

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 510-05, Non-ACA Medicaid Program. This manual letter also incorporates changes made with:

- IM 5428 2021 Health Care Coverage Poverty Levels
- IM 5429 Basic Care Remedial Rates April 2021
Attachment: Remedial Rates
- IM 5435 Asset Limits for the Medicare Premium Assistance Program
- IM 5436 Asset Assessment Requirement
- IM 5437 Verification of Assets at Review

Par. 2. **Effective Date** – Policy that was incorporated with the IM's is effective based on the date listed in the IM. Items that include a change in policy are indicated in red.

Items that include a change in policy are indicated. All other items are corrections or clarifications.

1. Application and Decision 510-05-25

The following manual section is updated to change the verification of irrevocable itemized burial contracts at review. IM 5437.

Application and Review 510-05-25-05

2. Review

- a) A review requires the evaluation of all non-financial requirements affecting eligibility, which may include Medicaid Unit composition, health insurance coverage, cost-effective compliance, alien status, etc. listed in the casefile, reported, and verified on the most recent

application or review form, and verifications received from all electronic sources as well as from the recipient.

All income, assets (if individuals are subject to an asset test) and expenses must be verified at review. **If an individual has provided verification of their irrevocable itemized burial contract, they will not be required to reverify the contract unless they have changed the funeral home designation. However, they will need to provide verification of any additional irrevocable itemized burial contracts that have not already been provided.** If the verification can be obtained through electronic sources or is already available to the worker through other sources, the information cannot be requested from the recipient.

Information that is not subject to change, such as US citizenship, date of birth, SSN, etc., does not usually need to be reviewed. However, if a recipient's Social Security Number has not been verified via interface by the next scheduled review, other action must be taken to verify the Social Security Number

2. Foster Care and Related Groups 510-05-55

The following manual section is removing Lutheran Social Services with the updated zone. No IM.

Foster Care 510-05-55-05

For Medicaid purposes, a child is not considered to be in foster care unless the child is an Unaccompanied Refugee Minor (URM) in the custody of **Lutheran Social Services Agassiz Valley Human Service Zone Director** OR for non-URM youth and all the following requirements are met:

3. Medicare Premium Assistance Program 510-05-60

The following manual section is updated to reflect the increase in the asset limits for the Medicare Savings Program. IM 5435

Asset Limits for the Medicare Premium Assistance Program 510-05-60-20

No person may be found eligible for the Medicare Savings Programs unless the total value of all non-excluded assets does not exceed the limit established for the Medicare Part D Low Income Subsidy. This amount changes annually. Effective with the benefit month of January ~~2020~~ 2021, the limits are:

1. ~~\$7,860~~ \$7970 for a one-person unit (~~\$7,730~~ 7860 in 20~~19~~20); or
2. ~~\$11,800~~ \$11,960 for a two-person unit (~~\$11,600~~ \$11,800 in 20~~19~~20).

4. Eligibility Under Spousal Impoverishment 510-05-65

The following manual section is updated to add information on allowing individuals to change assets set aside for burial, to Irrevocable Itemized Burial Contracts prior to establishing the community spouse asset allowance and the amount of asset spend down. IM 5436

Asset Assessment Requirement 510-05-65-45

The asset assessment establishes the spousal share, the community spouse asset allowance, and the amount of assets that must be spent down before Medicaid eligibility can begin.

1. When completing an Asset Assessment:
 - a. All electronic sources of asset verifications must be checked for potential countable assets (e.g., AVS, NDRIN and Motor Vehicle interface).
 - b. If the asset assessment is completed for a date prior to August 1, 2019, the old rules for excluded asset burial provisions will apply in determining the spousal share, the community spouse asset allowance, and the amount of assets that must be spent down before Medicaid eligibility can begin.

- c. If the asset assessment is completed for a date on or after August 1, 2019 the new rules for excluded asset burial provisions will apply in determining the spousal share, the community spouse asset allowance and the amount of assets that must be spent down before Medicaid eligibility can begin.

NOTE: Individuals have 15 days to provide verification of assets to complete the Assessment. Individuals can have 45 days to complete the process, which includes setting current assets aside for burial into an irrevocable burial fund, thereby excluding the amount set up in the irrevocable burial from the asset assessment.

5. Income 510-05-85

1. Income Deductions, 510-05-85-35: The 'remedial care' hyperlink has been updated to the most recent list. IM 5429
2. Income Levels, 510-05-85-40: Updated income levels. IM 5428

Income Deductions 510-05-85-35

The following income deductions are allowed in determining Medicaid eligibility:

5. Except in determining eligibility for the Medicare Savings Programs, the cost of [remedial care](#) for an individual residing in a specialized facility is limited to the difference between the recipient's cost of care at the facility (e.g. remedial rate in a basic care facility) and the regular medically needy income level may be deducted.

