

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MN2019MS00070 | MN-19-0016

### Package Header

Package ID <b>MN2019MS00070</b>	SPA ID <b>MN-19-0016</b>
Submission Type <b>Official</b>	Initial Submission Date <b>12/31/2019</b>
Approval Date <b>2/21/2020</b>	Effective Date <b>4/1/2020</b>
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System-Derived	

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.
















Yes  No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package <input type="checkbox"/>	Included in Another Submission Package	Source Type <input type="checkbox"/>
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>NEW</b>
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>CONVERTED</b>
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>CONVERTED</b>
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>NEW</b>
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>CONVERTED</b>
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>NEW</b>
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>NEW</b>
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>CONVERTED</b>
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>NEW</b>
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>NEW</b>

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package <input type="checkbox"/>	Included in Another Submission Package	Source Type <input type="checkbox"/>
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

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## B. Medically Needy Options for Coverage


The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No


The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults



Eligibility Group Name		Covered In State Plan	Include RU In Package <input type="checkbox"/>	Included in Another Submission Package	Source Type <input type="checkbox"/>
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>NEW</b>
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>NEW</b>

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package <input type="checkbox"/>	Included in Another Submission Package	Source Type <input type="checkbox"/>
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>NEW</b>

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package <input type="checkbox"/>	Included in Another Submission Package	Source Type <input type="checkbox"/>
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<b>APPROVED</b>
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<b>NEW</b>

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package <input type="checkbox"/>	Included in Another Submission Package	Source Type <input type="checkbox"/>
<b>Medically Needy Populations Based on Age, Blindness or Disability</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>APPROVED</b>

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### C. Additional Information (optional)

**Other Optional Categorically Eligible Child Groups (found in Supplement 1 to Attachment 2.2-A as reasonable classifications of children, based on application of additional income methods):**

- 1) Reasonable classification of children with a disability under 21 eligible for section 1915(c) home and community based services using institutional rules under 42 CFR section 435.217**
- 2) Reasonable classification of children with a disability under 19, meeting criteria under section 1902(e)(3).**

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- **N/A**

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Reasonable Classifications of Individuals under Age 21

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One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

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The state covers the optional **Medically Needy Reasonable Classifications of Individuals under Age 21** eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the **Medically Needy Children under Age 18** eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

## Medically Needy Reasonable Classifications of Individuals under Age 21

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### B. Individuals Covered

The state covers the following populations:

- 1. All children under a specified age limit:
- 2. Reasonable classifications of children

Name of classification	Age Range
Child with a disability eligible for HCBS	Under age 21
Child in state-funded fostercare/kinship	Under age 21

Name: **Child with a disability under section 1902(e)(3)**  
 Age Covered: **Under age 19**

Description: **Child with a disability meeting TEFRA requirements under section 1902(e)(3), with excess income.**

Name: **Child with a disability eligible for HCBS**  
 Age Covered: **Under age 21**

Description: **Child with a disability eligible for home and community-based waiver services under section 1915(c) using institutional rules, with excess income**

Name: **Child in state-funded fostercare/kinship**  
 Age Covered: **Under age 21**

Description: **Child under age 21 who is not eligible for Title IV-E of the Social Security Act, but is eligible for foster care or kinship assistance under a state-funded program, is eligible without an income test.**

## Medically Needy Reasonable Classifications of Individuals under Age 21

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### C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes  
 No

2. The financial methodologies are:

Child in state-funded fostercare/kinship

The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.  
 b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

All income is disregarded. No income test is applied.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

Child with a disability eligible for HCBS

The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.  
 b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.



- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

Between this standard: **The medically needy income standard by family size**

- and this standard:
- 70% FPL, effective July 1, 2001
  - 75% FPL, effective July 1, 2002
  - 80% FPL, effective July 1, 2016
  - 81% FPL, effective June 1, 2019

**Census Bureau wages are disregarded.**

Description of disregard: **Disregard earned income of temporary census employees who were enrolled in Minnesota health care programs on March 1, 2000.**

**A specified type of income is disregarded:**

Name of income type:	Description:
<b>In-kind Income</b>	<b>Disregard all in-kind income.</b>
<b>COLA</b>	<b>Disregard the Cost of Living Adjustments to RSDI (title II) benefits from January 1 through June 30th of each year.</b>
<b>Jensen Settlement</b>	<b>Disregard payments to class members under the federal court order in Jensen et al v. Minnesota Department of Human Services, CN 08-1775 (DWF/FLN).</b>
<b>NIH Study</b>	<b>Disregard payments made to parents participating in the "income and child development in the first three years of life" demonstration project funded by the United States Department of Health and Human Services' National Institutes of Health.</b>
<b>State Catastrophe Funds</b>	<b>Disregard payments from the Minnesota I-35 Catastrophe Relief Fund.</b>

**The following less restrictive methodologies are used:**

Name of methodology:	Description:
<b>Child support</b>	<b>Disregard payments of child support from the child's income.</b>
<b>Title II benefits</b>	<b>Disregard from the child's income payments of RSDI (title II) benefits.</b>

**4. Less restrictive methodologies are used in calculating countable resources.**

- Yes**
- No**

**The less restrictive resource methodologies are:**

**All resources are disregarded. No resource test is applied.**

Child with a disability under section 1902(e)(3)

The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

Between this standard: **The medically needy income standard by family size**

and this standard: **70% FPL, effective July 1, 2001  
75% FPL, effective July 1, 2002  
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The following less restrictive methodologies are used:

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<b>Child support</b>	<b>Disregard payments of child support from the child's income.</b>

Name of methodology:	Description:
Title II benefits	Disregard from the child's income payments of RSDI (title II) benefits.

**4. Less restrictive methodologies are used in calculating countable resources.**

Yes

No

**The less restrictive resource methodologies are:**

**All resources are disregarded. No resource test is applied.**

## Medically Needy Reasonable Classifications of Individuals under Age 21

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### D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

### E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

### F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

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### G. Additional Information (optional)