, September 1, 2019

MHCP EPM Manual Letter#19.6, November 1, 2019

MHCP EPM Manual Letter #19.7. December 1, 2019

2018 Manual Letters

MHCP EPM Manual Letter #18.1, January 1, 2018

MHCP EPM Manual Letter #18.2, April 1, 2018

MHCP EPM Manual Letter #18.3, June 1, 2018

MHCP EPM Manual Letter #18.4, September 1, 2018

MHCP EPM Manual Letter #18.5, December 1, 2018

2017 Manual Letters

MHCP EPM Manual Letter #17.1, April 1, 2017

MHCP EPM Manual Letter #17.2, June 1, 2017

MHCP EPM Manual Letter #17.3, August 1, 2017

MHCP EPM Manual Letter #17.4, September 1, 2017

MHCP EPM Manual Letter #17.5, December 1, 2017

2016 Manual Letters

MHCP EPM Manual Letter #16.1, June 1, 2016

MHCP EPM Manual Letter #16.2, August 1, 2016

MHCP EPM Manual Letter #16.3, September 1, 2016

MHCP EPM Manual Letter #16.4, December 1, 2016

Bulletins

DHS bulletins provide information and direction to county and tribal health and human services agencies and other DHS business partners. According to DHS policy, bulletins more than two years old are obsolete. Anyone can subscribe to the Bulletins mailing list.

A DHS Bulletin supersedes information in this manual until incorporated into this manual. The following bulletins have not yet been incorporated into the EPM:

- ~~Bulletin #19-21-01, Pre-eligibility Verification for Medical Assistance for Families with Children and Adults~~
- 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 #21-21-10, DHS Announces a Change to Medical Assistance Eligibility for Citizens of the Freely Associated States

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

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

- Bulletin #20-21-14, DHS Explains Treatment of Coronavirus Response Payments under the Consolidated Appropriations Act, 2021, for Minnesota Health Care Programs
- Bulletin #21-21-02, DHS Explains Treatment of Coronvirus 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 MinnnesotaCare 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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Previous Versions

Manual Letter #21.5, November 1, 2021
Manual Letter #21.4, October 1, 2021
Manual Letter #21.3, June 1, 2021
Manual Letter #21.2, March 1, 2021
Manual Letter #21.1, January 1, 2021
Manual Letter #20.4, December 1, 2020
Manual Letter #20.3, September 1, 2020
Manual Letter #20.2, June 1, 2020
Manual Letter #20.1 March 1, 2020
Manual Letter #19.7, December 1, 2019
Manual Letter #19.6, November 1, 2019
Manual Letter #19.5, September 1, 2019
Manual Letter #19.4, August 7, 2019
Manual Letter #19.3, June 1, 2019
Manual Letter # 19.2, April 1, 2019
Manual Letter #19.1, January 1, 2019
Manual Letter #18.5, December 1, 2018
Manual Letter #18.4, September 1, 2018
Manual Letter #18.3, June 1, 2018
Manual Letter #18.2, April 1, 2018
Manual Letter #18.1, January 1, 2018
Manual Letter #17.5, December 1, 2017
Manual Letter #17.4, September 1, 2017
Manual Letter #17.3, August 1, 2017
Manual Letter #17.2, June 1, 2017
Manual Letter #17.1, April 1, 2017
Manual Letter #16.4, December 22, 2016
Manual Letter #16.3, September 1, 2016
Manual Letter #16.1, June 1, 2016 (Original Version)

B. Section 2.3.3.2.3 MA-ABD Excluded Assets

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

2.3.3.2.3 Excluded Assets

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

Identifiable Assets

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

An asset is identifiable in the following situations:

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

Excluded Assets if Identifiable

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

- Achieving a Better Life Experience (ABLE) account

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

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

- Qualified Tuition Programs (QTP), also known as a 529 Plan, for the designated beneficiary (the student or future student) who is not the owner of the account and does not have any rights to the funds in the account. The account is counted as an asset for the owner.

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

Excluded Assets Regardless of Identifiability

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

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

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

Potentially Excluded Assets

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

MA-ABD Tribal Payments and Interests

MA-ABD Burial Space Exclusion

MA-ABD Burial Fund Exclusion

MA-ABD Retirement Funds & Plans

MA-ABD Trusts

MA-ABD Automobile and other vehicles used for transportation

Self-Support Excluded Assets

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

Self-Employment Excluded Assets

All assets of a trade or business, regardless of value, that are in current use and needed for the person to earn income are excluded. Current use includes seasonal use of an asset. The excluded assets can be real or personal property. There is no limit to the amount of assets that can be excluded under this provision. Self-employment liquid assets are excluded if they are identifiable according to the rules regarding Identifiable Assets listed above.

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

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

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

- The reason the asset is not in use
- The date the asset was last used

- When the asset is expected to be used again

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

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

Income Producing Self-Support Assets

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

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

Non-Income Producing Self-Support Assets

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

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

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

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

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

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

Personal Property Used by an Employee

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

- The name, address and telephone number of the employer
- A general description of the personal assets used for work
- A general description of the person's job duties
- Whether the personal assets are currently being used

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

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

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

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

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

Legal Citations

Code of Federal Regulations, title 20, section 416.1248

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

Minnesota Statutes, section 256B.056, subdivision 3

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

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

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Manual Letter #18.3, June 1, 2018

Manual Letter #18.1, January 1, 2018

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

C. Section 2.3.3.2.7.11.3 Prepaid Burial Arrangements

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

2.3.3.2.7.11.3 Prepaid Burial Arrangements

A prepaid (or preneed) burial contract is an agreement, whereby the buyer pays in advance for a services and/or burial spaces that the seller agrees to furnish upon the death of the buyer or other designated individual.

