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 5368 Excluded Assets – Burial Provision
- IM 5371 Non-Allowable Medical Expense Medical Marijuana
- IM 5373 Community Spouse Income and Asset Limits and Home Equity Limits
- IM 5374 Average Cost of Nursing Facility Care
- IM 5375 Calculation of Remedial Expenses in Excess of Medically Needy Level
    - IM 5375 Attachment Remedial Rates
- IM 5376 Electronic Narratives
- IM 5378 Refugee Medical Assistance Program
- IM 5379 Asset Limits for the Medicare Savings Program
- IM 5381 2020 Health Care Coverage Poverty Levels
- IM 5382 Premium Assistance Program

Par. 2. **Effective Date** – Policy changes included in this manual letter are effective March 1, 2020. 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**.

## 510-05-05 Definitions

**1.** 510-05-05 Definitions. Incorporating the change for the definition of Irrevocable Itemized Funeral Contract implemented with IM 5368 and Medicare Part A conditional enrollment implemented with IM 5382. All other definitions remain unchanged and therefore, are not included in this Manual Letter.

Irrevocable Itemized Funeral Contract

A fully executed document between two or more parties that has been signed and dated. The document must contain an itemized listing of funerary components agreed upon between the parties. Terms and conditions must be irrevocable and cannot be changed, except for the ability to transfer to another licensed funeral establishment or cemetery association.

Medicare Part A Conditional Enrollment

Medicare Part A conditional enrollment allows an individual to apply for premium-Medicare Part A at Social Security on the condition he/she only wants coverage if the State approves their QMB application. Medicare Part A start date will be the date the State can start paying the Medicare Part A.

**Electronic Narratives 510-05-25-27**

**2.** 510-05-25-27 Electronic Narratives. Added clarification on where narratives need to be entered, implemented with IM 5376.

All Medicaid cases in Vision or TECS must include electronic narratives ~~(~~in Lotus Notes.~~)~~ All Medicaid cases in SPACES must include an electronic narrative in SPACES. Narratives need to support eligibility, ineligibility, and other actions related to the case. The narrative must be detailed to permit a reviewer to determine the reasonableness and accuracy of the determination. Complete and accurate narratives include documenting the action taken; what the action was based on; sources of the information used; or if no action was taken, the reason for no action.

**Caretaker Relatives 510-05-35-15**

**3.** 510-05-35-15 Caretaker Relatives. Updated wording.

2. A child is considered to be living with a caretaker relative when away at school or when otherwise temporarily absent from the home. A child is not considered to be living with a caretaker relative when either the child or the caretaker is residing in a nursing care facility, an intermediate care facility for the ~~mentally retarded~~ intellectually disabled, or a specialized facility on other than a temporary basis.

**Public Institutions 510-05-35-95**

**4.** 510-05-35-95 Public Institutions. Updated new facility name.

1. An "inmate" of a public institution is not eligible for Medicaid unless the eligible individual is a child under the age of 19 who is determined to be continuously eligible. Such child remains eligible for Medicaid; however, no medical services will be covered during the stay in the public institution.

    a. A public institution is an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control but does not include a medical institution.

        **Examples include (but are not limited to):** School for the Blind, School for the Deaf, North Dakota Youth Correctional Center, Women's Correctional Center in New England, North Dakota State Penitentiary, Bismarck Transition Center, and city, county, or tribal jails.

        The Bismarck Transition Center (BTC) is a community-based correctional program designed to help eligible, non-violent offenders' transition back into the community, and is a public institution. Individuals entering this facility as "inmates" who are sent to the facility for assessment purposes are committed under the penal system and will be arrested if they leave. Because such individuals are "inmates," they are not eligible for Medicaid. (Individuals entering this facility on a voluntary basis while on probation are not "inmates.")

    While some institutions are owned or controlled by governmental entities, they do not meet the definition of public institutions because they are medical institutions.

        **Examples include (but are not limited to):** State Hospital, ~~State Developmental Center~~ Life Skills & Transition Center at Grafton, Veterans Administration Hospitals, and the North Dakota Veteran's Home.

