

# Bulletin

November 14, 2007

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

**OF INTEREST TO**

- County Directors
- Financial Assistance Supervisors and Workers
- Social Services Supervisors and Staff
- County Public Health Nurses
- Managed Care Organizations
- Tribal Directors
- Administrative Contacts Home- and Community-Based Services Waiver Programs

**ACTION/DUE DATE**

Please begin using the new form and procedures upon receipt of this bulletin.

**EXPIRATION DATE**

November 14, 2009

## New Communication Form and MMIS Coding for Medical Assistance (MA) Payment of Long-Term (LTC) Services

**TOPIC**

A new form was created for communication between lead agency case managers and workers. In addition, new ineligible codes were added in Medicaid Management Information System (MMIS) for Medical Assistance (MA) payment of Long-Term Care (LTC) services.

**PURPOSE**

To introduce a new form for efficient and comprehensive communication and to provide information on new ineligible codes in MMIS for MA payment of LTC services.

**CONTACT**

County and tribal agencies, submit policy questions to HealthQuest. Waiver case managers, send questions to DSD H-C Policy. Managed care organizations, contact the DHS contract manager.

All others direct questions to:

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

**SIGNED**

BRIAN J. OSBERG  
Assistant Commissioner  
Health Care Administration

LOREN COLMAN  
Assistant Commissioner  
Continuing Care Administration

## **A. Background and Introduction**

Prior to the Deficit Reduction Act (DRA) of 2005, MA payment for LTC services, including waiver services, was not available during the time a penalty period was imposed on a person who made an uncompensated transfer. The DRA, which was amended into state law effective July 1, 2006, added additional eligibility criteria that a person must meet to be eligible for MA payment of LTC services. These criteria include a home equity limit test and cooperation with several provisions related to the annuity interests of a person and the person's spouse. In addition, the DRA added changes to the start date of the penalty period for uncompensated transfers that result in a significant impact to people who request MA payment of LTC services or who make uncompensated transfers while receiving MA payment of LTC services.

Previous bulletins on the DRA requirements included instructions for workers to use the "I" code on the RLVA screen in MMIS in all situations that resulted in ineligibility for MA payment of LTC services. New codes will now accommodate situations where more than one reason for ineligibility may exist.

DHS issued bulletin #06-21-13, Medical Assistance (MA) Policy Changes for Uncompensated Transfers, in September 2006 requiring that MA enrollees complete the Request for Payment of Long-Term Care Services (DHS-3543), to formally request MA payment of LTC services when they move to a long-term care facility (LTCF) or request services through a home- and community-based services (HCBS) waiver program. The purpose of the Request for Payment of Long-Term Care Services (DHS-3543) is to document the information used to determine whether the MA enrollee meets the eligibility criteria required to receive MA payment of LTC services.

Prompt communication between lead agency case managers who are working with MA applicants and enrollees requesting services through waiver programs and the county worker is imperative. This communication ensures that the process to determine if the MA applicant or enrollee is eligible to receive MA payments for services received through the HCBS waiver program is initiated so that the applicant or enrollee can begin receiving those services and providers can receive payment as quickly as possible.

## **B. Definitions**

Lead agency case manager is the term used throughout this bulletin to define people who provide case coordination or case management services through health plans, counties, and tribal agencies.

Long-term care facility (LTCF) may be a nursing facility, intermediate care facility for persons with developmental disabilities (ICF-MR), medical hospital, or an MA covered bed in a regional treatment center (RTC).

Long-term care services include skilled nursing facility (SNF) care, nursing facility care in an inpatient hospital, intermediate care facility care (ICF or ICF/MR), and services covered by the following home and community based waiver programs:

- Community Alternative for Disabled Individuals (CADI)
- Community Alternative Care (CAC)
- Developmental Disabilities (DD)(formerly known as MR/RC)
- Elderly Waiver (EW)
- Traumatic Brain Injury (TBI)

Worker is used to refer to the person who determines eligibility for health care programs.

### **C. Communication processes between lead agency case managers and workers.**

#### **1. Prior Procedure**

DHS had not specified a procedure regarding how communication should take place between lead agency case managers and workers. Procedures varied among counties and managed care organizations.

#### **2. New Procedure**

A new procedure will aid in the communication process between lead agency case managers and workers by ensuring that an eligibility determination is made as quickly as possible when an MA applicant or enrollee requests services through a HCBS waiver program. In addition, the new form will help to communicate changes about an MA enrollee who is receiving waiver services.

- a. The new procedure provides a mandatory communication process for use by lead agency case managers and workers to share information about:
  - MA applicants who request services through a HCBS waiver program.
  - MA enrollees who request services through a HCBS waiver program.
  - MA enrollees who are receiving services through a HCBS waiver program and experience a change in circumstances, for example, move to a LTCF, exit the HCBS waiver program, or move to a different HCBS waiver program.
- b. The Lead Agency Case Manager/ Worker Communication Form (DHS-5181), was created to facilitate this communication process (Attachment A).

