

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 510-05 Non-ACA Medicaid Eligibility Factors. This manual letter incorporates changes made with the following IM's, if the information in the IM continues to be valid.

- IM 5462 Refugee Medical Assistance Program
- IM 5470 Excluded Assets
- IM 5471 Income Levels
- IM 5472 Citizenship and Identity Verifications
- IM 5474 Former Foster Care Children through age 26
- IM 5476 Community Spouse Income and Asset Limits, Medicare Savings Asset limit and Home Equity Limits for 2023
- IM 5477 Disqualifying Transfers -Daily and Monthly Nursing Facility Rates
- IM 5478 Medicare Savings Program/QMB

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.

1. Basic Factors of Eligibility 510-05-35

The following changes are being made for acceptable verifications for citizenship and identity. IM 5472.

Age and Identity 510-05-35-40

5. Identity must be established and documented as provided in this section.

- c. Primary and preferred verification of identity. ~~Verification documents must be presented in their official and original form as received from the issuing – 2 – agencies. Photocopies or notarized copies are not acceptable.~~ A photocopy, facsimile, scanned or other copy of a document must be accepted to the same extent as the original document, unless information on the copy submitted is inconsistent with other information available, or there is reason to question the validity of the information in the document. ~~Once an~~

~~original document is presented, a~~ A photocopy must be ~~made and~~ maintained in the case file.

Citizenship and Alienage 510-05-35-45

3. Verification Requirements: Applicants must provide satisfactory documentary evidence of citizenship or naturalization.

- a. ~~The only acceptable verifications from individuals must be either originals or copies certified by the issuing agency. Photocopies or notarized copies may not be accepted~~ A photocopy, facsimile, scanned or other copy of a document must be accepted to the same extent as the original document, unless information on the copy submitted is inconsistent with other information available, or there is reason to question the validity of the information in the document.; ~~however, a~~ A photocopy ~~of the original document~~ must be maintained in the case file.

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

The following manual section is updated to reflect the change in Foster Care coverage. IM 5474.

Former Foster Care Children through Age 26 510-10-05-55-10-05

Individuals ~~who are not eligible under the Parent, Caretaker Relative, or Pregnant Women Categories,~~ who were in ~~North Dakota~~ foster care (Title IV-E, state-funded (non-IV-E) or tribal) ~~and on Medicaid, in any state,~~ in the month they turned age 18 must be covered through the month in which they turn age 26 with no budget test.

3. Medicare Premium Assistance Program 510-05-60

The following manual section is updated to reflect clarification from CMS regarding individuals ongoing eligible for Medicaid and eligible for Medicare. Also updating the asset limits. IM 5478 and 5476.

Individuals Covered and Benefits 510-05-60-10

Individuals must have Medicare Part A to be eligible under the following Medicare Savings Program coverages.

1. Qualified Medicare Beneficiaries (QMB) are entitled to payment of Medicare Part B. QMB can also pay Medicare Part A if the individual does not have free Part A. QMB eligible individuals are entitled only to Medicare cost sharing benefits beginning in the month following the month in which the individual is determined eligible.
 - Application received March 29th. Eligibility worker processes the application on May 1st. The eligibility worker determines the client is eligible for QMB starting with March, QMB will begin April 1st. (the month after the month the individual is determined eligible)
 - Application received February 15th and individual is requesting three prior months. The eligibility worker processes the application on March 1st. The eligibility worker determines the client is eligible for QMB starting with February, QMB will begin March 1st. (the month after the month the individual is determined eligible) The individual falls within the income level for QMB in the three prior months, however eligibility for QMB **cannot** be established for the three prior months.
 - Ongoing eligible Medicaid recipients who become eligible for Medicare, QMB can start the month Medicare starts if the individual is eligible for QMB
 - ♣ The individual does not need to apply for MSP, the worker will process a review on the case

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 **2022 2023**, the limits are:

1. ~~\$8,400~~ \$9,090 for a one-person unit (~~\$7,970 in 2021~~ \$8,400 in 2022);
or
2. ~~\$12,600~~ \$13,630 for a two-person unit (~~\$11,960 in 2021~~ \$12,600 in 2022).