**General Information (Medicare Premium Assistance Program) 510-05-60-05**

**5.** 510-05-60-05 General Information (Medicare Premium Assistance Program). Added clarification on the Medicare Savings Program, per IM 5382.

There are two ways an individual can receive assistance with their Medicare premiums and Medicare costs.

1. The SSI Buy-In program is ~~the primary coverage~~ for SSI individuals who may qualify for assistance with their Medicare Part B premiums.

2. The Medicare Savings Programs (MSP) is the primary coverage for individuals with free Medicare Part A or requesting Medicaid to pay the Medicare Part A premium. MSP is ~~are~~ available to assist with Medicare premiums and costs for people with limited income and assets. These programs include coverage of Qualified Medicare Beneficiaries (QMB), Specified Low-income Medicare Beneficiaries (SLMB), and Qualifying Individuals (QI).

**Individuals Covered and Benefits 510-05-60-10**

**6.** 510-05-60-05 General Information (Medicare Premium Assistance Program). Added clarification on individuals in receipt of SSI and the Medicare Savings Program, per IM 5382.

Individuals who are in receipt of SSI income and have Medicare Part B only will be determined eligible under the SSI Buy-In program. Individuals in receipt of SSI or SSI/SSA who have free Medicare Part A and Part B or have requested Medicaid to pay the Medicare Part A, will be processed under the Medicare Savings Program (MSP). An i~~I~~ndividual~~s~~ cannot be covered under SSI Buy-In ~~are not eligible for coverage under the~~ and Medicare Savings Programs for the same time period. The ~~SSI Buy-In~~ Medicare Savings P~~p~~rogram is the primary coverage for individuals who could qualify under both programs.

If the individual loses SSI, they will need to be processed under the Medicare Savings Program. If eligible for QMB, the Medicare Part A will need to be added effective the month QMB eligibility starts.

Individuals over 65 who have no eligibility for SSI and are not eligible for free Medicare Part A can apply for Medicare Savings Program-Qualified Medicare Beneficiaries (QMB) to cover their Medicare premiums. The individual will need to apply for Medicare at Social Security. They will need to request Medicare Part A "conditional enrollment". Conditional enrollment allows an individual to apply for premium-Medicare Part A at SSA on the condition he or she only wants the coverage if the state approves their QMB application. Medicare Part A start date will be the date the state can start paying the Medicare Part A.

Individuals eligible for Medicare Savings Program should not have their Medicare Savings Program coverage closed unless:

- They are over income or
- They are over assets or
- They are QI 1 and requesting Medicaid coverage.

Note: An Individual cannot voluntarily terminate form the Premium Assistance Program.

Medicaid should not be automatically closed when an individual becomes eligible for QMB or SLMB. They may have services not covered under Medicare that can be paid by Medicaid.

~~There are two exceptions:~~

~~1. For individuals whose fluctuating income causes them to 'bounce' off and on SSI, the preferred coverage is under the Medicare Savings Program during the period of fluctuating income.~~

~~2. Individuals that want Medicare Part A coverage, but do not have free Medicare Part A coverage, and are requesting that ND pay the Medicare Part A premium. If the individual comes from another state and the other state has been or is paying the Medicare Part A premium and they are eligible for QMB coverage ND would continue to cover the Medicare Part A.~~

~~Individuals not eligible for SSI buyin, coverage will be determined under the Medicare Savings Program. The individual~~ Individuals must have

Medicare Part A to be eligible under the following Medicare Savings Program coverages ~~types~~.

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 eligibility determination is made (i.e. the application is received on March 29, eligibility is determined in April, the first month of QMB eligibility is May).

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

**7.** 510-05-60-20 Asset Limits for the Medicare Premium Assistance Program. Updated to reflect the increase in the asset limits for the Medicare Savings Program, per IM 5379.

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 ~~2019~~ 2020, the limits are:

1. $~~7,730~~ 7,860 for a one-person unit ($~~7,560~~ 7,730 in ~~2018~~ 2019); or

2. $~~11,600~~ 11,800 for a two-person unit ($~~11,340~~ 11,600 in ~~2018~~ 2019).