#### **3. Action Required**

Prompt communication between lead agency case managers and workers is required when an MA applicant or enrollee requests payment of LTC services in a LTCF or through a HCBS waiver program. Follow the procedures below using the Lead Agency Case Manager/ Worker Communication Form (DHS-5181) to exchange information. This form can be shared via fax or through the U.S. mail. Currently, secure internet e-mail cannot be guaranteed; therefore, private information cannot be sent through e-mail.

Lists with contact information for Managed Care Plans and counties are attached (Attachments B and C). When the lead agency case manager or worker numbers are not known send the DHS-5181 to the agency staff person listed on the contact list. The form will then be directed to the correct person within the agency.

a. General provisions

Follow the new procedure and use the Lead Agency Case Manager/Worker Communication form (DHS-5181) when:

- A person applies for MA at the same time he or she requests services through a HCBS waiver program.
- An MA enrollee requests services through a HCBS waiver program through a lead agency case manager.
- An MA enrollee receiving HCBS has a change in circumstances.

b. Lead Agency Case Manager Responsibilities

Follow the procedures below for Part 1 of the DHS-5181.

1) Complete Part 1 of the DHS-5181 including:

- Section A, Contact Information
- Section B, Waiver Program Status
- Section C, Comments

2) In section B, indicate if the lead agency case manager gave the Request for Payment of Long-Term Care Services (DHS-3543) to the client and if so, the date it was provided. If the lead agency case manager did not give the DHS-3543 to the client, check the box asking the worker to send it.

Assist clients in completing the DHS-3543 if requested by the client or the client's authorized representative.

3) Send Part 1 of the DHS-5181 to the worker via fax or U.S. mail:

- a) Immediately following the completion of a Long-Term Care Consultation (LTCC) resulting in an assessed need for waiver services when the person being screened is an MA enrollee or is applying for MA
- b) When processing any of the following changes that occur in the client's situation (Section B):
  - address change
  - exit from the waiver program
  - move to a LTCF, when known

- death
  - disenrollment from a managed care plan, if known
  - enrollment in a new managed care plan, if known
  - other
- 4) Follow up with clients upon notification from the worker that a Request for Payment of Long-Term Care Services (DHS-3543) has not been returned. It is important that the DHS-3543 be returned to the worker as soon as possible. Responses provided by the client on the DHS-3543 may require additional follow-up before eligibility for MA payment of LTC services can be determined.
- c. Worker Responsibilities  
Follow the procedures below for Part 2 of the DHS-5181.
- 1) Send Part 2 of the DHS-5181 to the lead agency case manager immediately after processing any of the following changes in the client's situation (Section E):
- address change
  - termination of eligibility for MA or MA payment of LTC services
  - death
  - client moved to long-term care facility
  - other
- 2) Send Part 2 of the DHS-5181 to the lead agency case manager no later than 10 working days after receipt of Part 1 of the DHS-5181 if an eligibility determination has not yet been made. Complete Section D, Contact Information and Section E, Medical Assistance (MA) Status, indicating one of the following:
- a) The client has not returned the DHS-3543  
Indicate the date the DHS-3543 was provided to the client. The lead agency case manager will need to follow up with the client on the completion and submission of this form.
- b) The DHS-3543 has been returned and an eligibility determination is pending
- 3) Send Part 2 of the DHS-5181 with Sections E and E completed to the lead agency case manager upon approval or denial of eligibility for MA or MA payment of LTC services.
- 4) Send Part 2 of the DHS-5181 with Section D and E completed 45 days from the date of receipt of Part 1 if a determination of MA eligibility is still pending.
- 5) If an MA enrollee is found to be open on a HCBS waiver program in MMIS and eligibility for MA payment of LTC services was not determined, eligibility must be evaluated.

- a) Send the DHS-3543 to the enrollee.
- b) Send the DHS-5181 to the lead agency case manager after completing Sections D, E, and F, (Comments) explaining the situation.

#### **D. Introduction of new ineligibility codes for MA payment of LTC services**

Prior to the DRA, “I” was the only ineligible code that could be entered on RLVA in MMIS. In addition to the “I” code, three new ineligible codes were created for use on the RLVA screen to accommodate the additional reasons for ineligibility for MA payment of LTC services required by the DRA. Enter an ineligibility code and the corresponding begin and end dates on the RLVA screen in MMIS for the period that an MA enrollee is ineligible for MA payment of LTC services.

Continue to use the “I” code to enter a period of ineligibility due to a transfer penalty.

The new ineligibility codes and their definitions are:

##### **1. F – Pending Receipt of DHS-3543**

The MA enrollee has moved into a LTCF or has requested waiver services and eligibility for MA payment of the LTC services has not been determined.

##### **2. H – Home Equity > Limit**

The person requesting MA payment of LTC services has home equity in excess of \$500,000 and no exception to the home equity limit is applicable.

##### **3. A – Annuity Penalty**

The person requesting MA payment of LTC services has not cooperated with the DRA annuity provisions.

