

Bulletin

November 21, 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 Staff
- Mille Lacs Tribal TANF
- Case Managers
- MinnesotaCare Operations Managers, Supervisors and Workers

ACTION/DUE DATE

Please implement the information provided in this bulletin for all requests made on or after December 1, 2007

EXPIRATION DATE

November 21, 2009

DHS Announces New Medical Assistance (MA) Policy for Processing Requests to Reopen MA for Incarcerated Individuals

TOPIC

Certain incarcerated individuals may have their MA eligibility reopened upon release date through a shortened process when specific criteria are met.

PURPOSE

Introduce new policy and processing requirements related to the new MA reopen process.

CONTACT

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

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

Current policy requires Medical Assistance (MA) eligibility to end when an individual is incarcerated. While incarcerated, an individual's medical care is the responsibility of the facility. An individual must reapply to obtain MA coverage when released.

The 2007 Minnesota Legislature passed a provision to allow certain individuals who are incarcerated for no more than 12 months and who were enrolled in MA on the date they became incarcerated to have MA eligibility reopened with a shortened process. This bulletin provides policy information, a new process, and system instructions for reopening MA eligibility for these individuals.

DHS encourages counties to share this bulletin with city and county correctional facilities and to coordinate processes to help former enrollees re-establish health care coverage. The Minnesota Health Care Programs Request to Reopen Medical Assistance (MA) (for individuals incarcerated less than 12 months) (DHS-5038-ENG) (Attachment A) is included with this bulletin. To view or download the form, go to <http://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-5038-ENG>. To order supplies of the DHS-5038-ENG through DHS Forms Supply, complete the Requisition for DHS Forms (DHS-0121) or call (651) 431-3502.

This process does not change or replace the process in place for Department of Corrections (DOC) case managers to assist inmates in applying for Minnesota Health Care Programs using the Minnesota Health Care Programs Application (HCAPP) and the Individual Discharge Information Sheet (IDIS), (DHS-3443) before their scheduled release date.

This bulletin includes the following sections:

- A. Current Process
- B. New Processing – Reopening MA with a Shortened Process
- C. Action Required
- D. Examples
- E. System Instructions
- F. Legal References
- G. Attachments
- H. Special Needs

A. Current Process

Currently, there is no shortened process to reopen MA coverage for individuals who were MA enrollees on the day of incarceration. Former MA enrollees must complete an application form and submit it to the county agency to determine Minnesota Health Care Program (MHCP) eligibility.

B. New Process - Reopening MA with a Shortened Process

1. Individuals Eligible for the Shortened Process

MA enrollees who meet certain criteria may have MA coverage reopened with a shortened process eliminating the requirement to complete a new application upon release. MA closing notices will notify enrollees who are closed due to incarceration of this shortened process. However, all individuals who meet the criteria below are eligible for the shortened process, regardless of the reason MA was closed.

An individual may have MA eligibility reopened with the shortened process if **both** of the following criteria are met:

- a. The Individual was an MA Enrollee at the Time of Incarceration

Check the case to verify that the individual was enrolled in an MA program, including the Medicare Savings Programs (QMB, SLMB, and QI), Emergency Medical Assistance (EMA), State Funded Medical Assistance (NMED), MA for Persons who reside in Institutions for Mental Diseases (IM), or Medical Assistance for Employed Persons with Disabilities (MA-EPD), on the first day of incarceration. It is not necessary to consider the reason for closure. Individuals who were enrolled in another MHCP (General Assistance Medical Care (GAMC), Transitional MinnesotaCare (TMCRE), or MinnesotaCare) on the first day of incarceration do not qualify for the shortened process.

- b. The Individual Will Be Incarcerated for No More Than 12 Consecutive Calendar Months

To use the shortened process, the individual must be incarcerated for no more than 12 consecutive calendar months. Count the first calendar month the individual was incarcerated through the calendar month the individual is anticipated to be released to the community. See HCPM 14.05 (Community Living Arrangement).

2. How Individuals Request to Reopen their MA

An individual who meets the criteria in section B.1 can request MA to be reopened using the shortened process in the following circumstances:

- a. Requests Made Using the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A)

Request to Reopen Medical Assistance (MA) (DHS-5038), (Attachment A), is a new form created to collect the information needed to determine if an individual's MA coverage can be reopened upon release. The form includes a release of information allowing the financial worker to obtain information from the facility. It also includes a section for the facility staff to provide verification of the date of incarceration, the

anticipated date of release, and the amount of gate money, if any, the individual will receive upon release.