**Definitions for Spousal Impoverishment 510-05-65-10**

**8.** 510-05-65-10 Definitions for Spousal Impoverishment. Removed per clarification from CMS.

1. "Community spouse," means the spouse of an institutionalized spouse or the spouse of a Home and Community Based Services (HCBS) spouse who is:

~~a. Not financially responsible for a child who is in receipt of Medicaid (the child may be eligible for Healthy Steps);~~

a. ~~b.~~Not in receipt of Medicaid other than coverage under the Medicare Savings Programs; and

b. ~~c.~~Not requiring care in a medical institution, a nursing facility, a swing bed, or in the state hospital, unless the total length of the stay is anticipated to be less than a full calendar month.

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

**9.** 510-05-65-20 Community Spouse Asset Allowance. Updated the community spouse asset allowance amounts, per IM 5373

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 | $12,500 |
| $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 ~~$25,284~~ $25,728, and not more than ~~$126,420~~ $128,640, effective January ~~2019~~ 2020 (~~$24,720~~ $25,284 and ~~$123,600~~ $126,420 effective January ~~2018~~ 2019).

**Example:**

| If the Spousal share is: | The community spouse asset allowance is: |
|---|---|
| $12,500 | $~~25,284~~ 25,728 (at least the minimum) |
| $45,000 | $45,000 |
| $130,000 | $~~126,420~~ 128,640 (one-half is more than the maximum allowed, so the community spouse gets the maximum) |

## 510-05-65-45 Asset Assessment Requirements

**10.** 510-05-65-45 Asset Assessment Requirements. Added clarification on what to do before and after August 1, 2019 when completing an asset assessment, per IM 5368.

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.
d. ~~b.~~Enter the physical or legal address of the home on the Asset Assessment. If there is a TRANSFER ON DEATH Deed (TOD) enter TOD in front of the address.

**Example:** TOD 123 Main St, Bismarck, ND 58505

A copy of the TOD deed must be attached to the Asset Assessment when

scanning the Asset Assessments into File Net.

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

**11.** 510-05-70-27 Home Equity Limit. Updated to current year and the home equity limit.

Applicants or recipients who apply for Medicaid coverage on or after January 1, ~~2019~~ 2020 are not eligible for coverage of nursing care services (which include HCBS) if the individual's equity interest in the individual's home exceeds ~~$585,000~~ $595,000. The applicant or recipient may, however, be eligible for other Medicaid benefits.

## 510-05-70-30 Excluded Assets

**12.** 510-05-70-30 Excluded Assets. Added/updated the following per IM 5368.

- Updated to remove annuities from 8c and 9f, per DHS Legal.
- Added examples under 9e
- Clarification on what to do for retroactive months

Added the options a client has when accessing IRA's, per archived IM 5257.

3. One motor vehicle~~., if the primary use of the vehicle is to serve the needs of members of the Medicaid unit. If the vehicle is used primarily by someone who is not in the Medicaid unit, it does not meet this exclusion.~~

8.

c. Normally a life insurance policy is a countable asset valued at its cash surrender value, however, when a whole life insurance policy ~~or an annuity~~ is the amount considered designated for burial is the lesser of the cost basis or the face value of the insurance policy. The prepayments on the life insurance policy ~~or annuity~~ are the total premiums that have been paid less amounts paid for any riders and less any withdrawals of premiums paid. They are identified as the "remaining cost basis." Only those prepayments (remaining cost basis) paid by members of the Medicaid unit are considered as burial prepayments. Premium payments made by insurance dividends or disability insurance plans do not increase the remaining cost basis. Loans on life insurance affect remaining cost basis.

If the life insurance policy or annuity has a cash surrender value that exceeds the remaining cost basis, the excess cash surrender value is considered accrued earnings and are excluded. The following are two examples showing how remaining cost basis and cash surrender value are applied to the burial provision:

**Example 1**: An applicant has a life insurance policy with a face value of $5000. The policy remaining cost basis is $2400 and the cash surrender value is $2900. The $2400 remaining cost basis is considered to be the designated burial. The excess cash surrender value of $500 is considered accrued earnings and is excluded.