Note: Do not use the “A” code until further instructions are issued in the upcoming annuities bulletin.

Ineligibility codes and their definitions are available on RLVA with PF12 help.

#### **E. MMIS Systems Instructions**

##### **1. Code MMIS to prohibit MA payment of LTC services in the following situations:**

- a. An MA applicant or enrollee has moved into a LTCF or has requested waiver services and the eligibility determination for MA payment of LTC services has not yet been determined. (Ineligible code “F”.)
- b. The person requesting MA payment of LTC services has a transfer penalty for an uncompensated transfer made during the lookback period or while an eligibility determination was pending. (Ineligible code “I”.)

- c. An MA enrollee has a transfer penalty for an uncompensated transfer while receiving MA payment of LTC services (Ineligible code “I”).)
- d. The applicant or enrollee requesting MA payment of LTC services has home equity in excess of \$500,000 and no exception to the home equity limit is applicable. (Ineligible code “H”).)
- e. The applicant or enrollee requesting MA payment of LTC services has not cooperated with the DRA annuity provisions (Ineligible code “A”).)

## **2. Entering MMIS ineligible codes**

Ineligible codes on the RLVA screen indicate the reason or reasons a person is ineligible for MA payment of LTC services. It is possible to have more than one LTC INELIG TYPE on RLVA with the same or overlapping date spans. Enter an ineligible span for all of the appropriate codes that pertain to a person as follows:

- a. F – Pending Receipt of DHS-3543  
Use this code to inhibit payment of LTC services when an MA enrollee has moved into a LTCF or has requested waiver services until it is determined whether the individual is eligible for MA payment of LTC services.
  - 1) Enter an “F” span immediately after being notified that an enrollee has requested waiver services or has moved into a LTCF.
    - a) Enter the BEGIN DATE for the date the enrollee requests MA payment of LTC services.
    - b) Enter the END DATE of 12/31/2063.
  - 2) After an eligibility determination is made
    - a) If the enrollee is determined eligible for MA payment of LTC services, delete the “F” span.
    - b) If the enrollee is ineligible for MA payment of LTC services, replace the “F” code with an I, H or A code, to specify the reason the person is not eligible for MA payment of LTC services.

NOTE: MMIS is working on a future enhancement to the RLVA screen that would automatically enter a “U” code as the default for all people at the time MA is approved. Notification will be sent when this is completed.

- b. H – Home Equity > Limit  
Use the “H” code on RLVA when the person has home equity in excess of the \$500,000 limit and no exception to the limit is applicable.

- 1) Enter “H” under the INELIG TYPE field
  - 2) Enter the BEGIN DATE for the date the applicant or enrollee is ineligible for LTC services. The begin date should be the first day the individual is subject to the home equity limit, has home equity in excess of the limit, and is requesting MA payment of long-term care services. The begin date of ineligibility for MA payment of LTC services may or may not match the begin date of MA eligibility.
  - 3) Enter the END DATE of 12/31/2063. Although actual months of ineligibility are not calculated for the home equity limit, an end date must be entered.
  - 4) When the enrollee is no longer subject to the home equity limit or when the enrollee’s home equity goes below the \$500,000 limit, change the end date of this span to reflect the date the ineligibility period ends.
- c. A – Annuity Penalty
- The “A” code will be used when a person has not cooperated with the DRA annuity provisions. Do not use this code until DHS issues the bulletin on the DRA annuity provisions. Instructions on how to use this code will be included in that bulletin.

**Example**

A worker, Zed, receives a DHS-5181 from the lead agency case manager on October 2, 2007. Information on the form tells him that Agatha, an MA enrollee is in need of EW services. Zed, enters a span on RLVA with the ineligible code of “F,” BEGIN DATE of 10/02/2007 and END DATE of 12/31/2063 and sends the DHS-3543 to Agatha.

After the DHS-3543 is returned, Zed determines that Agatha has equity in her home of more than \$500,000 and no exception to the home equity limit applies. He also determines that Agatha is subject to a transfer penalty period from 10/01/2007 through 3/31/2008. Consequently, Agatha is ineligible for MA payment of LTC services.

Zed codes this ineligibility in MMIS by changing the “F” code to an “H” in the INELIG TYPE field on RLVA to reflect ineligibility for MA payment of LTC services due to excess home equity. The BEGIN DATE remains 10/02/2007 - the first day that Agatha is subject to the limit - and the END DATE remains 12/31/2063.

He also creates an additional span with ineligible code “T” to reflect ineligibility for MA payment of LTC services due to a transfer penalty with a BEGIN DATE of 10/02/2007 and an END DATE of 03/31/2008.

**3. New functionality on RLVA**

MMIS is now able to accommodate twelve LTC ineligibility spans on RLVA through



PF11 functionality. Prior to this change, there was a limit of six LTC ineligibility spans. If more than six spans exist, a plus sign (+) will appear in the LTC ineligibility information portion of the screen.