Preneed Burial Arrangements funded by a life insurance policy should be evaluated under the Life Insurance and Burial Contracts policy.

Contract is a Countable Asset

If a burial contract is revocable it is a countable asset. However:

- any portion of the contract that clearly represents the purchase of burial spaces may be excluded, regardless of value; and
- some or all of any remaining value of the contract may be excluded under the burial funds exclusion.

Contract is Not a Countable Asset

Up to $2,000 of a burial contract can be irrevocable for one person or $3,000 for a couple. This amount is not counted because it is unavailable to the person. The portion of a burial contract that cannot be revoked is not a countable asset. However:

- any portion of the contract that clearly represents the purchase of burial spaces may be excluded, regardless of value; and
- any portion of the contract that represents burial funds reduces the $1,500 burial funds exclusion.

Contract Revocability

Irrevocable burial agreements set up in another state are considered irrevocable up to the full amount allowed under that state's laws. A state’s laws determine whether a contract is revocable. Some burial contracts may be partly revocable. For example, if the total value of an otherwise irrevocable contract exceeds the limit set for irrevocability by State law, the excess is revocable.

EXAMPLE

A contract for $2,850 in unspecified burial goods or services:

$2,850	-	total value of contract
$2,000	-	maximum irrevocable under State law
$1,500		Applied to the burial funds exclusion
$500		not excluded, but unavailable due to irrevocability of contract
$850	-	available, counted asset

For people who are married, any division of burial contract funds is acceptable. For example, one spouse may have a $2,500 burial contract, the other spouse a $500 burial contract.

Interest earned on the irrevocable burial contract is neither income nor assets, as long as it is left to accumulate.

Evaluating Contracts

Conditions for Liquidation

A prepaid burial contract, even when not technically irrevocable, may have conditions attached to its liquidation or revocation. If either of the following conditions exists, the contract is not an asset.

- Significant hardship may result from the conditions required for revoking a contract. Significant hardship means an unrealistic demand; for example, having to move out of state.
- State law or contractual terms may require mutual consent of buyer and seller in order to sell or revoke a contract. If the seller will not consent, or will consent only under conditions that would pose a significant hardship to the buyer, this must be documented.

Value of Contract as an asset

If a burial contract is an asset, the value is the amount payable to the owner upon revocation, or cash surrender value.

Single - Purpose Burial Space Contracts

General

The burial space exclusion applies to any single-purpose burial space contract that is an asset if:

- the contract lists all of the burial spaces and either includes a value for each space or the total value of all the spaces combined; and
- the seller's obligation to provide those items is not contingent on further payment (as in certain installment contracts); for example, the items are actually being held for the individual's future use.

Exception: Burial funds (subject to the $1,500 maximum or as reducing that maximum) apply when:

- the unidentified portion of a contract that implies it covers only burial spaces but does not identify some or all of the spaces, or does not include either a value for each burial space or the total value of all the spaces combined; and
- the amount paid on an installment contract for burial spaces if the contract does not entitle the person to the spaces until the full purchase price has been paid.

Until the contract has been paid in full, all payments are considered to be funds set aside for burial. Amounts paid in excess of the maximum available burial funds exclusion are countable assets. On the first of the month following the month in which full payment has been made, these items can become subject to the unlimited burial space exclusion because at the point of full payment the contract becomes an agreement representing the purchase of a burial space.

Single - Purpose Contracts for Burial Expenses

A single-purpose contract for burial expenses includes only services that we consider burial funds and that are subject to, or reduce the amount of, the burial funds exclusion.

Contracts for Both Burial Spaces and Burial Expenses

Irrevocability Designation

If a combined contract designates which portion is irrevocable and which is not, that designation is controlling. That is, if the contract designates only the burial space purchase as irrevocable, the portion dealing with burial funds is revocable and is subject to the burial funds exclusion.

If it cannot be determined which amounts represent the purchase of burial spaces and which represent burial funds, and which parts of the contract, if any, are irrevocable, the person has not distinguished spaces versus funds. In those cases, the entire contract is considered as an asset in the form of burial funds. The person may ask the funeral provider to amend the contract to distinguish burial services from burial space items.

Maximum on Irrevocable Amount

If the contract does not designate which part is irrevocable and the contract value exceeds $2,000 ($3,000 for a couple), we apply the maximum to burial spaces first.

- If space purchases exceed the maximum, the excess is revocable but subject to the burial space exclusion.
- If space purchases are less than the maximum, the remainder of the maximum are considered burial funds items.

Irrevocable burial funds reduce the amount available for excluding other burial funds.

Installment Contracts

The amount paid for any spaces and services in a combined contract being purchased in installments are considered burial funds if the contract:

- does not entitle the individual to the spaces and services listed until the full purchase amount has been paid; or
- relieves the seller of the obligation to provide the spaces and services listed at the price listed until the contract is paid in full.

Once the contract has been paid in full, the space and funds exclusions are applied as appropriate.

Value of a Revocable Contract

The amount refundable upon revocation of the contract should be stated in the contract. If it is not, additional documentation may be required.

Legal Citations

United States Code, title 42, section 1382b

Code of Federal Regulations, title 20, section 416.1231

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

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

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D. Section 2.3.3.4.2 MA-ABD Health Care Expenses

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

2.3.3.4.2 Health Care Expenses

To be eligible for Medical Assistance (MA) with a spenddown, people may reduce excess net income by deducting allowable health care expenses that are not subject to payment by a third party.