~~**Example 2**: An applicant has an annuity with a face value of $7000. The annuity remaining cost basis is $6200 and the surrender value is $6500. Only $6000 of the remaining cost basis is excluded for burial. The remaining $200 is counted toward the asset limit. The excess surrender value of $300 is considered accrued earnings and is excluded.~~

**Example ~~3~~ 2**: An applicant has a life insurance policy with a face value of $6,000. The cost basis of the policy is $7,000 and the cash surrender value is $7,500. Because the $6,000 face value is less than the cost basis, if designated for burial, the prepaid burial would be $6,000. The difference between the cash surrender value and the face value is considered accrued earnings and is excluded.

In these ~~three~~ two examples, if the cash surrender value had been less than the remaining cost basis, there would be no earnings exclusion.

9.

a. Amounts that may be designated as irrevocable vary from State to State. When an individual moves to North Dakota from another state, North Dakota Medicaid will honor the burial plan set up in the other state based on the other state's burial provision.

e. Individuals with burial funds set up prior to August 1, 2019 can change their revocable burial to an irrevocable itemized burial. Once

the burial is changed to an irrevocable itemized burial contract it will be excluded in its entirety.

- Individual has a $4000 CD set aside for burial and wants to increase the amount set aside for burial. The individual will need to contact the funeral home of their choosing and establish an Irrevocable Itemized Funeral Contract. The CD will need to be transferred into an irrevocable trust designating the interest and payout upon maturity into the trust. Also, the trust must name the funeral home as the beneficiary.
- Individual has a $4000 savings account set aside for burial and wants to increase the amount set aside for burial. The individual will need to contact the funeral home of their choosing and establish an Irrevocable Itemized Funeral Contract. The savings account will need to be transferred into an irrevocable trust with the funeral home named as the beneficiary.

f. Normally a life insurance policy is countable asset valued at its cash surrender value, however, when a whole life insurance policy ~~or an annuity~~ is used to pay for an irrevocable itemized burial contract, the whole life insurance policy ~~or annuity~~ is exempt. Life insurance that is designated for burial must cover the life of the person for whom it is designated. The following are the steps the individual will need to take for their life insurance to be considered excluded for burial:

- The individual will need to contact the funeral home of their choosing
- Change the beneficiary of the life insurance to the funeral home
- Execute a contract between the individual and the funeral home to indicate the beneficiary of the life insurance cannot be changed, except for the ability to transfer to another licensed funeral establishment or cemetery association.

g. Information regarding the burial fund of a deceased recipient must be released to the funeral home personnel upon request.

h. A burial fund, which is established at the time of application, can apply retroactively to the three month prior period and the period in which the application is pending, if the value of all assets are within the Medicaid limits for each of the prior months. Future earnings on the newly established burial fund will be excluded.

23. Funds held in retirement plans that are considered qualified retirement plans and meet the qualified retirement criteria established by the Internal Revenue Service (IRS); 26 U.S.C. These include:

- SEP-IRA (Simplified employee pension) plans
- Employer or employee association retirement accounts
- Employer simple retirement accounts
- 401(k) retirement plans (which include independent (sole proprietorship) plans)
- 403(b) retirement plans
- 457 retirement plans
- 401 (a) Employer-sponsored money-purchased retirement plan
- Individual Retirement Plan (IRA's)
- Roth Individual Retirement Plan (Roth IRA's)

While these pension plans and IRA's are an excluded asset, applicants and recipients must take all necessary steps to obtain any annuities, pensions, retirement and disability benefits to which they are entitled as defined in section 510-05-35-90, Application for Other Benefits'.