An individual, or the individual's authorized representative, may request MA to be reopened using this form up to 45 calendar days before the anticipated date of release but no later than ten calendar days following the date of release. If the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), is submitted more than ten days after the date of release, a HCAPP must be completed. Use the date the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), was received by the county agency to set the date of application. See Section C.8.

The Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), cannot be used as an application or renewal for other household members.

- b. Requests Other than Using the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A):

Accept alternative requests and reopen coverage with the shortened process if the individual meets the criteria in section B.1 and requests coverage prior to release in the situations described below. The Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), is not required when the individual submits another form or no form is required as described in #3 below. More information and/or verifications may be needed to determine if the individual meets the criteria in section B.1.

1) Application or Renewal Form Submitted

Accept any application or renewal form instead of the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), if submitted by the individual or the individual's authorized representative and process the form in the same manner as if the individual submitted the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A).

2) An Existing MA Household Submits a Renewal Requesting Coverage for the Incarcerated Individual

Accept a renewal from an existing MA household who reports that an incarcerated individual will be moving into the home upon release and wishes to receive coverage. Accept a renewal only when the incarcerated individual's anticipated release date is within the renewal processing period. See HCPM 08.25.05 (Processing MA and GAMC Renewals).

3) Existing MA Household Reports a Change

No form is required when an existing MA household reports that an incarcerated individual will move into the household upon release if **both** of the following criteria are met:

- The anticipated release date is within 45 days from the date the household is reporting the change; and,
- The incarcerated individual will be included in the existing MA household under household composition rules. See HCPM 17.20 (Adding a Household Member).

Request any additional information needed to determine the incarcerated individual's eligibility and the eligibility of existing household member(s).

3. Examples:

Example 1

Reginald, an MA enrollee, was incarcerated in a local jail on December 2 and his MA coverage was closed. On February 1, Reginald requests his MA be reopened on his anticipated release date of February 22.

Action

Reginald was an MA enrollee on the date he became incarcerated and he was incarcerated for 3 calendar months. He meets both criteria to be eligible for the shortened process.

Example 2

Alice was incarcerated in the local jail on October 1. Her MA coverage was closed effective November 1 due to whereabouts unknown. On September 15 of the following year Alice requests her MA be reopened on her anticipated release date of September 30. MAXIS shows she was an MA enrollee on the day she became incarcerated.

Action

Consider Alice to have met the MA criteria for the shortened process. She was an MA enrollee on the day of incarceration and was incarcerated for no more than 12 consecutive calendar months (October through September).

Example 3

Joan is incarcerated and has an anticipated release date of October 12. Joan's daughter is an MA enrollee with a renewal month of October. Joan's husband reports on the renewal form that Joan will be moving into the household with him and their daughter on October 12 when she is released.

Action

Use the renewal form to determine if Joan will be eligible for health care coverage upon release. Follow up with the household for information not included on the renewal form that is required to determine Joan's eligibility.

C. Action Required

The following section provides the steps needed to process requests from incarcerated individuals to have MA eligibility reopened.

1. Determine if the Individual Is Eligible for the Shortened Process

Determine if the individual meets the two criteria explained in section B.1 and is eligible for the shortened process. Follow steps 2-7 below to determine if the individual is eligible for a Minnesota health care program.

Verify the date of incarceration and the anticipated or actual date of release. Verification may be included in the Facility Section of the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A).

Verification may be obtained in the following ways if the Facility Section of the DHS-5038 was not completed by the facility or if the individual did not use the DHS-5038 to request coverage:

- Phone or fax contacts with the facility;
- Official correspondence from the facility with the release date listed;
- Official lists provided to the county agency by the facility containing the incarcerated individual's name and release date ;
- Department of Corrections website; or,
- Official jail roster.

Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), contains a release to obtain information from the facility. If verification is obtained by contacting the facility, complete the Facility Section of the DHS-5038. Check the box that indicates a worker obtained this information with the date and your initials.

If a form other than the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), is submitted, you must obtain a separate release of information, signed and dated by the individual, for the purpose of collecting this information from the facility by phone or written request.

If the individual is not eligible for the shortened reopen process, skip to Step 8 below.

2. Make Sure the Form is Complete

The form used to request MA to be reopened must be complete. All questions must be answered and the form must include the required signature(s).

3. Required Verifications:

All verifications that are required for an annual health care renewal are required for the shortened process. See HCPM 08.25.05 (Processing Renewals).

Verify any income the individual receives while incarcerated that will be used to determine eligibility. Some individuals may continue to work through a work release program while incarcerated. In addition, some individuals will receive gate money upon release.

Count gate money as unearned lump sum income for Method A. See HCPM 20.05.05 (Program Provisions for Excluded Income) and 20.25.10 (Lump Sum Income). Exclude up to \$60 of gate money as infrequent and irregular income under Method B. See HCPM 20.05.05 (Program Provisions for Excluded Income).