The person, or one of the following family members, can incur the health care expenses:

- Spouse if the spouse's income is used to determine the person's eligibility
- Legal dependents if they are included in the person's family size or would have been included when the bills were incurred
- Siblings, half-siblings, and step-siblings who are included in the person's family size
- Parents or stepparents who live with the person if their income is actually used to determine the person's eligibility or they are included in the person's family size

The family members do not have to be applying or eligible for MA to use their health care expenses to meet the spenddown of the family member applying for MA with a spenddown.

Allowable Health Care Expenses to Meet a Medical Spenddown

Allowable health care expenses include:

- Paid or unpaid bills incurred in the current spenddown period
- Unpaid bills incurred before the current spenddown period

Payments from a health savings account (HSA) funded by the person are not considered third party payments.

Health care expenses incurred before the spenddown satisfaction date are not eligible for MA payment.

Types of Health Care Expenses

Allowable health care expenses are deducted from the spenddown in the following order:

1. Health insurance expenses incurred during the current six-month period. This includes:
    - Health, dental and long-term care (LTC) insurance premiums
    - Indemnity policy premiums that reimburse health care expenses
    - Medicare premiums

- Medical Assistance for Employed Persons with Disabilities (MA-EPD) obligations
- Co-pays
- Deductibles, including MA family deductibles

2. Unpaid health care expenses that the person is still obligated to pay and that were incurred before the six-month period.
   - The health care expense may be:
     - An expense charged directly to the person by a medical provider
     - An expense that a medical provider has transferred for collection to a person or agency actively pursuing the collection
     - A loan payment owed to a person, financial institution, or credit company for which the loan proceeds are paid to a medical provider. Interest and service charges applied to a loan are not a health care expense.
   - The health care expense cannot have been:
     - Used to calculate a spenddown during a prior certification period, whether or not the calculation resulted in the spenddown being met. Except the expense may be used to meet another spenddown if eligibility for the entire certification period was denied.
     - An MA-covered service incurred in a prior certification period of MA
3. Non-reimbursable health care expenses that are not covered by MA, incurred during the current six-month period, including:
   - MA co-payments
   - Non-reimbursed Health Care Access Services
   - Health care expenses for dependents or financially responsible relatives who are not eligible for MA
   - A remedial care expense for people living in a residential living arrangement and there is a Group Residential Housing (GRH) agreement with the county agency
   - Alternative Care (AC) costs
   - Expenses paid by the Insurance Extension Program that pays health insurance premiums for individuals who are HIV positive

<u>Unused portions of allowable health care expenses incurred during the current six-month period can be carried over and applied to future months.</u>

To qualify as an allowable spenddown expense for MA, the non-reimbursable health care service must meet all the following conditions:

- Prescribed or recommended in writing by the person's physician or dentist.
- Directly benefits the person.

- Available through a licensed medical provider but not necessarily obtained through a licensed medical provider.
- Not reimbursable through the county health care access plan.
- Medically necessary.

A medically necessary service is a health service rendered for any of these situations:

- In response to a life-threatening condition or pain.
- To treat an injury, illness, or infection.
- To achieve a level of physical or mental function consistent with prevailing community standards for the diagnosis or condition.
- To care for a mother and child through the maternity period.
- To provide preventive health service.
- To treat a condition that could result in physical or mental disability.

People are not required to provide proof of medical necessity for a medical expense provided by a medical provider, such as a pharmacist or medical facility. These services are considered medically necessary.

For other expenses, medical necessity can be established through the completion of the Medical Need form, DHS-6112.

4. MA-covered services received during the current six-month period that will be paid by MA, including:
   - Waiver services received through the a home and community based services waiver
   - Personal care attendant (PCA) services
   - Targeted case management services

Reporting Health Care Expenses

People must report and verify all health care expenses used to meet a medical spenddown, except for the remedial care expense.

MA can be approved with a monthly spenddown for people who apply, and have not yet received services sufficient to meet their spenddown, but who document that they will be receiving services sufficient to meet their spenddown.

Health Care Expenses Not allowed to meet a Spenddown.

The following are not allowed to meet a spenddown:

- Room and, when applicable, board charges in a residential living arrangement, including fuel, food, utilities, household supplies and other costs necessary to provide room and board.

- The additional charge for a private room in a skilled nursing facility (SNF), when it is not medically necessary.

Legal Citations

Code of Federal Regulations, title 42, section 435.831

Code of Federal Regulations, title 42, section 483.10

Minnesota Statutes, section 256B.056, subdivision 5

Minn. Stat. 256B.0575

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E. Section 2.3.5.1.3 MA-EPD Work Requirements

Medical Assistance for Employed Persons with Disabilities

2.3.5.1.3 Work Requirements

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

Employment Income

A person must have earned income greater than $65 per month on average for the ~~a~~ six-month period used at application and renewal from wages or self-employment earnings to be eligible. For wages, earned income is monthly average gross income. For self-employment income, earned income is net earnings from self-employment, which is the gross income minus all expenses the Internal Revenue Service (IRS) allows as a self-employment expense.

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

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

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

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

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

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

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

Verification of Employment Income

Employment income must be verified at application and renewal. See Mandatory Verifications for more information.