When accessing their retirement accounts, individuals will have three options:

**Option #1:** Purchase an annuity. If the individual chooses this option, policy at 510-05-70-45-30 applies.

**Option #2:** Withdraw the Funds without purchasing an Annuity
When drawing the funds out without purchasing an Annuity, the individual must:
☐ Receive level monthly payments AND receive the full principal and interest during or prior to the individual's life expectancy time period; or

☐ Withdraw the entire amount in a lump sum payment.

Individuals choosing to take a lump sum payment will have their payments considered income in the month received and an asset thereafter.

**Option #3:** Do nothing and continue to have the money held in the retirement account. Individuals choosing this option will not be eligible for Medicaid as they are not meeting the eligibility requirements defined in Manual Sections 510-03-35-90 and 510-05-35-90, Application for Other Benefits.

When individuals have begun drawing their retirement benefits prior to applying, Eligibility Workers will need to assess these to determine whether the individual chose Option 1 or Option 2 above, and based on the option they selected, ensure that the individual meets the policy requirements.

24. ~~23.~~Property connected to the political relationship between Indian Tribes and the Federal government:

25. ~~24.~~Achieving a Better Life Experience (ABLE) Accounts

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

**13.** 510-05-80-05 Definitions (Disqualifying Transfers 510-05-80). Updated rate for current year.

8. The average cost of nursing facility care is:

| Year | Daily Rate | Monthly Rate |
|---|---|---|
| 2020 | 302.95 | 9214.73 |
| 2019 | 280.4 | 8530.05 |
| 2018 | 270.71 | 8234.1 |
| July - Dec 2017 | 265.35 | 8071.06 |
| Jan-17 | 257.9 | 7844.46 |

| | | |
|---|---|---|
| 2016 | 258.78 | 7871.23 |
| 2015 | 249.79 | 7595.04 |
| 2014 | 238.94 | 7268 |
| July-Dec 2013 | 231.39 | 7038 |
| Jan-13 | 223.3 | 6792 |
| 2012 | 213.82 | 6504 |
| 2011 | 205.07 | 6238 |
| 2010 | 195.55 | 5948 |
| 2009 | 179.27 | 5453 |
| 2008 | 165.59 | 5037 |
| 2007 | 159.96 | 4865 |
| 2006 | 152.33 | 4633 |
| 2005 | 144.48 | 4395 |
| 2004 | 137.59 | 4185 |
| 2003 | 129.71 | 3945 |
| 2002 | 127.05 | 3864 |
| July-Dec2001 | 120.08 | 3652 |
| Jan-June 2001 | 109.98 | 3345 |
| 2000 | 104.94 | 3192 |
| 1999 | 97.68 | 2971 |
| 1998 | 94.31 | 2869 |
| 1997 | 89 | 2713 |
| 1996 | 85 | 2562 |
| 1995 | 80 | 2419 |
| 1994 | 74 | 2339 |

## Income Deductions 510-05-85-35

**14.** 510-05-85-35 Income Deductions. Linked the new remedial care chart for Basic Care and added clarification on medical marijuana.

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.

**Example:**

| | |
|---|---|
| Recipient's remedial rate at the facility | $980 |
| Less the medically needy income level for one | - 834 |
| Remedial Care Deduction | $146 |

Remedial care link above should be linked to IM 5375 attachment.

15. Medical marijuana is not federally recognized as legal and, as such, is not considered an allowable medical deduction.

**Income Levels 510-05-85-40**

**15.** 510-05-85-35 Income Levels. Updated income levels for each applicable category, per IM 5381.

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 ~~eighty-three percent~~ 83% of the poverty level applicable to a Medicaid Unit of the size involved.

   e. Family member income level. The income level for each ineligible family member in a spousal impoverishment case is ~~$677~~ $703 effective July ~~2017~~ 2019 (~~$668~~ $685 effective July ~~2016~~ 2018 and $677 effective July 2017).