In either Inquiry or Change mode, place the cursor on an LTC ineligibility span before pressing PF8. If the cursor is on the command line and PF8 is chosen, you will be taken to the next screen in queue.

This new functionality is required because both LTC INELIGIBLE INFORMATION (the top half of the screen) and LIVING ARRANGEMENTS (the bottom half of the screen) now allow scrolling. The area in which the cursor is placed will determine which information set is displayed.

#### **F. Attachments**

Attachment A – Lead Agency Case Manager/Worker Communication Form (DHS-5181)

Attachment B – Care Coordinator Contacts for Minnesota Senior Health Options (MSHO),  
Minnesota Senior Care (MSC) and Minnesota Disability Health Options  
(MnDHO)

Attachment C – County Contacts

#### **G. 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).



Minnesota Department of Human Services

# Lead Agency Case Manager/Worker Communication Form

Part 1: To be completed by the lead agency case manager						DATE	
<b>SECTION A – Contact Information</b>							
<b>TO</b>				<b>FROM</b>			
, Worker				, Lead Agency Case Manager			
COUNTY/TRIBAL AGENCY				LEAD AGENCY			
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
FAX NUMBER		PHONE NUMBER		FAX NUMBER		PHONE NUMBER	
<b>CLIENT NAME</b>				DATE OF BIRTH		PMI NUMBER	
The client is currently requesting services/enrolled in the following waiver program:						Check one:	
<input type="checkbox"/> CAC <input type="checkbox"/> CADI <input type="checkbox"/> DD (formerly MR/RC) <input type="checkbox"/> TBI <input type="checkbox"/> EW						<input type="checkbox"/> DIVERSION <input type="checkbox"/> CONVERSION	
<b>SECTION B – Waiver Program Status</b>							
<b>INITIAL REQUEST FOR WAIVER SERVICES</b> – check all that apply							
<input type="checkbox"/> Screening determines this individual needs waiver services.    SCREENING DATE: _____							
<input type="checkbox"/> Anticipated start date of waiver services: _____							
<input type="checkbox"/> Client applied for MA.							
<input type="checkbox"/> Client is an MA enrollee. Case Manager provided DHS-3543 on _____.							
<input type="checkbox"/> Completed DHS-3543 attached.							
<input type="checkbox"/> Completed DHS-3543 faxed to county on _____.							
<input type="checkbox"/> Please send DHS-3543 to client.							
<b>CHANGES</b> – check all that apply							
<input type="checkbox"/> Exited waiver program.    EFFECTIVE DATE: _____							
<input type="checkbox"/> Clients choice.							
<input type="checkbox"/> Client deceased.    DATE OF DEATH: _____							
<input type="checkbox"/> Client moved to long-term care facility on _____.							
FACILITY NAME: _____							
<input type="checkbox"/> Waiver program change from _____ to _____ effective _____.							
<input type="checkbox"/> Client disenrolled from plan effective _____.							
<input type="checkbox"/> New address: _____    DATE CLIENT'S ADDRESS CHANGED: _____							
<input type="checkbox"/> Other: _____							
<b>SECTION C – Comments</b>							

## Part 2: To be completed by the worker

DATE

### SECTION D – Contact Information

<b>TO</b>			<b>FROM</b>		
, Lead Agency Case Manager			, Worker		
LEAD AGENCY			COUNTY/TRIBAL AGENCY		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
FAX NUMBER	PHONE NUMBER		FAX NUMBER	PHONE NUMBER	
<b>CLIENT NAME</b>			DATE OF BIRTH	PMI NUMBER	

### SECTION E – Medical Assistance (MA) Status

#### REQUESTS FOR MA PAYMENT OF LTC SERVICES – check all that apply

- ☐ DHS-3543 provided on \_\_\_\_\_.
- ☐ DHS-3543 has been returned; eligibility determination pending.
- ☐ DHS-3543 has not been returned.
- ☐ MA opened effective \_\_\_\_\_. DATE OF DETERMINATION: \_\_\_\_\_
- ☐ MA for LTC services open effective \_\_\_\_\_. DATE OF DETERMINATION: \_\_\_\_\_
- LTC SPENDDOWN/WAIVER OBLIGATION FOR INITIAL MONTH: \_\_\_\_\_
- ☐ MA payment of LTC services denied. DATE OF DETERMINATION: \_\_\_\_\_
- ☐ Client is ineligible for MA payment of LTC services until DATE: \_\_\_\_\_.