Medical Leave or Job Loss Extension

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

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

Four-Month Medical Leave

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

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

Four-Month Job Loss

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

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

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

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

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

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

Legal Citations

Minnesota Statutes, section 256B.057, subdivision 9

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F. Section 2.4.1 MA-LTC Eligibility Requirements

Medical Assistance for Long-Term Care Services

2.4.1 Eligibility Requirements

This subchapter provides general policy information that applies to Medical Assistance for Long-Term Care Services (MA-LTC).

LTC Eligibility Factors

People requesting MA-LTC must meet all of the following eligibility factors to be eligible:

- Must be eligible for MA
- Requires a nursing facility level-of-care as determined through a Long-Term Care Consultation (LTCC)
- Must have home equity at or below the home equity limit
- Must not be subject to a period of ineligibility under the uncompensated transfer rules
- Must name the state the remainder beneficiary of certain annuities

Eligibility for MA

People who request MA-LTC are required to meet all of the eligibility requirements for MA before determining if the person meets the eligibility requirements for MA-LTC. MA eligibility is determined under MA for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) or MA with Families with Children and Adults (FCA) basis of eligibility.

People eligible for MA with an ABD basis of eligibility are eligible MA-LTC if they meet the other LTC eligibility requirements.

People eligible for MA with an FCA basis of eligibility are only eligible to receive MA-LTC in a long-term care facility (LTCF) if they meet the other LTC eligibility requirements. They are not eligible to receive services through a home and community-based services (HCBS) waiver. If a person with a FCA basis of eligibility needs services through an HCBS waiver, the person would need to be determined eligible under one of the ABD bases of eligibility.

Minnesota Health Care Programs Applications

MA applicants who are requesting MA-LTC ~~LTC services~~ should use the following form:

- Application for Payment of Long-Term Care Services (DHS-3531)

MA enrollees who are requesting MA-LTC coverage of LTCF services should use one of the following forms:

- MA-ABD enrollees: Minnesota Health Care Programs Request for Payment of Long-Term Care Services (DHS-3543)
- MA-FCA enrollees: Minnesota Health Care Programs Payment of Long-Term Care Services for MA for Families with Children and Adults (DHS-3543A)

MA enrollees who are requesting MA-LTC coverage of HCBS waiver services should submit one of the following forms:

- MA-ABD enrollees: Minnesota Health Care Programs Request for Payment of Long-Term Care Services (DHS-3543)
- MA-FCA enrollees (to be determined for MA-ABD): Supplement to MNsure Application for Health Coverage and Help Paying for (DHS-6696A)

Claims for MA-LTC services cannot be paid until the enrollee is determined eligible for MA-LTC.

- If the enrollee is requesting services because of a move to an LTCF, eligibility can begin the date the enrollee moved into the LTCF or the date that all eligibility requirements for MA-LTC are met, whichever is later.
- If the enrollee is requesting services through an HCBS waiver, eligibility can begin no earlier than the date of the LTCC or the date the enrollee meets all eligibility requirements for MA-LTC, whichever is later.

Notification

People who request MA-LTC are notified of the results of the eligibility determination through either a system generated or a manual notice. ”Notice of Action for Medical Assistance (MA) Payment of Long-Term Care Services” (DHS-4915).

The lead agency assessor or case manager, or the LTCF, is notified when the person becomes eligible so that LTC services can begin.

Legal Citations

Minnesota Statutes, section 256B.056, subdivision 2a

Minnesota Statutes, section 256B.056, subdivision 11

Minnesota Statutes, section 256B.0595

Minnesota Statutes, section 256B.0911

United States Code, title 42, section 1396p

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G. Section 2.4.2.5.1 MA-LTC Income Calculation Deductions

Medical Assistance for Long-Term Care Services

2.4.2.5.1 LTC Income Calculation Deductions

Certain deductions from countable gross income are allowed in the long-term care (LTC) income calculation to determine the amount a person is required to contribute toward the cost of LTC services, if any. Deductions, like income, count in the month in which they occur. Deductions must be verified at each request for Medical Assistance for Long-Term Care Services (MA-LTC), at each renewal, and when a change is reported.

A person's eligibility for MA-LTC is not denied or closed if the person does not provide required proof of a deduction. However, the deduction is not used in the LTC income calculation if it is not verified.

The following deductions are subtracted from gross countable income in the LTC income calculation in the order listed below:

1. Special Supplemental Security Income (SSI) Deduction
2. Minnesota Supplemental Aid (MSA) Deduction
3. Special Personal Allowance from earned income
4. Medicare premiums paid by the enrollee
5. Applicable LTC Needs Allowance
6. Fees paid to a guardian, conservator, or representative payee
7. Community Spouse Income Allocation
8. Family Allocation
9. Court-ordered child support
10. Court-ordered spousal maintenance
11. Health insurance premiums, co-payments and deductibles
12. Remedial Care Expense
13. Medical expenses

~~Special~~ Supplemental Security Income (SSI) Deduction

Supplemental Security Income (SSI) payments received by an enrollee are deducted when the Social Security Administration (SSA) approves continued community level SSI benefits for a person who lives in a long-term care facility (LTCF) because either:

the person is expected to live in the LTCF for less than three months and continues to maintain a home in the community; or

the person had 1619(a) or 1619(b) status in the month prior to the first full month of LTCF residence.

Minnesota Supplemental Aid (MSA) Deduction

Minnesota Supplemental Aid (MSA) payments received by an enrollee are deducted when the state approves continued community level MSA benefits for a person who lives in an LTCF because either:

The person is expected to live in the LTCF for less than three months and continues to maintain a home in the community; or

The person had 1619(a) or 1619(b) status in the month prior to the first full month of the LTCF residence.