4. Address Upon Release

When the individual requests MA to be reopened while still incarcerated and there are no other eligible people open on the individual's case, use the facility address as the client's mailing address until the individual is released. If the individual indicates on the request to reopen that the address upon release is unknown, send a Verification Request Form, (DHS-2919B), requesting that the individual inform the county of where he or she is living within 30 days of the date of release.

Set a DAIL/WRIT for 30 days from the date of release to follow up if the individual has not notified the county of where he or she is living. Close eligibility for whereabouts unknown if the individual has not contacted the county. Note: Individuals are not required to have a fixed or permanent address as a condition of eligibility. Do not close eligibility if the individual reports living in Minnesota but does not have a permanent address.

5. Determine Eligibility for Health Care Coverage

Review eligibility for the most beneficial program according to the following steps:

a. Review eligibility for MA.

Determine if the individual continues to meet all MA eligibility requirements. The MA basis of eligibility may be different upon release than it was at the time of incarceration. Consider an individual to still have a disability basis of eligibility if a previous certification by the State Medical Review Team (SMRT) or the Social Security Administration (SSA) has not expired. Refer the individual to Social Security following instructions provided in HCPM 04.35 (Referrals for Social Security Benefits) to request that payments be reinstated if payments were stopped due to incarceration.

Note: Individuals must first pay their premium before MA for Employed Persons with Disabilities (MA-EPD) can be opened. Individuals who were previously receiving services through a waiver program may have lost eligibility for the waiver services when they became incarcerated. Contact the lead agency case manager to determine if waiver eligibility will continue.

- b. Review eligibility for GAMC and TMCRE when MA eligibility no longer exists.

Treat the Request to Reopen Medical Assistance (MA) (DHS-5038), (Attachment A) as an application for General Assistance Medical Care (GAMC), or Transitional MinnesotaCare (TMCRE) if the individual will no longer have an MA basis of eligibility upon release. Request the Required Questions for General Assistance Medical Care, (DHS-3423), and any additional information and verifications needed to determine eligibility.

- c. Obtain a HCAPP to determine eligibility for MinnesotaCare when an individual does not have an MA, GAMC, or TMCRE basis of eligibility.

The Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A) cannot be used to apply for MinnesotaCare. If the individual is not eligible for MA, GAMC or TMCRE send the individual a HCAPP and provide the individual with information about how to apply for MinnesotaCare.

6. Approve Eligibility for the Date of Release

- a. Approve eligibility if all MA, GAMC or TMCRE eligibility requirements are met. **This action can be taken in advance of the anticipated release date when the request for reopen is filed within 45 days prior to the anticipated release date.** Payments will not be made for services received by the individual while incarcerated. See Section D for system instructions on how to approve eligibility in advance.
- b. Set a DAIL/WRIT for the anticipated release date to confirm the individual is actually released when eligibility is approved based on the anticipated release date. See Step 7 below.

7. Confirm the individual has been released. (Skip this step when eligibility is approved on or after the actual date the individual is released.)

- a. Confirm the individual has actually been released on the anticipated date of release. Document the confirmation in case notes.

Acceptable forms of confirmation include:

- Phone or fax contacts with the facility;
- Official correspondence from the facility with the release date listed;
- Official lists provided to the county agency by the facility containing the incarcerated individual's name and release date ;
- Department of Corrections web site; or,
- Official jail roster.

b. Take the following action based on the confirmation obtained:

1. If the actual release date will be delayed, but for no more than ten calendar days from the anticipated release date, do not take any action. Repeat step 7 on the new anticipated date of release.
2. If the actual release date is delayed for more than ten calendar days from the anticipated release date, close eligibility due to incarceration for the end of the month providing adequate notice. Reinstate eligibility if the individual is actually released prior to the effective date of closing.

8. Individuals Who Are Not Eligible for the Shortened Process

Individuals who do not meet the criteria in section B.1, are not eligible for the shortened process.

If an individual who does not meet the MA reopen criteria in section B.1 files a Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), treat the form as a request for health care coverage for the purpose of setting the date of application. The individual must provide a completed application within the processing period following the date the DHS-5038 is received by the county agency to retain the date of application.

D. Examples

The following examples demonstrate various applications of the reopen process.

Example 4

Peggy submits a DHS-5038 on January 5. Peggy was previously enrolled in MA as a parent. Peggy is eligible for the shortened process. Peggy no longer has an MA parent basis of eligibility because she will not be returning to live with her 12-year old son. She is under age 65 and not disabled.