#### CHANGES – check all that apply

- ☐ MA terminated effective \_\_\_\_\_.
- ☐ MA payment of LTC services terminated effective \_\_\_\_\_.
- ☐ Client is ineligible for MA payment of LTC services until DATE: \_\_\_\_\_.
- ☐ Client deceased. DATE OF DEATH: \_\_\_\_\_
- ☐ Client moved to long-term care facility on \_\_\_\_\_.
- FACILITY NAME: \_\_\_\_\_
- ☐ New address: \_\_\_\_\_ DATE CLIENT'S ADDRESS CHANGED: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

### SECTION F – Comments

**Care Coordinators Contacts for  
Minnesota Senior Health Options (MSHO), Minnesota Senior Care (MSC) and  
Minnesota Disability Health Options (MnDHO)**

<b><u>Managed Care Organization</u></b>	<b><u>Contact</u></b>	
Blue Plus Secure Blue (MSHO)	Senior Public Programs (651) 662-5540 (800) 711-9868	Lila Cate (888) 878-0139, ext. 2-9005
First Plan Blue	Laura McDonald (218) 529-9955 (800) 635-4159	Marilyn Moore (218) 279-8377 (877) 268-2996 ext. 6741
HealthPartners	Case Management/MSHO Support Line (952) 883-6983	
Itasca Medical Care (IMC)	Ron Storlie, Care Coordinator (218) 327-5591	Dave Sainio, Care Coordinator (218) 327-6193
Medica DUAL Solution (MSHO)	Center for Health Aging Customer Service (800) 234-8755	
Metropolitan Health Plan (MHP)	Julie Furleigh (952) 440-6067	Jean Sogard (612) 337-7186
PrimeWest Health System (PWHS)	Becki Pender, RN Senior Care Coordinator Nursing Facility enrollees (320) 335-5204  Elaine Carlquist, RN CCP Senior Care Coordinator Elderly Waiver and Community Non-EW (320) 335-5354	
South Country Health Alliance (SCHA)	Amy Smith, Senior Care Program Manager (507) 444-7775	
UCare Minnesota	Tobi Clark-Hall Care Management Intake (612) 676-3482	Shelley Wagner (612) 676-3254

**MnDHO members contact:**

AXIS Healthcare                      Phone: (651) 641-0887

**County Agency Contacts**

**Attachment C**

County	Name	Title	Phone	Fax	Address
AITKIN	Eileen Foss	Financial Worker Supervisor	(218) 927-7218	(218) 927-7210	Aitkin County Health and Human Services 204 1st St NW Aitkin, MN 56431
ANOKA	IM Adult III Support	N/A	(763) 422-7291 (763) 422-7290	(763) 323-6046	Anoka County Income Maintenance Government Center 2100 3rd Ave, 4th Floor Anoka, MN 55303
BECKER	Susan Kent	Financial Assistance Supervisor	(218) 847-5628 Ext. 5400	(218) 847-6738	Becker County Human Services 712 Minnesota Ave P.O. Box 1637 Detroit Lakes, MN 56502-1637
BELTRAMI	Terry Reichmann	Eligibility Specialist	(218) 333-4260	(218) 333-4150	Beltrami County Human Services 616 America Ave NW, Suite 270 Bemidji, MN 56601
BENTON	Lavonne Sustercich(LTC) Terri Stroeing(Waivers)	Financial Worker Lead Financial Worker	(320) 968-5000 (320) 968-5139	(320) 968-5330	Benton County Human Services P.O. Box 740 Foley, MN 56329
BIG STONE	Diana Hults	Financial Assistance Supervisor	(320) 839-2555 Ext. 13	(320) 839-3966	Big Stone County Family Service Center 340 NW 2nd St P.O. Box 338 Ortonville, MN 56278
BLUE EARTH	Jennifer Quast	Clerical Specialist	(507) 304-4335	(507) 304-4336	Blue Earth County Human Services 410 S 5th St Mankato, MN 56001
BROWN	Barb Dietz	Adult Social Service Supervisor	(507) 359-6538	(507)359-6542	Brown County Family Services 1117 Center St P.O. Box 788 New Ulm, MN 56073
CARLTON	Geri Wienen	Financial Eligibility Specialist	(218) 879-4583	(218) 878-2500	Carlton County Human Services 1215 Ave C Cloquet, MN 55720
CARVER	Darla Wulf	Financial Supervisor	(952) 361-1741	(952) 361-1660	Carver County Human Services 602 East 4th St Chaska, MN 55318
CASS	Candy Enblom	Financial Assistance Specialist	(218) 547-1340 Ext. 323	(218) 547-1448	Cass County Health, Human & Veteran Services 400 Michigan Ave W P.O. Box 519 Walker, MN 56484