Special Personal Allowance from Earned Income

A special personal allowance from earned income are deducted for a person who is:

- certified disabled by SSA or the State Medical Review Team (SMRT);
- employed under an Individual Plan of Rehabilitation; and
- living in an LTCF.

The following deductions are applied in the order listed but cannot reduce income to less than zero:

- The first $80 of earned income
- Actual FICA tax withheld
- Actual transportation costs
- Actual employment expenses, such as tools and uniforms
- State and federal taxes if the person is not exempt from withholding

Medicare Premiums

Medicare premiums incurred by an enrollee ~~that are not subject to payment by a third party~~ are deducted when not paid by another program. Medicare premiums paid by another program include: ~~subject to payment by a third party include Medicare premiums:~~

- The county, state or tribal agency reimburses the enrollee ~~as cost effective health insurance~~
- Paid through the Medicare Buy-In
- Paid through Medicare Part D Extra Help

LTC Needs Allowance

One of the following allowances is deducted:

Clothing and Personal Needs Allowance (PNA)

The Clothing and Personal Needs Allowance (PNA) is used when the enrollee is not eligible for any of the other LTC needs allowances. The PNA is adjusted each year on January 1.

Veteran's Improved Pension

A $90 veteran's improved pension is available to people who are:

- veterans but who do not have a spouse or dependent child(ren)
- the surviving spouse of a veteran who does not have a dependent child(ren)

Home Maintenance Allowance (HMA)

The Home Maintenance Allowance (HMA) is equal to 100% of the federal poverty guidelines (FPG) for a household size of one, minus the PNA. The HMA is adjusted each year on July 1. A person who is eligible for the HMA is also eligible for PNA. The amount listed in Appendix F is a combined total of the HMA and the PNA.

The HMA is used when all of the following apply:

- the person lives in an LTCF;
- the person is expected to be discharged from the LTCF within three full calendar months from the month in which MA-LTC is requested to begin;
- the person has expenses to maintain a home (owned or rented) in the community, including room and board charges in group residential housing (GRH) or assisted living; and
- the person meets one of the following conditions:
  - The person did not live with a spouse, a child under age 21, or a person who could be claimed as a dependent of the person for federal income tax purposes at the time he or she was admitted to an LTCF.
  - The person lived with a spouse at the time he or she was admitted to an LTCF, and the person's spouse was admitted to an LTCF on the same day.

Only one spouse can receive the HMA when both spouses live in an LTCF. The HMA is used for the spouse for which it is most advantageous.

Eligibility for the HMA is based on the anticipated discharge date at the time eligibility for MA-LTC is determined. Eligibility for the HMA is not delayed to see if the person will actually be discharged on the anticipated discharge date and is not retroactively adjusted if the person lives in the LTCF for more than three full calendar months.

A person must be discharged from an LTCF for a full calendar month before the HMA may be used again.

Special Income Standard Elderly Waiver (SIS-EW) Maintenance Needs Allowance (MNA)

The Special Income Standard Elderly Waiver (SIS-EW) maintenance needs allowance (MNA) is used for people requesting Elderly Waiver (EW) services and who have income at or below the Special Income Standard (SIS). The SIS-EW MNA is updated annually in July. The SIS-EW MNA is not used for a person with income above the SIS.

When an SIS-EW enrollee moves to or from an LTCF:

- The PNA or veteran's improved pension allowance is used beginning the month following the month the SIS-EW enrollee moves into the LTCF.
- The SIS-EW MNA is used beginning the month following the month the person is discharged from the LTCF and begins receiving EW services.

Fees Paid to a Guardian, Conservator, or Representative Payee

Five percent of the enrollee's gross monthly income, up to a maximum of $100, for fees paid to a guardian, conservator or representative payee is deducted. This deduction cannot be increased over $100 even if a higher amount is allowed to be paid by SSA or a court.

Community Spouse Income Allocation

An LTC spouse may allocate a portion of their income to the community spouse when the community spouse's income is insufficient to meet their monthly maintenance needs. The community spouse income allocation is calculated by comparing the community spouse's gross monthly income to the minimum monthly allowance plus any excess shelter costs. The income allocation cannot exceed the maximum monthly allowance.

The community spouse's gross monthly income includes all earned and unearned income, including income received from income-producing assets. No exclusions, disregards or deductions apply. If the community spouse's gross monthly income is greater than or equal to the community spouse's monthly maintenance needs, the community spouse does not qualify for an income allocation. If the community spouse's gross monthly income is less than the community spouse's monthly maintenance needs, the community spouse qualifies for an income allocation.

Calculation of the Community Spouse's Shelter Costs

The community spouse's shelter costs, in excess of the basic shelter allowance, are added to the minimum monthly allowance to calculate the community spouse income allocation. Shelter costs include:

- Rent
- Mortgage payments, including principal and interest

- Real estate taxes
- Homeowner's or renter's insurance
- Required maintenance charges for a cooperative or condominium
- Utility allowance

The amount of a shelter expense is based on the full amount that the community spouse must pay. Shelter expenses do not include charges for services received by a person who resides in a residential living arrangement. An itemized statement of monthly charges to identify the amount the community spouse must pay for rent or any other shelter expense is required.

Verification Requirements

A community spouse income allocation cannot be deducted unless the person, or their authorized representative, provides verification of the community spouse's income and shelter expenses at the time of the request for MA-LTC and at each renewal. The community spouse, or the community spouse's authorized representative, must report and verify changes in the income or shelter expenses of the community spouse.

