
MinnesotaCare:

No provisions.

MA:

Clients can request eligibility for the month of application and the retroactive month(s). Retroactive coverage is available for 3 months before the month of application for MA. See §0904.07.09 (Eligibility Begin Date).

Determine eligibility separately for each month. If clients are eligible in the month of application or any of the retroactive months, the case remains open for the rest of the 6-month certification period, if the client meets all other eligibility factors.

To calculate the spenddown for applicants:

1. Enter income information on the appropriate MAXIS STAT panel. Enter the anticipated income in the HC Income Estimate window in the current month plus one, benefit month. See §0911.11.03 (Computing Countable Income – MA/GAMC) for instructions on determining the anticipated income. If retroactive eligibility has been requested, update STAT/HCRE. The retroactive months will need to be FIATed in ELIG/HC using the actual income received during the retroactive months. See TEMP Manual TE09.17.02 (HCRW: FIAT).
2. Enter the gross and net amounts of verifiable medical expenses in MAXIS on the STAT/BILS panel. See §0913.21 (Allowable Medical Bills to Meet Spenddown), §0913.21.03 (Determining Net Medical Expenses) and TEMP Manual TE09.07.02 (HCRW: STAT/BILS). If the client expects to pay Medicare premiums each month and you are not using an LTC budget, enter the Medicare premium as an expense on the STAT/BILS panel for each month of the income certification period. Use actual dollars and cents (use the gross amount; do not round or truncate). Also enter health insurance premiums if they are paid on a monthly basis rather than on a quarterly basis or some other interval. If health insurance premiums are not paid monthly, do not enter them as an automated monthly spenddown expense.

If a client using an LTC budget expects to pay Medicare premiums each month, indicate that on STAT/MEDI.

3. MAXIS will calculate the spenddown type and amount based on the information that is entered in STAT. See TEMP Manual TE09.13.06 (HCRW: Determining Community Spenddown Type). After background has

run, review the budget in ELIG/HC. From the BSUM panel select MOBL and SPDN to review the spenddown calculation.

4. Enter the appropriate information in MMIS. Do not enter a satisfaction date. See MMIS User Manual II-25 (Automated Monthly Spenddown).
5. **MAXIS** anticipates income for the remaining months of the review period from information entered in the HC Estimate window on the appropriate STAT income panel. Do not verify income and medical expenses monthly. Schedule an income review for completion during the 5th month of the review period. Tell the client to report any changes. See §0905.09 (6-Month Reporting). Unless income changes, MMIS continues the current spenddown amount for the remainder of the 6-month review period.

To calculate the spenddown at the time of the 6-month income review or annual recertification:

1. Do not take a new application when the 6-month certification review period expires. Use the income review in the 5th month as a guide to determine continued eligibility for the next period. Also request verification of medical expenses incurred in the 5th month or review the RSPD and RSLG screens in MMIS for the 5th month to determine if the spenddown was met
2. Enter the income and medical expenses in STAT using the information from the review and your best estimate of the client's income and expenses for the new certification period. See TEMP Manual TE09.13.08 (HCRW: Automated Monthly Spenddown Reviews). If the client wants to switch spenddown methods, see §0913.07 (6-Month Spenddown Calculation), §0913.11 (Manual Monthly Spenddown Calculation) and TEMP Manual TE09.13.10 (HCRW: How to Change Spenddown Type). Clients must use a manual monthly medical spenddown if they still want a monthly spenddown, but their income or medical expenses now vary.
3. If **MAXIS** determines that the client will continue to meet a spenddown in the next period, extend eligibility for another 6-month period. **MAXIS** will use the anticipated income entered in the HC Estimate window on the income panels in STAT for the next period. An income or eligibility review will be due for the 5th month of the next review period. See §0905.09 (6-Month Reporting).

If **MAXIS** determines that the client is unlikely to meet a spenddown in the

next certification period using any spenddown method, close the case at the end of the 6-month income certification period. Advise clients to reapply if they incur new medical expenses or have a change in income. The MAXIS termination notice advises them of the availability of MinnesotaCare.

Clients eligible for an automated monthly spenddown may choose to pay their spenddown obligation to DHS or to a specific provider. See §0913.09.03 (Client Option Spenddown).

Clients who receive personal care attendant services, certain waived services, or child welfare targeted case management services may choose to pay their spenddown to a designated provider. See §0913.09.05 (Designated Provider Option).

GAMC:

No provisions.