

Bulletin

June 29, 2007

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- Social Services Supervisors and Staff
- Financial Assistance Supervisors and Workers
- Mille Lacs Tribal TANF
- Case Managers
- MinnesotaCare Operations Managers, Supervisors and Workers

ACTION/DUE DATE

Please read and implement legislative changes for applications, renewals and reported changes processed on or after July 1, 2007.

EXPIRATION DATE

June 29, 2008

Legislature Enacts Changes to Medical Assistance (MA), General Assistance Medical Care (GAMC) and MinnesotaCare Effective July 1, 2007

TOPIC

Legislative changes to Medical Assistance (MA), General Assistance Medical Care (GAMC) and MinnesotaCare effective July 1, 2007.

PURPOSE

Provide information and implementation instructions on legislative policy changes effective July 1, 2007

CONTACT

MinnesotaCare Operations, counties and tribal agencies should submit policy questions to HealthQuest.

All others should direct questions to:

Health Care Eligibility and Access (HCEA) Division
P.O. Box 64989
540 Cedar Street
St. Paul, MN 55164-0989

SIGNED

BRIAN J. OSBERG
Assistant Commissioner
Health Care Administration

A. Background and Introduction

The 2007 Minnesota Legislature passed legislation changing certain requirements and repealing or eliminating others for the Minnesota Health Care Programs (MHCP). This bulletin provides information and instructions on these changes that are effective July 1, 2007.

The sections contained in this bulletin are:

- B. MA Treatment of Monetary Gifts for Prosthetic Devices
- C. New Definition of Homeless for GAMC Qualifier
- D. Changes in MinnesotaCare Residency Requirements for Adults without Children
- E. Elimination of MinnesotaCare Six-Month Renewals
- F. Repeal of MinnesotaCare Premium Add-On
- G. Repeal of MinnesotaCare Insurance Access Requirements for Post-Secondary Students
- H. Legal References
- I. Special Needs

B. MA Treatment of Monetary Gifts for Prosthetic Devices

MHCP covers over 400 types of medically necessary prosthetics and related equipment that meet current technology standards. Prosthetic devices include items such as artificial limbs or eyes. MHCP payment is considered payment in full and federal law does not permit coverage to be supplemented with cash to purchase a more expensive item.

In some instances, an applicant or enrollee may want a prosthetic device that is not covered by an MHCP. MHCP does not cover devices that are not medically necessary, duplicates a previously purchased prosthesis or is experimental technology. The device may be purchased by a third party and given to the person without affecting the person's eligibility. However, the person may be given a cash gift by an individual or a charitable organization to purchase the device which, depending on the amount and the circumstances, could result in excess income or assets.

Effective July 1, 2007, state law has been codified to specifically exclude certain monetary gifts for the use of purchasing non-covered prosthetic devices as income in the month of receipt.

1. Current Policy

Monetary gifts are considered to be lump sums for MA and GAMC purposes.

HCPM 20.25.10, Lump Sum Income, instructs workers on how to calculate the countable income portion of a lump sum. One deduction allowed is the amount earmarked for and used to pay medical expenses not covered by insurance or any MHCP including waiver programs. The manual section also instructs workers to count a lump sum as an asset if it is retained the month following receipt.

These policies are not changing. Current policy is based on a general provision in state law.

2. Legislative Addition to Current Policy

The treatment of monetary gifts for prosthetic devices relative to income has now been put into state law for MA and is not a change to current MA and GAMC policy.

Effective July 1, 2007, monetary gifts for prosthetic devices are allowed as a medical expense deduction from a lump sum when determining total countable income for MA eligibility if **both** of the following are met:

- a. The amount deducted is earmarked and used to pay for the cost of a prosthetic device.
- b. The prosthetic device cannot be covered by insurance, other third party payers or any MHCP, including waiver programs.

Continue to treat a lump sum as an asset if retained the month following receipt.

