



## **S.F. No. 1175 – Presumptive disability determination process for medical assistance eligibility establishment**

**Author:** Senator Liz Boldon

**Prepared by:** Liam Monahan, Legislative Analyst (liam.monahan@mnsenate.gov)

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**S.F. 1175** establishes presumptive eligibility for medical assistance for patients of hospitals who are (1) infants who screens positive for a newborn screening condition that urgently requires diagnostic testing or treatment; (2) individuals who have a condition on the Social Security Administration’s list of compassionate allowance conditions and urgently require treatment; or (3) individuals who cannot be safely discharged from the hospital without a disability determination.

### **ARTICLE 1 - PRESUMPTIVE DISABILITY DETERMINATIONS**

Section 1 makes a technical amendment to **256B.055, subdivision 7 – Persons age 65 or older**, by removing the medical assistance categorical eligibility criteria for persons with disabilities or who are blind and moving that language to a newly created subdivision 7b, thereby leaving only the categorical eligibility criteria for persons age 65 or older in this subdivision. This language is modeled on the 2017 Governor’s budget bill, 2017 S.F. 781.

Section 2 adds **256B.055, subdivision 7b – Persons who are blind or determined disabled**, which contains the relocated medical assistance categorical eligibility criteria for persons with disabilities or who are blind. This language is modeled on the 2017 Governor’s budget bill, 2017 S.F. 781.

Section 3 amends **256B.056, subdivision 3 – Asset limitations for certain individuals**, by clarifying the treatment of assets under the “TEFRA option” for determining medical assistance eligibility for children with disabilities.

Section 4 amends **256B.056, subdivision 4 - Income**, by clarifying the treatment of income under the “TEFRA option” for determining medical assistance eligibility for children with disabilities.

Section 5 amends **256B.057, subdivision 12 – Presumptive eligibility determinations made by qualified hospitals**, by requiring the commissioner of human services to establish a process by which qualifying hospitals may determine presumptive medical assistance eligibility for applicants who are aged 65 and older, who have a disability, or who are blind, if the applicant also has a presumptive disability determination under the language proposed in section 6. This section also specifies the period of medical assistance eligibility following a presumptive eligibility determination and clarifies the calculation of the ratio of applicants determined eligible for medical

assistance through a subsequent regular application process versus applicants determined presumptively eligible by the hospital.

Section 6 adds **256B.057, subdivision 13 – Presumptive disability determinations made by qualified hospitals**, which requires the commissioner of human services to establish a process by which qualifying hospitals may determine presumptive disability for the purposes of medical assistance eligibility, including under the TEFRA option, and for the purpose of establishing eligibility under medical assistance for long-term care services and waiver services. This section limits the applicants for whom a hospital may make presumptive disability determinations to applicants (1) who screens positive for a newborn screening condition that urgently requires diagnostic testing or treatment; (2) who have been diagnosed with a condition on the Social Security Administration’s list of compassionate allowance conditions and who urgently requires treatment; or (3) who cannot be safely discharged from the hospital without a disability determination.

## **ARTICLE 2 – CONFORMING CHANGES**

Article 2 contains statutory changes to conform with the relocation of the categorical medical assistance eligibility criteria for people with disabilities or who are blind from section 256B.055, subdivision 7 to section 256B.055, subdivision 7b.



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95 University Ave. W., STE 3300, Saint Paul, MN, 55155