**County Agency Contacts**

**Attachment C**

<b>County</b>	<b>Name</b>	<b>Title</b>	<b>Phone</b>	<b>Fax</b>	<b>Address</b>
CHIPPEWA	Barbara J DeBeer	Financial Assistance Supervisor	(320) 269-6401 Ext. 1115	(320) 269-6405	Chippewa County Human Services 719 N 7th St Montevideo, MN 56265
CHISAGO	Cindy Nelson	Financial Case Aide	(651) 213-5668	(651) 213-5685	Chisago County Human Services 313 N Main St, Rm 239 Center City, MN 55012
CLAY	Mary Luhman Olsen	Financial Assistance Supervisor II	(218) 299-7057	(218) 299-7106	Clay County Social Services 715 11th St N, Suite 102 Moorhead, MN 56560
CLEARWATER	Tammy Kortan	Financial Worker Supervisor	(218) 694-6164	(218) 694-6535	Clearwater County Dept. of Human Services 216 Park Ave N P.O. Box X Bagley, MN 56621-0682
COOK	Pat Strand	Financial Worker/Case Aide	(218) 387-3607	(218) 387-3020	Cook County Social Services 411 W 2nd St Grand Marais, MN 55604-2307
COTTONWOOD	Rose Carsten	Financial Worker Supervisor	(507) 831-1247	(507) 831-0126	Cottonwood County Family Services P.O. Box 9 Windom, MN 56101
CROW WING	Dale Parks	Financial Assistance Supervisor III	(218) 824-1207	(218) 824-1141	Crow Wing County Social Services 204 Laurel St P.O. Box 686 Brainerd, MN 56401
DAKOTA	Jennifer Willette (Back-up) Greg Maliszewski	Financial Assistance Supervisor II	(651) 554-6775	(651) 450-2718	Dakota County Employment and Economic Assistance 1 Mendota Rd W, Suite 100 W. St. Paul, MN 55118
		Financial Assistance Supervisor II	(651) 554-6770	(651) 450-2730	
DODGE	Cathy Skogen	Financial Assistance Supervisor	(507) 635-6170	(507) 635-6186	Dodge County Human Services 22 6th St E, Dept. 401 Mantorville, MN 55955
DOUGLAS	Dawn Cooper	Financial Assistance Supervisor	(320) 762-2947	(320) 762-3833	Douglas County Human Services 809 Elm St, Suite 1186 Alexandria, MN 56308
FARIBAULT	Melody Sanders	Financial Supervisor	(507) 526-3265	(507) 526-2039	Human Services of Faribault & Martin Counties 115 W 1st St Fairmont, MN 56031
FILLMORE	Gail Bunge	Financial Assistance Supervisor	(507) 765-2175	(507) 765-3895	Fillmore County Social Services 902 Houston St NW, Suite 1 Preston, MN 55965

## County Agency Contacts

## Attachment C

County	Name	Title	Phone	Fax	Address
FREEBORN	Jill Westney	Financial Worker Specialist	(507) 377-5415	(507) 377-5498	Freeborn County Human Services P.O. Box 1246 Albert Lea, MN 56007
GOODHUE	Jan Fregien	Financial Worker	(651) 385-3200	(651) 385-3205	Goodhue County Human Services 426 W Ave Red Wing, MN 55066
GRANT	Carla Schneeberger	Financial Worker	(218) 685-4417	(218) 685-4978	Grant County Human Services P.O. Box 1006 Elbow Lake, MN 56531
HENNEPIN	Yulanda Mitchner	OS III	(612) 596-9181	(612) 596-8913	Hennepin County Human Services Century Plaza 330 S 12th St Minneapolis, MN 55404
HOUSTON	Lori Feldmeier	Financial Worker	(507) 725-5811, Ext. 306	(507) 725-3990	Houston County Human Services 304 S Marshall St, Room 104 Caledonia, MN 55921
HUBBARD	Sandy Schmidt	Financial Assistance Supervisor	(218) 732-2425	(218) 732-3231	Hubbard County Social Services 301 Court Ave, Courthouse Park Rapids, MN 56470
ISANTI	Mary Dorow	Financial Assistance Specialist	(763) 689-1711	(763) 689-9877	Isanti County Family Services Oakview Office Complex 1700 E Rum River Dr S, Suite A Cambridge, MN 55008
ITASCA	Deb Peterson	Financial Worker	(218) 327-5182	(218) 327-5548	Itasca County Health and Human Services 1209 2nd Ave Grand Rapids, MN 55744
JACKSON	Rhonda Hines	Financial Assistance Supervisor	(507) 847-4000	(507) 847-5616	Jackson County Human Services P.O. Box 67 Jackson, MN 56143
KANABEC	Lori Abate	Financial Worker	(320) 679-6375	(320) 679-6351	Kanabec County Family Services 905 Forest Ave E Suite 150 Mora, MN 55051
KANDIYOHI	Sue Leal	Financial Worker Supervisor	(320) 231-6236	(320) 231-6285	Kandiyohi County Human Services 2200 23rd St NE, Suite 150 Willmar, MN 56201
KITTSOON	Kathy Johnson	Director	(218) 843-2689	(218) 843-2607	Kittson County Social Services 410 S 5th St, Suite 100 Hallock, MN 56728