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

| Number of Persons | Monthly Income Level |
|---|---|
| 1 | ~~$864~~ $883 |
| 2 | ~~1170~~ 1,193 |
| 3 | ~~1,476~~ 1,503 |
| 4 | ~~1,782~~ 1,813 |
| 5 | ~~2,087~~ 2,123 |
| 6 | ~~2,393~~ 2,432 |
| 7 | ~~2,699~~ 2,742 |
| 8 | ~~3004~~ 3,052 |
| 9 | ~~3310~~ 3,362 |
| 10 | ~~3616~~ 3,672 |
| (+) 1 | $310 |
| Effective April 1, ~~2019~~ 2020 | |

~~For each person in the medically needy unit above ten, add $306 to the monthly amount.~~

3. 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 ~~one hundred percent~~ 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 | ~~$1,041~~ $1,064 |
| 2 | ~~1410~~ 1,437 |
| 3 | ~~1778~~ 1,810 |
| 4 | ~~2146~~ 2,184 |
| 5 | ~~2515~~ 2,557 |
| 6 | ~~2883~~ 2,930 |
| 7 | ~~3251~~ 3,304 |
| 8 | ~~3620~~ 3,677 |
| 9 | ~~3988~~ 4,050 |
| 10 | ~~4356~~ 4,424 |
| (+) 1 | $374 |
| Effective April 1, ~~2019~~ 2020 | |

~~For each person in the Medicaid unit above ten, add $369 to the monthly amount.~~

b. Specified Low-Income Medicare Beneficiaries. The income level is equal to ~~one hundred twenty percent~~ 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.

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 | ~~1249~~ $1,276 |
| 2 | ~~1691~~ 1,724 |
| 3 | ~~2133~~ 2,172 |
| 4 | ~~2575~~ 2,620 |
| 5 | ~~3017~~ 3,068 |
| 6 | ~~3459~~ 3,516 |
| 7 | ~~3901~~ 3,964 |
| 8 | ~~4343~~ 4,412 |

| | |
|---|---|
| 9 | ~~4785~~ 4,860 |
| 10 | ~~5227~~ 5,308 |
| (+) 1 | $448 |
| Effective April 1, ~~2019~~ 2020 | |

~~For each person in the Medicaid unit above ten, add $442 to the monthly amount.~~

c. ~~d.~~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.

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 | ~~$1,406~~ $1,436 |
| 2 | ~~1903~~ 1,940 |
| 3 | ~~2400~~ 2,444 |
| 4 | ~~2897~~ 2,948 |

| | |
|---|---|
| 5 | ~~3395~~ 3,452 |
| 6 | ~~3892~~ 3,956 |
| 7 | ~~4389~~ 4,460 |
| 8 | ~~4886~~ 4,964 |
| 9 | ~~5384~~ 5,468 |
| 10 | ~~5881~~ 5,972 |
| (+) 1 | $504 |
| Effective April 1, ~~2019~~ 2020 | |

~~For each person in the Medicaid unit above ten, add $498 to the monthly amount.~~

d. ~~f.~~Workers with Disabilities. The income level is equal to ~~two hundred and twenty-five percent~~ 225% of the poverty level applicable to a Medicaid Unit of the size involved.

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 | ~~2342~~ $2,393 |
| 2 | ~~3171~~ 3,233 |
| 3 | ~~4000~~ 4,073 |
| 4 | ~~4829~~ 4,913 |
| 5 | ~~5657~~ 5,753 |
| 6 | ~~6486~~ 6,593 |

| | |
|---|---|
| 7 | ~~7315~~ 7,433 |
| 8 | ~~8144~~ 8,273 |
| 9 | ~~8972~~ 9,113 |
| 10 | ~~9801~~ 9,953 |
| (+) 1 | $840 |
| Effective April 1, ~~2019~~ 2020 | |

~~For each person in the Medicaid unit above ten, add $829 to the monthly amount.~~

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

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 | $~~2603~~ 2,659 |
| 2 | ~~3523~~ 3,592 |
| 3 | ~~4444~~ 4,525 |
| 4 | ~~5365~~ 5,459 |
| 5 | ~~6286~~ 6,392 |
| 6 | ~~7207~~ 7,325 |
| 7 | ~~8128~~ 8,259 |
| 8 | ~~9048~~ 9,192 |
| 9 | ~~9969~~ 10,125 |
| 10 | ~~10890~~ 11,059 |

| | |
|---|---|
| (+) 1 | $~~921~~ 934 |
| Effective ~~July 1~~ April 1, ~~2019~~ 2020 | |