When to Deduct the Community Spouse Income Allocation

The calculated community spouse income allocation is deducted when there is a community spouse at any time in a given month unless:

- There is a court order for spousal support for an amount that is greater than the calculated community spouse income allocation. When this occurs, the court ordered amount replaces the community spouse income allocation as a deduction. This only applies when a court order establishes support while the couple remains married. It does not apply to a court order in a divorce action.
- The LTC spouse does not have enough income remaining, after other allowable deductions, to allocate to the community spouse.
- Exceptional or unusual circumstances have occurred that result in a temporary financial hardship to the community spouse. In these cases, the community spouse income allocation may be temporarily increased while the community spouse takes the necessary steps to resolve the situation. The increased deduction cannot be applied if the situation is not temporary or the community spouse does not take the needed actions to resolve the situation.
- The LTC spouse can choose not to make an income allocation to the community spouse. A deduction can only be made if the income is actually made available to the community spouse.
- The community spouse chooses to accept a reduced income allocation or chooses not to accept any income allocation. The community spouse income allocation is counted as unearned income for the community spouse when determining eligibility for any Minnesota Health Care Program (MHCP). A community spouse may choose to not accept the income allocation if it will result in ineligibility for MA.

Family Allocation

A person may allocate a portion of their income to the following family members who have a calculated need:

- A minor child, who does not live with a community spouse
- The following relatives who live with a community spouse:
  - A child under age 21
  - A child age 21 or older who is claimed as a tax dependent
  - Parents who are claimed as tax dependents
  - Siblings who are claimed as tax dependents

Children Not Living with a Community Spouse

A family allocation may be made to the minor children of the person who does not live with a community spouse. The allocation is calculated by adding together the gross monthly earned and unearned income of all minor children not living with a community spouse and comparing it to 100% of the FPG for a family size equal to the number of minor children not living with the community spouse. No exclusions, disregards or deductions apply. The amount of the allocation is the difference between the gross income of the children and the applicable FPG amount. No allocation is allowed if the gross income of the children exceeds the applicable FPG standard.

Family Members Who Live with a Community Spouse

A separate family allocation may be made for each family member who lives with a community spouse. The allocation is calculated by adding together the gross monthly earned and unearned income of the family member who lives with the community spouse and subtracting it from the minimum monthly income allowance for a community spouse. No exclusions, disregards or deductions apply. No allocation is allowed if the gross income of the family member exceeds the minimum monthly income allowance for a community spouse.

Verification Requirements

The family allocation cannot be deducted unless the person, or their authorized representative, provides verification of the family member's income at the time of the request for MA-LTC and at each renewal. Changes in income for the family member must be reported and verified.

When to Deduct the Family Allocation

A family allocation is deducted in the LTC income calculation in each month that there is a family member eligible to receive an allocation. The family allocation is deducted regardless of whether it is made available to the family member if the income of the family member is verified.

A family allocation is counted as unearned income to the family member when determining eligibility for any MHCP.

Court-Ordered Child Support

Court-ordered child support that is garnished from the person's income up to a maximum of $250 per month is deducted. The garnishment can be for current child support or arrearages. The garnishment must be verified.

This deduction does not apply when a family allocation is deducted for the child for whom the court-ordered child support obligation is due unless the calculated family allocation is less than $250. The difference between the calculated family allocation and $250 may be deducted.

Court-Ordered Spousal Maintenance

Court-ordered spousal maintenance is deducted for people who reside in a long-term care facility (LTCF) when the spousal maintenance is:

- court-ordered under a judgement and decree for dissolution or marriage; and
- garnished from a source of the person's income

In addition to the spousal maintenance amount, the fees associated with the garnishment can be deducted if also garnished from the person's income.

The garnishment of the spousal maintenance and fees must be verified.

Health Insurance Premiums, Co-payments and Deductibles

The cost of health insurance premiums, co-payments and deductibles incurred by the person that are not subject to payment by MA or a third party, including Extra Help through SSA for Medicare Advantage Plan or Part D coverage or premium reimbursement through MA, are allowable deductions. Health insurance includes Medicare Advantage plans, dental and LTC insurance policies. Only the portion of the premium that reflects coverage for the person is an allowable deduction.

Remedial Care Expense

A remedial care expense deduction is an amount allowed for people who reside in a residential living arrangement or a housing with services establishment where a county agency has a GRH agreement. The amount can change twice a year, on January 1 and July 1.

Medical Expenses

Verified medical expenses incurred by the person that meet the criteria below are deductions in the LTC income calculation:

Medical expenses that are medically necessary and recognized under state law

Medically necessary expenses include medical services, supplies, devices, or equipment that are provided in any of these situations:

- In response to a life-threatening condition or pain
- To treat an injury, illness or infection
- To achieve a level of physical or mental function consistent with prevailing community standards for the diagnosis or condition
- To care for a mother and child through the maternity period
- To provide preventive health service
- To treat a condition that could result in physical or mental disability

People are not required to provide proof of medical necessity for a medical expense provided by a medical provider, such as a pharmacist or medical facility. These services are assumed to be medically necessary.

Medical expenses that MA will not pay

Medical expenses for MA covered services that the person incurred in a month that MA will pay because the person is, or will be, approved for MA are not deductions. A medical expense incurred in a month in which the person is or will be an MA enrollee is assumed an MA covered service unless the person provides proof that it is not.

Medical expenses that are included in the daily rate that MA pays to a Skilled Nursing Facility (SNF) or an Intermediate Care Facility for the Developmentally Disabled (ICF/DD) are medical expenses that MA will pay.