4. Eligibility Under Spousal Impoverishment 510-05-65

The following manual section is updated to reflect the community spouse asset allowance. IM 5476.

Community Spouse Asset Allowance 510-05-65-20

2. The community spouse asset allowance is determined by first establishing a spousal share. The spousal share is an amount equal to one half of the total value of all countable assets owned (individually or jointly) by the institutionalized, HCBS, or community spouse.

Example:

| If the couple's countable assets are: | The community spouse share is: |
|---------------------------------------|--------------------------------|
| \$25,000 \$29,724 | \$12,500 \$14,862 |
| \$90,000 | \$45,000 |
| \$250,000 | \$125,000 |

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 ~~\$27,480~~ \$29,724, and not more than ~~\$137,400~~ \$148,620, effective January 2022 2023 (~~\$25,728~~ \$27,480 and ~~\$130,380~~ \$137,400 effective January 2021 2022).

Example:

| | |
|--------------------------|--|
| If the Spousal share is: | The community spouse asset allowance is: |
|--------------------------|--|

| | |
|-----------|--|
| \$12,500 | \$27,480 \$29,724 (at least the minimum) |
| \$45,000 | \$45,000 |
| \$140,000 | \$137,400 \$148,620 (one-half is more than the maximum allowed, so the community spouse gets the maximum) |

5. Assets 510-05-70

The following manual section is updated to reflect correct dates and home equity limit. IM 5476. Also updated to end confusion regarding the sale of property. IM 5470.

Home Equity Limit 510-05-70-27

Applicants or recipients who apply for Medicaid coverage on or after January 1, ~~2022~~ 2023 are not eligible for coverage of nursing care services (which include HCBS) if the individual's equity interest in the individual's home exceeds ~~\$636,000~~ \$688,000. The applicant or recipient may, however, be eligible for other Medicaid benefits.

Excluded Assets 510-05-70-30

7. Property that is not saleable without working an undue hardship. Property that is not saleable without working an undue hardship means property which the owner has made a good faith effort to sell which has produced no buyer willing to pay an amount equaling or exceeding seventy-five percent of the property's fair market value, and which is continuously for sale. **Property must be offered for sale at 100% of the value** and if no offer received at 100%, an offer at or exceeding 75% may be accepted. Property may not be included within this definition at any time earlier than the first day of the first month in which a good faith effort to sell is begun.

- h. When offering property for sale by public advertisements, those containing substantially the following content are acceptable as a means of demonstrating a good faith effort to sell:

Example 1: ~~Offered at 75% of value.~~

~~For Sale: An undivided ½ interest in W½ of Sec. 65, Township 130, Range 102, East of the 5th P.M., located 2 miles west of the junction of U.S. Hwy. 90 and Iron County Rd. 4. This land has a true and full value of \$100,000. The minimum offer which will be considered for the undivided ½ interest is \$37,500, payable upon sale. Call (701) 555-9999, or write Chaos Realty, Box 1, Tampa, ND 58990.~~

Example 2: Offered at 100% of value.

For Sale: An undivided ½ interest in W½ of Sec. 65, Township 130, Range 102, East of the 5th P.M., located 2 miles west of the junction of U.S. Hwy. 90 and Iron County Rd. 4. This land has a true and full value of \$100,000. This undivided ½ interest is offered for \$50,000, payable upon sale. Call (701) 555-9999, or write Chaos Realty, Box 1, Tampa, ND 58990.

6. Disqualifying Transfers 510-05-80

The following manual section is updated to reflect average cost of nursing facility care. IM 5477.

Definitions 510-05-80-05

8. The average cost of nursing facility care is:

| Year | Daily Rate | Monthly Rate |
|------|------------|--------------|
| 2023 | 366.68 | 11,153.18 |
| 2022 | 352.42 | 10,719 |
| 2021 | 313.08 | 9522.85 |

7. Income Levels 510-05-85

The following manual section is updated with the correct hyperlink, removal of specifying Three Affiliated Tribes and updating the family member income level in a spousal impoverishment case (IM 5471).