3. Action Required

Continue to deduct the amount of a lump sum earmarked and used for medical expenses, including prosthetic devices, when calculating countable income from a lump sum for MA and GAMC applications, renewals and reported changes processed on or after July 1, 2007.

4. System Instructions

a. MAXIS

Enter the counted amount of a lump sum in the “amount” field on the STAT/LUMP screen. The counted amount is the net remaining after deducting the amount earmarked for a medical expense, including a prosthetic device. Enter a case note detailing the calculation used to determine the amount entered.

b. MMIS

There are no system instructions for MMIS.

C. New Definition of Homeless for GAMC Qualifier

Effective July 1, 2007, the Legislature enacted statutory language to define homelessness for purposes of GAMC eligibility.

1. Current Policy

HCPM 03.50.05.05, Transitional MinnesotaCare, instructs workers that people who are homeless or live in a shelter, hotel or other place of public accommodation have a GAMC qualifier and do not have to transition to MinnesotaCare.

Current policy is not changing. The Legislature added a definition of homeless for GAMC to determine whether an applicant or enrollee can be considered to have a GAMC qualifier as a homeless individual.

2. New Policy

Effective July 1, 2007, the term “homeless” is defined for purposes of GAMC eligibility as an individual who meets **any** of the following:

- a. lacks a fixed, regular, and adequate residence; or
- b. has a primary residence that is **any** of the following:
 - 1) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; or
 - 2) A supervised publicly or privately operated shelter designed to provide temporary living accommodations. This includes **any** of the following:
 - a) hotels or motels; or
 - b) group or congregate shelters; or
 - c) temporary housing for the mentally ill.

Or

- 3) An institution that provides a temporary residence for individuals intended to be institutionalized.

Example 1

Nikki applies for health care at the county agency. She was evicted from her apartment and has been staying with a different friend every night. She does not have a basis of eligibility for MA.

Action

Consider Nikki to have a GAMC qualifier because she meets the definition of homeless. Nikki must meet all other GAMC requirements to be eligible for the program.

Example 2

Adrian applies for health care at the county agency. He has been camping in a local park for the past two months. He does not have a basis of eligibility for MA.

Action

Consider Adrian to have a GAMC qualifier because he meets the definition of homeless. Adrian must meet all other GAMC requirements to be eligible for the program.

Example 3

Ratmanee applies for health care at the county agency. She writes the street address of a shelter as her address on the application form and checks the box to indicate she is homeless. She does not have a basis of eligibility for MA.

Action

Consider Ratmanee to have a GAMC qualifier because she is homeless. Ratmanee must meet all other GAMC requirements to be eligible for the program.

3. Action Required

Continue to approve GAMC eligibility for applicants and enrollees who are homeless and who meet all other eligibility requirements. Apply the new definition of “homeless” to applications, renewals and reported changes processed on or after July 1, 2007, for GAMC eligibility.

4. System Instructions

There are no system instructions for this section.

D. Changes in MinnesotaCare Residency Requirements for Adults without Children

1. Current Policy

HCPM 13.15, State Residence – MinnesotaCare Adults without children, provides that adults without children meet state residency requirements for MinnesotaCare if they meet **all** of the following conditions:

- a. Live in Minnesota at least 180 continuous days immediately before becoming eligible for MinnesotaCare.
- b. Intend to live in Minnesota permanently.
- c. Did not move to Minnesota for the primary purpose of getting medical care.
- d. Maintain a fixed address at a place other than a place of public accommodation, such as a shelter.

2. Changed Policy

- a. Effective July 1, 2007, the residency requirement that MinnesotaCare adults without children must have a fixed address that is not a place of public accommodation has been eliminated (item d. above). Clients must continue to meet **all** of the remaining residency requirements (items a., b., and c. above).

Example 4

Ari applies for MinnesotaCare on June 27, 2007. He is a single adult without children. The worker processes his eligibility on July 5, 2007. Ari has lived in Minnesota for the past 25 years. Six months ago, he lost his job and was evicted from his apartment due to non-payment of rent. He has a new job and earns too much to be eligible for GAMC. He is living in transitional housing until he is able to obtain a new apartment.

