

SENATE

STATE OF MINNESOTA

EIGHTY-NINTH SESSION

S.F. No. 3305

(SENATE AUTHORS: EATON, Dziedzic and Carlson)

DATE	D-PG	OFFICIAL STATUS
03/29/2016	5321	Introduction and first reading Referred to Health, Human Services and Housing

A bill for an act
relating to human services; modifying certain provisions governing medical
assistance for employed persons with disabilities asset limits; seeking federal
waiver authority; amending Minnesota Statutes 2015 Supplement, section
256B.057, subdivision 9.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2015 Supplement, section 256B.057, subdivision 9,
is amended to read:

Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid
for a person who is employed and who:

(1) but for excess earnings or assets, meets the definition of disabled under the
Supplemental Security Income program;

(2) meets the asset limits in paragraph (d); and

(3) pays a premium and other obligations under paragraph (e).

(b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible
for medical assistance under this subdivision, a person must have more than \$65 of earned
income. To adjust for income fluctuations, earned income is the person's income averaged
over the previous six months. Earned income must have Medicare, Social Security, and
applicable state and federal taxes withheld. The person must document earned income
tax withholding. Any spousal income or assets shall be disregarded for purposes of
eligibility and premium determinations.

(c) After the month of enrollment, a person enrolled in medical assistance under
this subdivision who:

(1) is temporarily unable to work and without receipt of earned income due to a
medical condition, as verified by a physician; or

(2) loses employment for reasons not attributable to the enrollee, and is without receipt of earned income may retain eligibility for up to four consecutive months after the month of job loss. To receive a four-month extension, enrollees must verify the medical condition or provide notification of job loss. All other eligibility requirements must be met and the enrollee must pay all calculated premium costs for continued eligibility.

(d) For purposes of determining eligibility under this subdivision, a person's assets must not exceed \$20,000, excluding:

(1) all assets excluded under section 256B.056;

(2) retirement accounts, including individual accounts, 401(k) plans, 403(b) plans, Keogh plans, and pension plans;

(3) medical expense accounts set up through the person's employer; ~~and~~

(4) spousal assets, including spouse's share of jointly held assets; and

(5) personally owned business assets.

(e) All enrollees must pay a premium to be eligible for medical assistance under this subdivision, except as provided under clause (5).

(1) An enrollee must pay the greater of a \$35 premium or the premium calculated based on the person's gross earned and unearned income and the applicable family size using a sliding fee scale established by the commissioner, which begins at one percent of income at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income for those with incomes at or above 300 percent of the federal poverty guidelines.

(2) Annual adjustments in the premium schedule based upon changes in the federal poverty guidelines shall be effective for premiums due in July of each year.

(3) All enrollees who receive unearned income must pay one-half of one percent of unearned income in addition to the premium amount, except as provided under clause (5).

(4) Increases in benefits under title II of the Social Security Act shall not be counted as income for purposes of this subdivision until July 1 of each year.

(5) Effective July 1, 2009, American Indians are exempt from paying premiums as required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. For purposes of this clause, an American Indian is any person who meets the definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

(f) A person's eligibility and premium shall be determined by the local county agency. Premiums must be paid to the commissioner. All premiums are dedicated to the commissioner.

(g) Any required premium shall be determined at application and redetermined at the enrollee's six-month income review or when a change in income or household size is reported. Enrollees must report any change in income or household size within ten days

of when the change occurs. A decreased premium resulting from a reported change in income or household size shall be effective the first day of the next available billing month after the change is reported. Except for changes occurring from annual cost-of-living increases, a change resulting in an increased premium shall not affect the premium amount until the next six-month review.

(h) Premium payment is due upon notification from the commissioner of the premium amount required. Premiums may be paid in installments at the discretion of the commissioner.

(i) Nonpayment of the premium shall result in denial or termination of medical assistance unless the person demonstrates good cause for nonpayment. Good cause exists if the requirements specified in Minnesota Rules, part 9506.0040, subpart 7, items B to D, are met. Except when an installment agreement is accepted by the commissioner, all persons disenrolled for nonpayment of a premium must pay any past due premiums as well as current premiums due prior to being reenrolled. Nonpayment shall include payment with a returned, refused, or dishonored instrument. The commissioner may require a guaranteed form of payment as the only means to replace a returned, refused, or dishonored instrument.

(j) For enrollees whose income does not exceed 200 percent of the federal poverty guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the enrollee for Medicare part B premiums under section 256B.0625, subdivision 15, paragraph (a).

Sec. 2. **FEDERAL AUTHORITY REQUEST.**

The commissioner of human services shall seek all necessary federal authority to implement section 1.

Sec. 3. **EFFECTIVE DATE.**

Section 1 is effective upon federal approval. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.