**Deeming of Income 510-05-85-50**

**16.** 510-05-85-50 Deeming of Income. Updated wording.

3. The excess income of an individual in nursing care, an intermediate care facility for the ~~mentally retarded~~ intellectually disabled, the state hospital, the Anne Carlsen facility, or receiving swing bed care in a hospital or HCBS may be deemed to his or her legal dependents to bring their income up to the appropriate medically needy income level under the following conditions:

**Refugee Medical Assistance Program 510-05-95-20**

**17.** 510-05-95-20 Refugee Medical Assistance Program. Changes to clarify the Refugee Medical Assistance Program.

1. The Refugee Medical Assistance Program (RMA) ~~is a program designed to cover Medical expenses~~ provides health care coverage for ~~unaccompanied minors and other~~ legally admitted refugees who are not eligible for Medicaid, including the Option Children's Group. ~~or Healthy Steps. Medicaid receives 100% federal funding for Refugee Medical Assistance (RMA).~~

2. The Refugee Medical Assistance Program (RMA) is available during the first eight months a refugee is in the United States or the first eight months after an asylee has been granted asylum.

3. ~~2.~~ A refugee ~~Refugees and unaccompanied minors~~ who meets all Medicaid eligibility criteria, including need, must be enrolled in Medicaid instead of the Refugee Medical Assistance Program (RMA). ~~Similarly, refugee children and unaccompanied minors who are eligible for Healthy Steps are processed under that program prior to considering Refugee Medical Assistance.~~

~~When~~ Aa refugee ~~or unaccompanied minor~~ who does not meet the technical requirements to be eligible for Medicaid and has no medical "need", which

equals or exceeds client share (recipient liability), ~~and is not eligible for Healthy Steps the individual~~ can be enrolled in the RMA program ~~Refugee Medical Assistance~~.

4. ~~3.~~ Eligibility under Refugee Medical Assistance Program (RMA) is limited to the following: ~~Refugee Medical Assistance is available during the first eight months a refugee is in this country , the first eight months after an asylee has been granted asylum, or longer if an unaccompanied minor.~~

    ~~a. Unaccompanied minors are not limited to the eight-month refugee time limit, but can remain eligible under the unaccompanied minor coverage until age 21. Children age 18-21 must be attending school full time.~~

    a. ~~b.~~ Asylee's are limited to eight 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-month period.

    b. ~~c. When any other~~ Other legally admitted refugees are limited to eight months of coverage under the Refugee Medical Assistance Program (RMA). ~~has been in this country for eight months, Refugee Medical Assistance ends.~~ Legally admitted r~~R~~efugees who want continued medical coverage must have their eligibility determined under ~~the~~ Medicaid, including Expansion or Option Children's Group. ~~or Healthy Steps programs.~~

5. ~~4.~~Eligibility for Refugee Medical Assistance is determined using medically needy income and asset methodologies and limits, except:

    a. Legally admitted r~~R~~efugees who receive a refugee cash assistance payment (~~currently~~ administered through Lutheran Social Services) and who are not otherwise eligible for ~~traditional~~ Medicaid, including Expansion or Optional Children's Group ~~or Healthy Steps~~ are eligible for Refugee Medical Assistance (RMA) without regard to any other eligibility tests;

    b. Legally admitted r~~R~~efugees who are determined ~~become~~ eligible for Refugee Medical Assistance (RMA) continue to be eligible without

regard to increases in earned income until the end of the eight-month period; and

c. Legally admitted r~~R~~efugees who are determined eligible for Medicaid and ~~lose~~ become ineligible for Medicaid during the first eight months in the country due to increased earnings ~~are~~ must be transferred to the ~~Refugee Medical Assistance~~ RMA program without any eligibility determination/re-determination ~~test~~. ~~Their~~ Any earned income will not affect their ~~Refugee Medical Assistance~~ RMA eligibility for the remainder of the 8-month period.