Action

Ari meets the MinnesotaCare residency requirement for adults without children. Approve MinnesotaCare eligibility if Ari meets all other MinnesotaCare eligibility requirements.

- b. Effective July 1, 2007, if a client's statement of intent to live in Minnesota permanently is inconsistent or questionable, as described in HCPM 09.05.05, Inconsistent Information, verify the intent in **one** of the following ways for a MinnesotaCare adult without children:

- 1) an address on a valid Minnesota driver's license, ID card or voter registration card; or
- 2) a rent receipt; or
- 3) postmarked mail addressed to and received by the client; or
- 4) a current telephone or city directory with the client's address; or
- 5) documentation that the client came to Minnesota in response to an offer of employment; or
- 6) documentation that the client has looked for work by presenting completed job applications or documentation from employers, the local job service office, or temporary employment agencies; or
- 7) documentation that the client was formerly a resident of the state for at least 365 days and is returning to the state after an absence of less than 90 days; or
- 8) A written statement by the client's roommate verifying the client's residence with **all** of the following information:
 - a) The residence address.
 - b) The date the client moved in.
 - c) Verification of the roommate's residence through a copy of a mortgage statement, lease agreement or postmarked mail addressed to and received by the roommate.

Or

- 9) An affidavit from a person that he or she knows the client, has had personal contact with the client, and believes the client is living in the state with the intent of making Minnesota the applicant's home. The person signing the affidavit must be engaged in **one** of the following:
 - a) public or private social services; or
 - b) legal services; or
 - c) law enforcement; or
 - d) health services.

3. Action Required

Apply the changed MinnesotaCare state residency requirements for adults without children to all applications, renewals, and reported changes processed on or after July 1, 2007.

4. System Instructions

There are no system instructions for this section.

E. Elimination of MinnesotaCare Six-Month Renewals

Effective July 1, 2007, the 2007 Legislature eliminated the requirement that MinnesotaCare enrollees renew their eligibility every six months. The requirement for six-month renewals was implemented on a limited basis via a manual mailing process at DHS; that process ends June 30, 2007.

1. Action Required

No action required.

2. System Instructions

There are no system instructions for this section.

F. Repeal of MinnesotaCare Premium Add-On

Legislation was enacted in 2005 to increase the MinnesotaCare premiums by an eight percent add-on for certain enrollees. DHS recently received federal approval of this change; however, the 2007 Legislature repealed this provision before it could be implemented

1. Action Required

No action is needed.

2. System Instructions

There are no system instructions for this section.

G. Repeal of MinnesotaCare Insurance Access Requirements for Post-Secondary Students

Legislation was enacted in 2005 to prohibit MinnesotaCare coverage for children under 21 who are enrolled in a program of study at a post-secondary institution, and who have access to health coverage through their educational institution. DHS recently received federal approval to implement this change; however, the 2007 Legislature repealed this provision before it could be implemented.

1. Action Required

No action is needed.

2. System Instructions

There are no system instructions for this section.

H. Legal References

Section B. Laws of Minnesota 2007, Chapter 147, Article 4, Section 4

Section C. Laws of Minnesota 2007, Chapter 147, Article 5, Section 16

Section D. Laws of Minnesota 2007, Chapter 147, Article 5, Section 30

Section E. Laws of Minnesota 2007, Chapter 147, Article 5, Section 27

Section F. Laws of Minnesota 2007, Chapter 147, Article 5, Section 33

Section G. Laws of Minnesota 2007, Chapter 147, Article 5, Section 41

I. Special Needs

This information is available in other forms to people with disabilities by contacting us at (651) 431-2283 or toll free at 888-938-3224 or through the Minnesota Relay Service at 800-627-3529 (TDD), 711 or 877-627-3848 (speech to speech relay service).