

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 5438 Basic Care Remedial Rates
  - IM 5438 Calculation of Remedial Expenses in Excess of Medically Needy Level
- IM 5439 Income Levels
- IM 5440 Aid to the Blind
- IM 5443 Medicaid Breast or Cervical Cancer Early Detection Program
- IM 5450 New Afghan Special Immigrants Codes
- IM 5452 Community Spouse Income and Asset Limits and Home Equity Limits for 2M022
- IM 5453 Asset Limits for the Medicare Premium Assistance Program and Disqualifying Transfers-Definitions
- IM 5455 2022 Poverty Levels eff April 1-2022
- IM 5457 Basic Care Remedial Rates April 2022
  - IM 5457 Attachment Remedial Rates 21-22 2-10-22
- IM 5459 Computing Client Share
- IM 5460 Emergency Rent Assistance Program (ERAP)

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. Definitions 510-05-05**

The following manual section is updated to change Medicaid Women's Way Treatment Program to Medicaid Breast or Cervical Cancer Early Detection

Program. IM 5443.

## **Definitions 510-05-05**

### Non-ACA Individual

Individuals who are required to be budgeted using Non-ACA Medicaid methodologies as defined in Service Chapter 510-05, Eligibility Factors for Non-ACA Medicaid. Such Individuals include:

7. Individuals who are eligible under the ~~Women's Way Program Medicaid Breast or Cervical Cancer Early Detection.~~

~~**Note:** These individual must first be tested and fail the ACA and Non-ACA Medicaid methodologies.~~

## **2. General Provisions 510-05-10**

The following manual section is being updated to remove Aid to the Blind, as this is no longer a program as of August 1, 2021. IM 5440.

### **Confidentiality 510-05-10-15**

5. Sharing information with Child Support and other specific assistance programs:

- d. Can share information between TANF, and SNAP, ~~and the Aid to the Blind Remedial program~~ per federal regulations to coordinate benefits between the programs.

## **3. Coverage Groups 510-05-30**

The following manual section is being updated to remove Aid to the Blind. IM 5443.

### **Groups Covered Under Medicaid 510-05-30-05**

2. Optional Categorically Needy Group:

- a. Uninsured ~~women individuals~~ under age 65, ~~who are not otherwise eligible for MAGI or non-MAGI Medicaid,~~ who have been screened for breast ~~and or~~ cervical cancer under the ~~Department of Health~~ Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix, and whose family income is at or below 200% of the poverty level. Effective July 1, 2001. (~~Women's Way Treatment Program~~ Medicaid Breast or Cervical Cancer Early Detection Program),

#### **4. Basic Factors of Eligibility 510-05-35**

The following manual section is being updated for the Section 208 of the Consolidated Appropriations Act of 2021 and Afghan Special Immigrant codes. IM 5430 and 5450.

#### **Non-Qualified Aliens 510-05-35-55**

- ~~3. Individuals from the Federated States of Micronesia, the Marshall Islands, or Palau, are permanent non-immigrants. While considered non-qualified aliens, they are here permanently and therefore can be eligible for emergency services.~~

#### **Qualified Aliens 510-05-35-58**

12. Iraqi and Afghan Special Immigrants and their families:

- a. I-94 with a stamp of "IV" and category SQ1, SQ2, SQ3, SQ4, SQ5, SI1, SI2 or SI3 and date of entry. COA of OAR, PAR, or DT. ;
- b. Afghan or Iraqi passport with a stamp of "IV" and category CQ1, CQ2, CQ3, SQ1, SQ2, SQ3, SQ6, SQ7, SQ8, SI1, SI2 or SI3 and DHS stamp or notation on passport showing date of entry. COA of OAR, PAR, or DT with CBP PAROLED stamp and/or parole COA notation;
- c. I-551 showing national of Afghanistan or Iraq with "IV" code of CQ1, CQ2, CQ3, SQ1, SQ2, SQ3 SQ6, SQ7, SQ8 SQ9, SI6, SI7, SI9
- d. I-766 with a stamp of 'IV' code of SQ4 and SQ5 with C11 Parolee category. COA of OAR, PAR, or DT with C11 Parolee category.

14. Individuals from the Federated States of Micronesia, the Marshall Islands and Palau are permanent non-immigrants.

- a. Form I-94 Arrival/Departure Record created electronically upon arrival to an air or seaport of entry. Paper versions can be obtained by logging on to U.S. Customs and Border Protection (CBP) at CBP's I-94 website. I-94 will contain an admission stamp, but not an "admit until" date. Form I-94 printed from the CBP website will show an "admitted until" date of D/S (duration of status). D/S indicates that the individual is authorized to remain in the United States as long as they maintain a valid status.
- b. Possess a valid, unexpired passport from Federated States of Micronesia (FSM), Republic of Marshall Islands (RMI), or Republic of Palau (PAL).
  - 1. Notations on passports will be CFA/PAL (Compact of Free Association/Palau); ` CFA/FSM (Compact of Free Association/Micronesia) or CFA/MIS (older version

would be RMI) (Compact of Free Association/Marshall Islands).