Income Levels 510-05-85-40

2. [Medically needy](#) income levels

- a. Medically needy income levels are applied when a Medicaid individual or unit resides in their own home or in a [specialized facility](#), and when a Medicaid individual has been screened as requiring nursing care, but elects to receive [HCBS](#). The income level is equal to 83% of the poverty level applicable to a Medicaid Unit of the size involved.

The Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	\$883 \$891
2	1,193 1,205
3	1,503 1,519
4	1,813 1,833
5	2,123 2,147
6	2,432 2,461
7	2,742 2,775
8	3,052 3,089
9	3,362 3,403
10	3,672 3,718
(+) 1	310 \$315
Effective April 1, 2020 2021	

Poverty income levels.

- a. [Qualified Medicare Beneficiaries](#) and Children age six to nineteen.
Effective with new applicants and reviews for benefits starting

January 1, 2014, children will not be covered under this income level. Those approved whose benefits started prior to January 2014 are subject to this income level until their next review. The income level is equal to 100% of the poverty level applicable to a Medicaid Unit of the size involved.

For Qualified Medicare Beneficiaries these levels apply regardless of living arrangements (i.e., in home or in a nursing facility...).

Annual [Title II](#) cost of living allowances effective in January shall be disregarded when determining eligibility for QMBs for January, February, and March. This disregard prevents QMBs from becoming ineligible pending issuance of the new poverty levels which are effective April 1 of each year.

For individuals and families with children age six to nineteen, the Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	1064 -1,074
2	1437 -1,452
3	1810 -1,830
4	2184 -2,209
5	2557 -2,587
6	2930 -2,965
7	3304 -3,344
8	3677 3,722

9	4050 4,100
10	4424 4,479
(+) 1	374 \$379
Effective April 1, 2020 2021	

- b. [Specified Low-Income Medicare Beneficiaries](#). The income level is equal to 120% of the poverty level applicable to a Medicaid Unit of the size involved. This is the maximum income level for SLMBs. Applicants or recipients who have income at or below one hundred percent of the poverty level are not eligible as a SLMB but must be a QMB. These income levels apply regardless of living arrangements (i.e., in home or in a nursing facility. . .).

Annual Title II cost of living allowances effective in January shall be disregarded when determining eligibility for SLMBs for January, February, and March. This disregard prevents SLMBs from becoming ineligible pending issuance of the new poverty levels which are effective April 1 of each year.

The Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	\$1,276 \$1,288
2	1,724 1,742
3	2,172 2,196

4	2,620 -2,650
5	3,068 3,104
6	3,516 3,558
7	3,964 4,012
8	4,412 4,466
9	4,860 4,920
10	5,308 5,374
(+) 1	\$448 454
Effective April 1, 2020 2021	

- c. [Qualifying Individuals](#). The income level is equal to 135% of the poverty level applicable to a Medicaid Unit of the size involved. This is the maximum income level for QIs. Applicants or recipients who have income at or below 120% of the poverty level are not eligible as a QI but may be eligible as a SLMB or QMB. These income levels apply regardless of living arrangements (i.e., in home or in a nursing facility...).

Annual Title II cost of living allowances effective in January shall be disregarded when determining eligibility for QIs for January, February, and March. This disregard prevents QIs from becoming ineligible pending issuance of the new poverty levels, which are effective April 1 of each year.

The Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	\$1,436 1,449
2	1,940 1,960
3	2,444 2,471
4	2,948 2,982
5	3,452 3,492
6	3,956 4,003
7	4,460 4,514
8	4,964 5,025
9	5,468 5,535
10	5,972 6,046
(+) 1	\$504 511
Effective April 1, 2020 2021	

- d. Workers with Disabilities. The income level is equal to 225% of the poverty level applicable to a Medicaid Unit of the size involved.

The Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
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1	\$2,393 2,415
2	3,233 3,267
3	4,073 4,118
4	4,913 4,969
5	5,753 5,820
6	6,593 6,672
7	7,433 7,523
8	8,273 8,374
9	9,113 9,225
10	-9,953 10,077
(+) 1	\$840 852
Effective April 1, 2020 2021	

e. Children with Disabilities. The income level is equal to 250% of the poverty level applicable to the Medicaid Unit size involved.

The Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	\$2,659 2,684
2	3,592 3,630
3	4,525 4,575

4	5,459 5,521
5	6,392 6,467
6	7,325 7,413
7	8,259 8,359
8	9,192 9,305
9	10,125 10,250
10	-11,059 11,196
(+) 1	\$934 946
Effective April 1, 2020 2021	

6. Related Programs 510-05-95

The following manual section is being updated for where the refugee cash assistance payment is administered through. No IM.

Refugee Medical Assistance Program 510-05-95-20

5. Eligibility for Refugee Medical Assistance is determined using medically needy income and asset methodologies and limits, except:
 - a. Legally admitted refugees who receive a refugee cash assistance payment (administered through ~~Lutheran Social Services ND~~ **Dept. of Human Services**) and who are not otherwise eligible for Medicaid, including Expansion or Optional Children's Group are eligible for Refugee