Unearned Income 510-05-85-15

5. Types of unearned income include but are not limited to:

- n. Payment of proceeds or profits to enrolled tribal members from tribal gaming/gambling establishments ~~including Three Affiliated Tribes Elderly Payments~~ (the payments are to be annualized and prorated over 12 months);

Income Deductions 510-05-85-35

1. Except in determining eligibility under the Medicare Savings Programs, transportation expense may be deducted if necessary to secure medical care provided for a member of the [Medicaid unit](#). Transportation expenses are not allowed for recipients in a facility that provides nursing care services, or to the extent the transportation cost is paid by any third party. The amount to allow cannot exceed <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/fee-schedules/2016-non-emergency-transportation-fee-schedule.pdf>
<https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/fee-schedules/2022-non-emergency-transportation-fee-schedule.pdf>

Income Levels 510-05-85-40

2. [Medically needy](#) income levels.
 - e. Family member income level. The income level for each ineligible family member in a spousal impoverishment case is ~~\$726~~ **\$763** effective July ~~2021~~ **2022** (~~\$718~~ **\$726** effective July ~~2020~~ **2021**).

8. Related Programs 510-05-95

The following manual section is updated to reflect the change of length in

coverage for Refugee Medical Assistance. IM 5462.

Refugee Medical Assistance Program 510-05-95-20

1. The Refugee Medical Assistance Program (RMA) provides health care coverage for legally admitted refugees who are not eligible for Medicaid, including the Option Children's Group.
2. The Refugee Medical Assistance Program (RMA) is available during the first ~~eight~~ **twelve** months a refugee is in the United States or the first ~~eight~~ **twelve** months after an asylee has been granted asylum.
3. A refugee who meets all Medicaid eligibility criteria, including need, must be enrolled in Medicaid instead of the Refugee Medical Assistance Program (RMA).

A refugee does not meet the technical requirements to be eligible for Medicaid and has no medical "need", which equals or exceeds client share (recipient liability), can be enrolled in the RMA program.

4. Eligibility under Refugee Medical Assistance Program (RMA) is limited to the following:
 - a. Asylee's are limited to ~~eight~~ **twelve** months of coverage under the Refugee Medical Assistance Program (RMA). The date an asylee is granted asylum (regardless of the actual date of entry) is considered the date the asylee entered the country and is the first month of the ~~eight~~ **twelve**-month period.
 - b. Other legally admitted refugees are limited to eight months of coverage under the Refugee Medical Assistance Program (RMA). Legally admitted refugees who want continued medical coverage must have their eligibility determined under Medicaid, including Expansion or Option Children's Group.
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 ND Department of Human

Services) and who are not otherwise eligible for Medicaid, including Expansion or Optional Children's Group are eligible for Refugee Medical Assistance (RMA) without regard to any other eligibility tests;

- b. Legally admitted refugees who are determined eligible for Refugee Medical Assistance (RMA) continue to be eligible without regard to increases in earned income until the end of the ~~eight~~ twelve-month period; and
 - c. Legally admitted refugees who are determined eligible for Medicaid and become eligible for Medicaid during the first ~~eight~~ twelve months in the country due to increased earnings must be transferred to the RMA program without any eligibility determination/re-determination. Any earned income will not affect their RMA eligibility for the remainder of the ~~8~~ twelve-month period.
6. A legally admitted refugee who has income above the medically needy income level will have a client share. Because increases in income do not affect eligibility, the client share will remain the same for the duration of the RMA eligibility, except that the client share can decrease if income decreases or expenses increase.
7. There are several groups of individuals who enter the US and are included under the 'Refugee' Category. These individuals may be eligible for Refugee Medical Assistance (RMA) for the first ~~8~~ twelve months upon entry to the US. The month of US Entry is considered month 1 of the 8-month period.

Note: Reference policy 510-05-35-58 (Qualified Aliens) for a list of eligible groups who qualify under the 'Refugee' category.