6. ~~5.~~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 ~~Refugee Medical Assistance~~ RMA eligibility ~~coverage~~, except that the client share can decrease if income decreases or expenses increase.

7. ~~6.~~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 months upon entry to the US. The month of US Entry is considered month 1 of the 8 month period. ~~The following table identifies who these individuals are and provides information that may be obtained to identify them:~~

**Note**: For guidance on eligibility for Unaccompanied Refugee Minors (URM), refer to policy 510-03-55-05.

| ~~Type of Individual~~ | ~~How to Identify~~ |
|---|---|
| ~~Alien Granted status as a refugee under Section 207 of the Act~~ | ~~Use of SAVE, **or** obtain Form I-94 annotated with stamp showing admission under section 207 of the INA. Derive the date of admission from the date of inspection on the Form I-94 refugee stamp.~~<br>~~Note: If the date is missing, must obtain further verification.~~ |

| | |
|---|---|
| | ~~(These are the individuals we usually see and deal with in North Dakota.)~~ |
| ~~Alien Paroled as a Refugee or Asylee* under section 212(d)(5) of the Act~~ | ~~Use of SAVE, **or** obtain a valid I-94 card which will indicate they have been paroled pursuant to section 212(d)(5) of the INA, with an expiration date of at least 1 year from the date issued, or indefinite.~~ |
| ~~Alien Granted status as an Asylee* under Section 208 of the Act~~ | ~~Use of SAVE, **or** obtain either a Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA, or a grant letter from the Asylum office, or an order of an immigration judge. Derive the date status granted from the date on Form I-94, the grant letter, or the date of the court order.~~<br>~~Note: If the date is missing from Form I-94, request the grant letter from the alien. If it is not available, must obtain further verification.~~ |
| ~~Alien Granted parole status as a Cuban/Haitian Entrant~~ | ~~Use of SAVE, **or** if the individual cannot provide documentation of status, refer him/her to the Department of Homeland Security for evidence of current immigration status.~~ |
| ~~Certain Amerasians from Vietnam Admitted to the US as immigrants~~ | ~~Use of SAVE, **or** obtain the immigrant's Form I-551 with the code AM1, AM2, or AM3 or passport stamped with an unexpired temporary I-551 showing a code AM6, AM7, or AM8. Derive the date of admission as an Amerasian immigrant from the I-551, or the date of inspection on the stamp on Form I-94.~~<br>~~Note: If the date is missing on the I-94, verify status with the Department of Homeland Security.~~ |
| ~~Individuals Admitted for permanent residence, provided the~~ | ~~If the individual held one of the previous statuses above, they will more than likely have been in the US more than 8 months and thus cannot be eligible for Refugee Medical Assistance.~~ |

| | |
|---|---|
| ~~individual previously held one of the statuses above.~~ | |
| ~~Iraqi and Afghan Special Immigrants~~ | ~~Use of SAVE, or obtain the immigrant's Form I-551 with the code SQ6, SQ7, SQ9, SI6, SI7, SI9 with "IV" stamp or Afghan or Iraqi passport stamped with an "IV" and showing a code SQ1, SQ2, SQ3, SI1, SI2 or SI3 and DHS stamp or notation on passport showing date of entry; or I-94 with a stamp of "IV" and category SQ1, SQ2, SQ3, SI1, SI2 or SI3 and date of entry. Derive the date of admission as an Iraqi or Afghan Special immigrant from the I-551, or the date of inspection on the stamp on Form I-94.~~<br>~~Note: If the date is missing on the I-94, verify status with the Department of Homeland Security.~~ |
| ~~* For Asylee's, individuals that enter the US and have not been granted Asylum by INS are considered an 'Applicant or Asylum'. Federal Law prohibits 'Applicants for Asylum' from being eligible for Medicaid or Refugee Medical Assistance. Therefore, they must be granted Asylum in order to be eligible for Medicaid or Refugee Medical Assistance under the 'Refugee Category'.~~ | |