Action:

Request the additional information and verifications needed to determine eligibility for GAMC or TMCRE, including the Required Questions for General Assistance Medical Care, (DHS-3423). If Peggy is not eligible for GAMC or TMCRE, send her a HCAPP and instruct her to apply for MinnesotaCare.

Example 5

Diego was approved for MA using the shortened process effective October 17, his anticipated date of release. On October 17 the worker contacts the county jail to confirm that Diego has been released. The facility staff reports that Diego's release has been postponed until November 25.

Action

Close Diego's MA eligibility effective November 1 providing adequate notice because November 25 is more than ten calendar days after the anticipated release

date. The MAXIS closing notice tells Diego how to request his coverage to be reopened.

Example 6

Walter, a GAMC enrollee, was incarcerated on July 15 and his GAMC was closed because he did not meet the criteria to remain open on GAMC while incarcerated. On August 5 of the following year Walter submits a Request to Reopen Medical Assistance (MA), (DHS-5038), to the county.

Action:

Walter cannot use the shortened process because he was not an MA enrollee on the date of incarceration. Treat the Request to Reopen Medical Assistance (MA), (DHS-5038), as a request for health care coverage and send Walter a HCAPP.

E. System Instructions

1. MAXIS

a. Closing MA due to Incarceration

1) The MA reopen information text is produced on a MAXIS notice whenever the “Correctional Facility” test in HC ELIG is failed for an MA enrollee, and the ineligible results are approved. This test is failed when the STAT/FACI “Facility Type” field is coded 68 (County Adult Correctional) or 69 (Non-county Adult Correctional). Use these codes for all incarcerated individuals regardless of whether the individual is an adult or a juvenile.

Exception:

FIAT the HC ELIG “Correctional Facility” test when the incarcerated individual is an MA enrollee and is being removed from a household that has at least one member continuing HCPM eligibility. Enter the removal date in STAT/REMO, update STAT/FACI as noted above, and FIAT the HC ELIG “Correctional Facility” test to ‘FAILED’ for the incarcerated individual. Use FIAT code ‘05’.

- 2) Enter code “13” (Adequate Notice Given) when an override pop-up is displayed. An override code is required when a 10-day notice is not provided.
- 3) The notice text informs individuals about the shortened process and states:

Notice Text:

Medical Assistance (MA) is closed starting the day you went to the local jail, workhouse, juvenile correctional facility, or prison.

MA can be opened again for the day you get out if you are eligible and if it is less than 12 months from the date you went in. Send the “Request to Reopen Medical Assistance (MA)”, (DHS-5038) to the county you lived in before you went in to the facility. Send the form up to 45 days before you get out.

You will have to reapply if the county does not get the form within 10 days after you get out.

If you are in a facility for 12 months or more you will have to reapply for MA.
(MN Stat. 256B.055, subd. 14)

b. Reopening MA

Follow these steps to reopen MA eligibility in MAXIS for an incarcerated individual who is eligible for the shortened process.

- 1) Update STAT/HCRE. Enter the date the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A) or other acceptable form was received in the “Application Date” field. Enter the month of release in the “Request Date” field.
- 2) Update STAT/ADDR with the address of the individual on the release date. This update can be completed after the first of the month in the month before release. See previous section C.4 for more information on entering address information.
- 3) Set a DAIL/WRIT, as instructed in previous C.4 when a release address is not available. Set the DAIL/WRIT for 30 days after the date of release and follow the instructions in C.4 if an address is not provided by that date.
- 4) Set a DAIL/WRIT to confirm the actual release date on the anticipated date of release.
- 5) Update STAT/FACI with the verified anticipated date of release.
- 6) Approve HC ELIG results. MAXIS displays the results for the first of the month of release.
- 7) Add a worker comment to the approval notice indicating that MA will begin on the anticipated date of release.
- 8) Enter case notes for how and when the facility was contacted to confirm the date of release. Enter case notes for the anticipated date of release.

1. MMIS

a. Suspending MA Due to Incarceration

Close eligibility for the first available month when closing an enrollee for incarceration. Disregard discrepancy reports caused by the different coding entered when an individual is closed with adequate notice in MAXIS but cannot be closed in MMIS for the same month because of capitation.

b. Reopening MA – Eligibility Begins on Date of Release

Update the following in MMIS when reopening MA for the date of release:

- 1) Update RLVA.
 - a) Enter the date of release as the “End Date” field of the incarceration span.
 - b) Add a new living arrangement using the date of release in the “Begin Date” field and the community code (80 or other appropriate community code) in the “Living Arrangement” field.

Note: For individuals who do not have an incarcerated living arrangement span to close, simply open MA for the anticipated date of release.