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<b>County</b>	<b>Name</b>	<b>Title</b>	<b>Phone</b>	<b>Fax</b>	<b>Address</b>
KOOCHICHING	Kitty Sandstrom	Financial Worker	(218) 283-7000	(218) 283-7013	Koochiching County Human Services 1000 5th St International Falls, MN 56649
LAC QUI PARLE	Donna Hermanson	Financial Assistance Specialist	(320) 598-7594	(320) 598-7597	Lac Qui Parle County Family Services P.O. Box 7 Madison, MN 56256
LAKE	Bonnie Swan	Financial Assistance Supervisor	(218) 834-8407	(218) 834-8412	Lake County Human Services 616 3rd Ave Two Harbors, MN 55616
LAKE OF THE WOODS	Angie Eason Leah Stephani	Financial Assistance Specialist Social Worker	(218) 634-2642	(218) 634-4520	Lake of the Woods County Social Service Department 206 8th Ave SE, Suite 200 Baudette, MN 56623
LE SUEUR	Robin Allen	Financial Worker	(507) 357-8297	(507) 357-6122	LeSueur County Department of Human Services 88 S Park Ave LeCenter, MN 56057
LINCOLN	Lisa Przymus	Financial Worker	(507) 694-1452	(507) 694-1859	Lincoln County Human Services 319 N Rebecca St P.O. Box 44 Ivanhoe, MN 56142
LYON	Sue Van Watermeulen	Financial Worker	(507) 532-1201 (M & W) (507) 296-4677 (T & TH)	(507) 537-6088 (M & W) (507) 296-4677 (T & TH)	Lyon County Human Services 607 W Main St Marshall, MN 56528
MCLEOD	Donna Krauth	Financial Supervisor	(320) 864-1391	(320) 864-5265	McLeod County Human Services 1805 Ford Ave N, Suite 100 Glencoe, MN 55336
MAHNOMEN	Beth Pries	Social Worker	(218) 935-2568	(218) 935-5459	Mahnomen County Human Services P.O. Box 460 Mahnomen, MN 56557
MARSHALL	Mary Jo Larson	Administrative Assistant	(218) 745-5124	(218) 745-5260	Marshall County Social Services 208 E Colvin Ave, Suite 14 Warren, MN 56762
MARTIN	Melody Sanders	Financial Supervisor	(507) 526-3265	(507) 526-2039	Human Services of Faribault & Martin Counties 115 W 1st St Fairmont, MN 56031
MEEKER	Jan Schlack	Financial Assistance Supervisor	(320) 693-5311	(320) 693-5344	Meeker County Social Services 114 N Holcombe Ave, Suite 180 Litchfield, MN 55355



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MILLE LACS	Jean Jackson	Financial Worker	(888) 270-8208	(320) 983-8306	Mille Lacs County Family Services Courthouse Square Building 525 2nd St SE Milaca, MN 56353
MORRISON	Sue Ruby	LTC Financial Worker	(218) 632-0209	(320) 631-0831	Morrison County Human Services 213 SE 1st Ave Little Falls, MN 56345
MOWER	Linda Unverzagt	Financial Worker	(507) 437-9755	(507) 437-9774	Mower County Human Services 1301 18th Ave NW, Suite A Austin, MN 55912
MURRAY	Diana Voss	Financial Worker	(507) 836-6144	(507) 836-8841	Murray County Human Services 3095 20th St Slayton, MN 56172
NICOLLET	Tami Simonson	Financial Worker	(507) 386-4532	(507) 387-2918	Nicollet County Social Services 2070 Howard Dr. North Mankato, MN 56003
NOBLES	Michael L. Thies	Financial Supervisor	(507) 372-8319	(507) 372-5094	Nobles County Family Services P.O. Box 189 Worthington, MN 56187
NORMAN	Judith Christianson	Financial Supervisor	(218) 784-5405	(218) 784-7142	Norman County Social Services 15 2nd Ave E Ada, MN 56510
OLMSTED	Sandy Eickhoff	Eligibility Specialist	(507) 328-6514	(507) 328-6339	Olmstead County Family Support & Assistance Division 2116 Campus Dr SE Rochester, MN 55904
OTTER TAIL	Mary Beth Ehrenberg (Fergus Falls Office) Sandi Gundberg (New York Mills Office)	Financial Worker Financial Worker	(218) 998-8234 (218) 385-3987	(218) 998-8270 (218) 385-3945	Otter Tail County Social Services 535 W 1st Ave Fergus Falls, MN 56537
PENNINGTON	Deborah Waterworth	Financial Assistance Supervisor	(218) 681-2880	(218) 683-7013	Pennington County Human Services 318 Knight Ave N P.O. Box 340 Thief River Falls, MN 56701
PINE	Arlene Fjosne	Case Aide	(320) 245-3053	(320) 245-3060	Pine County Human Services 130 Oriole St E, Suite 1 Sandstone, MN 55072
PIPESTONE	Michael Kennedy	Financial Assistance Supervisor	(507) 825-6720	(507) 825-6727	Pipestone County Family Service Agency P.O. Box 157 Pipestone, MN 56164