Medical expenses not covered by a third party

A medical expense is not a deduction if it is subject to payment by a third party. Third parties include people, entities or benefits that are, or may be, liable to pay the expense. This includes:

- Other health care coverage, such as coverage through Medicare, private or group health insurance, long-term care insurance or through the Veterans Administration (VA) health system
- Automobile insurance
- Court judgments or settlements
- Workers' compensation benefits

The person must provide proof of the exact amount of the third party payment, such as an Explanation of Medical Benefits (EOMB) statement. The person can also sign a release form so the county, tribal, or state agency can contact the third party directly.

If not yet known, the amount of the medical expense that will be covered by a third party is estimated at the time of the eligibility determination so that application processing is not delayed. The LTC income calculation is adjusted for the applicable month once the actual amount of the expense is verified. If not verified before, the person must provide proof of the actual amount of estimated medical expenses that were used in the LTC income calculation at the time of their next renewal. The deduction is removed from the applicable month if proof is not provided.

The medical expense was incurred during a month in which the person is receiving MA-LTC or during any of the three months prior to the month in which the person requested MA-LTC

Deductions are allowed for verified medical expenses the person incurred during the month the person requested MA-LTC or while the person is receiving MA-LTC, regardless of whether retroactive MA coverage was requested or approved. Medical expenses incurred during a retroactive month must be unpaid as of the date of the request for MA-LTC. Medical expenses incurred during the month the person requested MA may be paid or unpaid.

Medical expenses are not allowed as a deduction when:

- The medical expense is for LTC services incurred in a month that is included in a transfer penalty period or period of ineligibility for failure to name Minnesota Department of Human Services (DHS) a remainder beneficiary of certain annuities.
- The person paid the medical expense to reduce excess assets.
- The medical expenses were incurred more than three months before the month of application associated with the current period of eligibility.
- The nursing facility expenses were incurred without a required preadmission screening.
- The medical expense was previously used:
  - As a deduction in an LTC income calculation. However, the amount of a medical expense that exceeds the amount of the person's income remaining after all other deductions in one month can be carried forward to future months
  - To meet a medical spenddown

The following services received by a person who lives in an LTCF are not medical expenses:

- Personal care items such as shampoo, toothpaste or dental floss that are included in the daily rate (also referred to as a "per diem rate") paid through MA
- Oral hygiene instruction
- Certain house/extended care facility call charges. A charge for a provider to travel to a person's residence is not an allowable medical expense deduction unless the provider delivers a medical service on the same day.
- A charge for a provider to travel to a person's residence is also not an allowable medical expense deduction if the LTCF pays the cost for the provider to travel to the LTCF through an agreement between the LTCF and the provider.
- <u>The additional charge for a private room in a skilled nursing facility (SNF) when it is not medically necessary.</u>

Notification

People who report medical expenses must be notified of the:

- Medical expenses that were not allowed as a deduction and the reason(s) why they were not allowed
- Medical expenses that were deducted in the LTC income calculation based on estimated third party payments
- Amount of the allowed medical expense deduction
- Amount of medical expenses that can be carried forward as a deduction to future months

Legal Citations

Code of Federal Regulations, title 42, section 483.10

Minnesota Statutes, section 256B.0575

Minnesota Statutes, section 256B.058

Minnesota Statutes, section 256B.0915

Minnesota Statues, section 256B.35

Minnesota Statutes, section 256I.03

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H. Section 2.5.5.1.1 MA-HIP Applications

Medical Assistance for Hospitalized Incarcerated People

2.5.5.1.1 Applications

A person who is incarcerated and applying for MA for hospitalized people who are incarcerated must apply using a paper application. Applying with a paper application ensures that eligibility dates for health care coverage are correct.

Health Care Application

The demographics of a person who is incarcerated determine which paper application they must complete. See the Minnesota Health Care Programs (MHCP) Application Forms policy for more information.

The Medical Assistance Payment for Inpatient Hospital Care for Incarcerated People (DHS-6696G) is also required.

A correctional facility staff member must help the person complete the application process.

The completed paper application and DHS-6696G must be submitted ~~within three calendar months or:~~

- ~~a~~After the person is discharged from the hospital but no later than three calendar months after the month in which the person was admitted, or
- If the person is hospitalized, or expected to be hospitalized, for more than three calendar months, then within three calendar months after the month the person was admitted to the hospital, or
- ~~when~~ After the preadmission screening (PAS) has been completed and the person has met institutional level-of-care (LOC) requirements for payment of long-term care.

The correctional facility is responsible for notifying the hospital or LTC facility of the person's eligibility status and the person's Person Master Index (PMI) number.

Legal Citations

Minnesota Statute 256B.055, subdivision 14

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I. Appendix C

Medicare Cost Sharing Amounts

This appendix provides cost sharing amounts for Medicare.