2. Form I-94 will have either an alien registration number (A-number) or an 11 alphanumeric-character admission/departure number.

## **5. Medicare Premium Assistance Program 510-05-60**

The following manual section is being updated to reflect the increase in the asset limits for the Medicare Savings Program and the average cost of nursing facility care. IM 5453.

### **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 ~~2021~~ 2022, the limits are:

1. \$~~7,970~~ 8,400 for a one-person unit (\$~~7,860~~ 7,970 in ~~2020~~ 2021); or
2. \$~~11,960~~ 12,600 for a two-person unit (\$~~11,800~~ 11,960 in ~~2020~~ 2021).

## **6. Eligibility Under Spousal Impoverishment 510-05-65**

The following manual section is being updated to reflect the increase in the community spouse asset allowance. IM 5452.

### **Community Spouse Asset Allowance 510-05-65-20**

From the spousal share, the community spouse asset allowance is established, and is an amount that is equal to the community spouse share, but not less than \$~~26,076~~ 27,480 and not more than \$~~130,380~~ 137,400, effective January ~~2021~~ 2022 (\$~~25,728~~ 26,076 and \$~~128,640~~ 130,380 effective January ~~2021~~ 2021).

**Example:**

If the Spousal share is:	The community spouse asset allowance is:
\$12,500	\$ <del>26,076</del> 27,480 (at least the minimum)
\$45,000	\$45,000
\$140,000	\$ <del>130,380</del> 137,400 (one-half is more than the maximum allowed, so the community spouse gets the maximum)

**7. Breast and Cervical Cancer Early Detection Program 510-05-67**

The following manual section is being updated for Medicaid Breast or Cervical Cancer Early Detection Program information. IM 5443.

**Breast ~~and~~ or Cervical Cancer Early Detection Program 510-05-67****General Information 510-05-67-05**

The breast ~~and~~ or cervical cancer early detection group consists of ~~women~~ **individuals** under age sixty-five who:

1. Are uninsured. ~~and not otherwise eligible for Medicaid~~ (If otherwise eligible for Medicaid with a client share (recipient liability), the ~~woman~~ **individual** can choose coverage as Medically Needy with a client share ~~or through the Medicaid Breast or Cervical Cancer Early Detection pProgram~~);

**Note:** Effective with applications received starting October 1, 2013 for benefits to start January 1, 2014 and reviews starting January 1, 2014, individuals will be first tested under the MAGI methodologies. If an individual is referred by the ~~Department of Health~~ **Department**

~~for Women's Way treatment and has failed Medicaid under the Parents, Caretaker Relatives, and their Spouses group, and the new Adult Group,~~ the individual may be eligible under the ~~Women's Way treatment~~ the Medicaid Breast or Cervical Cancer Early Detection ~~p~~Program up to two hundred percent of the poverty level. If income is above 200 percent of the poverty level, the individual will be referred to the Federally Facilitated Marketplace to choose a health insurance plan.

2. Have been screened for breast ~~and~~ or cervical cancer through the Women's Way Screening Program under the Department of Health Centers for Disease Control and Prevention's ~~b~~Breast and ~~c~~Cervical ~~e~~Cancer ~~e~~Early ~~d~~Detection ~~p~~Program and have been found to require treatment for breast cancer, cervical cancer, or a precancerous condition relating to breast cancer or cervical cancer;
3. Have family income below 200% of the poverty level; and
4. Meet the residence, citizenship, social security number, and inmates of public institutions requirements.

The earliest date of eligibility is the month of diagnosis, but not more than three months prior to the month of application. Eligibility can continue until the woman reaches age 65, is no longer a state resident, is admitted to a public institution, is eligible for Medicaid through a different category, becomes insured, or no longer needs treatment for breast or cervical cancer.

Eligibility for this group is determined by the Women's Way Screening ~~p~~Program of the North Dakota Department of Health and the Medicaid Eligibility unit of the Department. Coverage for this group began July 1, 2001.

## 8. Assets 510-05-70

The following manual section is being updated for the home equity limit. IM 5452.

**Home Equity Limit 510-05-70-27**

Applicants or recipients who apply for Medicaid coverage on or after January 1, ~~2021~~ 2022, are not eligible for coverage of nursing care services (which include HCBS) if the individual's equity interest in the individual's home exceeds \$~~603,000~~ 636,000. The applicant or recipient may, however, be eligible for other Medicaid benefits.

**9. Disqualifying Transfers 510-05-80**

The following manual section is being updated with the average cost of nursing facility care for current year. IM 5453.

**Definitions 510-05-80-05**

8. The average cost of nursing facility care is:

Year	Daily Rate	Monthly Rate
2022	352.42	10,719
2021	313.08	9522.85

**10. Income 510-05-85**

The following manual section is being updated with information on the Emergency Rent Assistance Program (ERAP). IM 5460.