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POLK	Nikki Love	Financial Assistance Supervisor I	(218) 281-0674	(218) 281-7347	Polk County Social Services 223 7th St, Suite 109 Crookston, MN 56716
POPE	Paula Hoverud	Financial Assistance Supervisor	(320) 634-5738	(320) 634-0164	Pope County Human Services 211 Minnesota Ave E, Suite 200 Glenwood, MN 56334
RAMSEY	Adult Case Management	N/A	(651) 266-4545	(651) 266-4442	Ramsey County Human Services 160 E Kellogg Boulevard St. Paul, MN 55101-1494
RED LAKE	Penny Grove	Financial Assistance Supervisor	(218) 253-4131	(218) 253-2926	Red Lake Social Services P.O. Box 356 Red Lake Falls, MN 56750
REDWOOD	Cheryl Vanderhagen	Financial Worker	(507) 637-4050	(507) 637-4055	Redwood County Human Services P.O. Box 510 Redwood Falls, MN 56283
RENVILLE	Dave Binnebose	Financial Worker Supervisor	(320) 523-3521	(320) 523-3565	Renville County Human Services 301 S 7th St Olivia, MN 56277
RICE	Nedra Van Dam	Financial Worker Supervisor	(507) 332-6203	(507) 332-6247	Rice County Human Services P.O. Box 718 Fairbault, MN 55021
ROCK	Diane Holmberg	Financial Assistance Supervisor II	(507) 283-5070	(507) 283-5074	Rock County Family Service Agency P.O. Box 715 Luverne, MN 56156
ROSEAU	Marlys Horvath	Financial Assistance Supervisor	(218) 463-2411	(218) 463-3872	Roseau County Social Service Center 208 6th St SW Roseau, MN 56751
ST. LOUIS	Don Skoy	Income Maintenance Supervisor	(218) 262-6063	(218) 262-6049	St. Louis County Social Services Hibbing Courthouse Annex 1814 E 14th Ave Hibbing, MN 55746
SCOTT	Julie Savage	Managed Care Advocate	(952) 496-8537	(952) 496-8551	Scott County Human Services Government Center 300 200 4th Ave W Shakopee, MN 55379
SHERBURNE	Stepanie Wiley	Financial Assistance Specialist	(763) 241-2658	(763) 241-2698	Sherburne County Social Services 13880 Hwy 10 Elk River, MN 55330

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County	Name	Title	Phone	Fax	Address
SIBLEY	Carol Larson	Supervisor	(507) 237-4000	(507) 237-4031	Sibley County Human Services 111 8th St P.O. Box 237 Gaylord, MN 55334
STEARNS	Cory Michels	Human Services Supervisor (Special Services Unit)	(320) 656-6215	(320) 656-6136	Stearns County Human Services 705 Courthouse Square St. Cloud, MN 56303
STEELE	Diann Ptacek	Financial Worker	(507) 444-7519	(507) 451-5947	Steele County Human Services 630 Florence Ave P.O. Box 890 Owatonna, MN 55060
STEVENS	Corrine Knochenmus	Financial Assistance Specialist	(320) 589-7400	(320) 589-3972	Stevens County Human Services 10 E Hwy 28 Morris, MN 56267
SWIFT	Donna Weber	Financial Worker	(320) 843-6306	(320) 843-4582	Swift County Human Services P.O. Box 208 Benson, MN 56215
TODD	Sue Moller	Financial Assistance Specialist	(320) 732-4521	(320) 732-4540	Todd County Social Services 212 2nd Ave S Long Prairie, MN 56347
TRAVERSE	Marg Schmitz	Financial Assistance Specialist	(320) 563-8255	(320) 563-4230	Traverse County Social Services P.O. Box 46 Wheaton, MN 56236
WABASHA	Lisa McNally	Financial Supervisor	(651) 565-3043	(651) 565-3084	Wabasha County Department of Social Services 625 Jefferson Ave Wabasha, MN 55981
WADENA	Jean Stokes	Supervisor	(218) 631-7605	(218) 631-7616	Wadena County Social Services 124 1st St SE Wadena, MN 56482
WASECA	Sue Brisbane	Clerical Support	(507) 835-0562	(507) 835-0566	Waseca County Human Services 123 3rd Ave NW Waseca, MN 56093
WASHINGTON	Pam Ringsmith	Economic Support Supervisor	(651) 430-6473	(651) 430-6636	Washington County Community Services 14949 62nd St N P.O. Box 30 Stillwater, MN 55082
WATONWAN	Lori Sandmeyer	Financial Worker	(507) 375-7816	(507) 375-7359	Watsonwan County Human Services 715 2nd Ave S St. James, MN 56081-0031

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WILKIN	Sandy Kub	Financial Worker	(218) 643-7161	(218) 643-7175	Wilkin County Family Service Agency Courthouse P.O. Box 369 Breckenridge, MN 56520
WINONA	Sue Hartwick	Financial Worker	(507) 457-6200	(507) 454-9382	Winona County Department of Human Services 202 W 3rd St Winona, MN 55987
WRIGHT	Shirley Elletson	Financial Worker	(763) 682-7417	(763_ 682-8920	Wright County Human Services 10 2nd St NW, Rm 300 Buffalo, MN 55313
YELLOW MEDICINE	Gretchen Eliason	Financial Assistance Supervisor	(320) 564-2211	(320) 564-4165	Yellow Medicine County Family Services 930 4th St, Suite 4 Granite Falls, MN 56241