Medicare Part A Cost Sharing Amounts

Cost Type	~~2020~~	2021	2022
Premium	~~Varies~~	Varies	Send SVES
Deductible	~~$1,408~~	$1,484	$1,556
Hospital Coinsurance days 61-90	~~$352~~	$371	$389
Hospital Coinsurance days 91-150	~~$704~~	$742	$778
Skilled Nursing Facility Coinsurance days 1-20	~~$0~~	$0	$0
Skilled Nursing Facility Coinsurance days 21-100	~~$176~~	$185.50	$194.50

Medicare Part B Cost Sharing Amounts

Cost Type	~~2020~~	2021	2022
All Other Premium Amounts	~~Varies~~	Varies	Send SVES
Deductible	~~$198~~	$203	$233
MSHO and SNBC plans that will pay the portion listed of the Medicare Part B Premium	~~None~~	None	None

Medicare Part D Cost Sharing Amounts

Standard Benefit Information

Cost Type	~~2020~~	2021	2022
Premium	~~Varies~~	Varies	Varies
Annual Deductible	~~$435~~	$445	$480
Coinsurance Costs	~~25% of drug costs between $435.01 and $4,020 (Cap of $9,038.75)~~	25% of drug costs between $445.01 and $4,130 (Cap of $6,550)	25% of drug costs between $480.01 and $4,430 (Cap of $7,550)
Coverage Gap Costs	~~100% of costs between the initial coverage limit based on drug costs between $4,020.01 and $9,038.75.~~ ~~• 75% discount on brand name drugs~~ ~~• 63% discount on generic drugs~~	100% of costs between the initial coverage limit based on drug costs between $4,130.01 and $6,550. • 75% discount on brand name drugs • 75% discount on generic drugs	100% of costs between the initial coverage limit based on drug costs between $4,430.01 and $7,550 • 75% discount on brand name drugs • 75% discount on generic drugs
Copayments	~~• $3.60 generic drugs~~ ~~• $8.95 brand name drugs~~	• $3.70 generic drugs • $9.20 brand name drugs	• $3.95 generic drugs • $9.85 brand name drugs

Extra Help Full Subsidy Information

Cost Type	~~2020~~	2021	2022
Premium	~~$0~~	$0	$0
Annual Deductible	~~$0~~	$0	$0
Coinsurance Costs	~~None~~	None	None
Coverage Gap Costs	~~None~~	None	None
Copayments	~~< 100% FPG~~ ~~• $1.30 generic drugs~~ ~~• $3.90 brand name drugs~~	<100% FPG • $1.30 generic drugs • $4.20 brand name drugs	<100% FPG • $1.35 generic drugs • $4.00 brand name drugs

Extra Help Partial Subsidy Information

Cost Type	~~2020~~	2021	2022
Premium	~~Sliding scale premiums~~	Sliding scale premiums	Sliding scale premiums
Annual Deductible	~~$89~~	$92	$99
Coinsurance Costs	~~15%~~	15%	15%
Coverage Gap Costs	~~None~~	None	None
Copayments	• ~~$3.60 generic drugs~~ • ~~$8.95 brand name drugs~~	• $3.70 generic drugs • $9.20 brand name drugs	• $3.95 generic drugs • $9.85 name brand drugs

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J. 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, 2021 to June 30, 2022	$653
July 1, 2020 to June 30, 2021	$647

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
~~January 1, 2020 to December 31, 2020~~	~~$3,216~~

Minimum Monthly Income Allowance

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

Effective Dates	Minimum Monthly Income Allowance
July 1, 2021 to June 30, 2022	$2,178
July 1, 2020 to June 30, 2021	$2,155

Utility Allowance

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

Effective Dates	Utility Allowance
October 1, 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
October 1, 2021 to September 30, 2022	$149
October 1, 2020 to September 30, 2021	$154

Effective Dates	Telephone Allowance
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
~~January 1, 2020 to December 31, 2020~~	~~$595,000~~

IRS Mileage Rate

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

Effective Dates	IRS Mileage Rate
January 1, 2022 to December 31, 2022	58.5 cents
January 1, 2021 to December 31, 2021	56 cents
~~January 1, 2020 to December 31, 2020~~	~~57.5 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
~~January 1, 2020 to December 31, 2020~~	~~$104~~

Home Maintenance Allowance

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

Effective Dates	Home Maintenance Allowance
July 1, 2021 to June 30, 2022	$1,074
July 1, 2020 to June 30, 2021	$1,064

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, 2021 to June 30, 2022	$1,059
July 1, 2020 to June 30, 2021	$1,038

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
~~January 1, 2020 to December 31, 2020~~	~~No minimum~~	~~$128,640~~

MinnesotaCare Premium Amounts

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

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

Pickle Disregard

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

Effective Date	Pickle Disregard
January 1, 2022 to December 31, 2022	1.059
January 1, 2021 to December 31, 2021	1.013
~~January 1, 2020 to December 31, 2020~~	~~1.016~~

Remedial Care Expense

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

Effective Dates	Remedial Care Expense
January 1, 2022 to June 30, 2022	$195
July 1, 2021 to December 31, 2021	$189
~~January 1, 2021 to June 30, 2021~~	~~$177~~

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
~~January 1, 2020 to December 31, 2020~~	~~$2,349~~

Statewide Average Payment for Skilled Nursing Facility Care

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

Effective Dates	SAPSNF
July 1, 2021 to June 30, 2022	$8,781
July 1, 2020 to June 30, 2021	$8,412

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
~~January 1, 2020 to December 31, 2020~~	~~$1,900~~	~~$7,670~~

Supplemental Security Income Maximum Payment Amount

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

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

Effective Date	Individual
January 1, 2022 to December 31, 2022	$841
January 1, 2021 to December 31, 2021	$794
~~January 1, 2020 to December 31, 2020~~	~~$783~~

Effective Date	Couple
January 1, 2022 to December 31, 2022	$1,261
January 1, 2021 to December 31, 2021	$1,191
~~January 1, 2020 to December 31, 2021~~	~~$1,175~~

Tax Filing Income Threshold For Children and Tax Dependents

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

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

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

The income thresholds for children and tax dependents are:

Tax Filing Income Thresholds for Tax Dependents

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

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

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