The 'remedial care' hyperlink will be updated with the most current attachment from IM 5457.

Updating the family member income level in a spousal impoverishment case and the Federal Poverty Levels. IM 5439 and 5455.

**Disregarded Income 510-05-85-30**

48. Payments distributed by the Emergency Rent Assistance Program (ERAP)

**Income Deductions 510-05-85-35**



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	<del>\$891</del> \$940
2	<del>1,205</del> 1,267
3	<del>1,519</del> 1,593
4	<del>1,833</del> 1,920
5	<del>2,147</del> 2,246
6	<del>2,461</del> 2,573
7	<del>2,775</del> 2,899
8	<del>3,089</del> 3,226
9	<del>3,403</del> 3,552

10	<del>3,712</del> 3,879
(+) 1	<del>\$315</del> \$327
Effective April 1, <del>2021</del> 2022	

e. Family member income level. The income level for each ineligible [family member in a spousal impoverishment](#) case is \$~~718~~ 726 effective July ~~2020~~ 2021 (\$~~703~~ 718 effective July ~~2019~~ 2020).

Poverty income levels.

- a. [Qualified Medicare Beneficiaries](#) 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.

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

Number of Persons	Monthly Income Level
1	<del>1,074</del> \$1,133
2	<del>1,452</del> 1,526
3	<del>1830</del> 1,920

4	<del>2209</del> 2,313
5	<del>2587</del> 2,706
6	<del>2965</del> 3,100
7	<del>3344</del> 3,493
8	<del>3722</del> 3,886
9	<del>4100</del> 4,280
10	<del>4479</del> 4,673
(+) 1	<del>379</del> \$394
Effective April 1, <del>2021</del> 2022	

- 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	<del>\$1288</del> \$1,359
2	<del>1742</del> 1,831
3	<del>2196</del> 2,303
4	<del>2650</del> 2,775
5	<del>3104</del> 3,247
6	<del>3558</del> 3,719
7	<del>4012</del> 4,191
8	<del>4466</del> 4,663
9	<del>4920</del> 5,135
10	<del>5374</del> 5,607
(+) 1	<del>\$454</del> \$472
Effective April 1, <del>2021</del> 2022	

- 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	<del>1449</del> \$1,529
2	<del>1960</del> 2,060
3	<del>2471</del> 2,591
4	<del>2982</del> 3,122
5	<del>3492</del> 3,653
6	<del>4003</del> 4,184
7	<del>4514</del> 4,715
8	<del>5025</del> 5,246
9	<del>5535</del> 5,777
10	<del>6046</del> 6,308
(+) 1	<del>\$511</del> \$531
Effective April 1, <del>2021</del> 2022	

- 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
1	<del>\$2415</del> \$2,549
2	<del>3267</del> 3,434
3	<del>4118</del> 4,319
4	<del>4969</del> 5,204
5	<del>5820</del> 6,089
6	<del>6672</del> 6,974
7	<del>7523</del> 7,859
8	<del>8374</del> 8,744
9	<del>9225</del> 9,629
10	<del>10077</del> 10,514
(+) 1	<del>\$852</del> \$885
Effective April 1, <del>2021</del> 2022	

- 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	<del>-\$2,684</del> \$2,832
2	<del>3630</del> 3,815
3	<del>4575</del> 4,798
4	<del>5521</del> 5,782
5	<del>6467</del> 6,765
6	<del>7413</del> 7,748
7	<del>8359</del> 8,732
8	<del>9305</del> 9,715
9	<del>10250</del> 10,698
10	<del>11196</del> 11,682
(+) 1	\$946 \$984
Effective April 1, <del>2021</del> 2022	

## 11. Budgeting 510-05-90

The following manual section is being updated with a note to clarify the existing policy on recalculating client share. IM 5459.

### Computing Client Share (Recipient Liability) 510-05-90-20

1. Computing client share (recipient liability) for previous month. Compute amount of client share by use of actual verified information, rather than best estimate, in each of the previous months for which eligibility is sought.

Note: For an ongoing eligible individual, reduction to 'Client Share' can be made retroactively upon receipt of actual verified information for the month the 'Client Share' is being reduced. This is allowed up to twelve months back.

**12. Related Programs 510-05-95**

The following manual section is being updated to remove Aid to the Blind, as this is no longer a program as of August 1, 2021. IM 5440.

**~~Aid to the Blind—Remedial Care 510-05-95-25~~**

~~The Aid to the Blind—Remedial Care program is a program for individuals age 21 to 65 who cannot qualify for Medicaid, and who have certain sight related health problems in which their best eye has less than 20.50 visual acuity with corrective lenses. The program is intended for short duration and not as a maintenance program. Information and eligibility criteria can be found in Service Chapter 400-32.~~