- 2) Update RELG. Enter a new eligibility span with the release date in the “Begin Date” field.
- 3) Update Managed Care information. If the individual:
 - a) Was enrolled in managed care at MA closure and does not meet an exclusion, PF9 after entering eligibility information. This will automatically reopen managed care with the previous health plan.
 - b) Was excluded from managed care at the time of closure but is no longer excluded at reopening, or is requesting a change in health plan, enter the exclusion code of ‘YY’ (Delayed Decision) for the current month. Update RTRK and other screens according to current practices.
 - c) Is excluded from managed care, enter the exclusion code following current practices with a begin date of the current month.

F. Legal Reference

Laws of Minnesota 2007, Chapter 147, Article 4, Section 3

G. Attachments

Attachment A – “Request to Reopen Medical Assistance (MA)”, (DHS-5038)

H. Special Needs

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



Minnesota Department of **Human Services**

Minnesota Health Care Programs

Request to Reopen Medical Assistance (MA)

(for individuals incarcerated less than 12 months)

■ What is this form for?

Use this form to reopen your Medical Assistance coverage if your coverage ended because you were incarcerated for less than a year.

■ What do I need to do with this form?

1. Read the Notice of Privacy Practices and Important Information on pages C through E at the back of this form. Tear them off and keep them.
2. Answer all questions the best you can.
3. Sign and date the form.
4. Attach proofs. A list of the proofs we need is below.
5. If you are still incarcerated, have a facility staff person fill out the Facility Section on Page 5.
6. Mail or take the form to the county agency in the county you lived before you were incarcerated. The addresses are listed on pages A and B at the back of this form.

Send in the form even if you do not have all proofs. We will contact you for any additional information we need. You can send this form to your county agency up to 45 days before your incarceration ends. The county agency must receive this form no later than 10 days from the day you are no longer incarcerated. After that time, you must fill out a different form.

■ What do I need to include with this form?

Send these listed proofs for anyone who is:

- **Working.** Pay stubs from the last 30 days or a written statement of earnings from your employer.
- **Self-employed.** Income tax returns including all schedules or business records if taxes have not been filed.
- **Getting other income.** Copy of checks, award letter, court order, or other documents.

Send these listed proofs for anyone who is 21 or older:

- **Bank accounts.** Current bank statements or statement from bank showing current balance of accounts.
- **Other assets.** Copies of bonds, stock ownership statements or other documents showing value of assets.

■ Questions?

If you have questions or need help, call your county agency. The phone numbers are listed on pages A and B at the back of this form. You can also call the Senior LinkAge Line® if you are 60 or older at (800) 333-2433 or the Disability Linkage Line® if you are a person with a disability at (866) 333-2466.

Minnesota Department of Human Services

Request to Reopen Medical Assistance (MA)

Office Use Only

DATE RECEIVED	CASE NUMBER	WORKER NUMBER
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- **Answer all questions the best you can.**
- **Return the form and proofs right away.**
- **Call your worker if you have questions.**

1. Name and address

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
NAME OF FACILITY WHERE INCARCERATED				FACILITY PHONE NUMBER
STREET ADDRESS UPON RELEASE			APT NUMBER	PHONE NUMBER
CITY	STATE	ZIP CODE	COUNTY	<input type="checkbox"/> Check here if you do not know where you will be living.
MAILING ADDRESS (if different)		CITY		STATE
				ZIP CODE
Will you be moving to a facility? <input type="checkbox"/> No <input type="checkbox"/> Yes		IF YES, NAME OF FACILITY		Will you need medical services on the day you are released? <input type="checkbox"/> No <input type="checkbox"/> Yes

2. Others living with you upon your release

List spouse, parents/guardians, stepparents, children and step-children living in the home or who usually live in the home but are living away from the home for a short time.

Name (First, MI, Last)	Date of birth	Relationship to you	Is this person living away from the home for a short time?
			<input type="checkbox"/> No IF YES, REASON AWAY FROM HOME <input type="checkbox"/> Yes
			<input type="checkbox"/> No IF YES, REASON AWAY FROM HOME <input type="checkbox"/> Yes
			<input type="checkbox"/> No IF YES, REASON AWAY FROM HOME <input type="checkbox"/> Yes
			<input type="checkbox"/> No IF YES, REASON AWAY FROM HOME <input type="checkbox"/> Yes
			<input type="checkbox"/> No IF YES, REASON AWAY FROM HOME <input type="checkbox"/> Yes

3. Additional household information

Is anyone 16 or older a student?
☐ Not Applicable (N/A) ☐ No ☐ Yes

IF YES, WHO?

Is anyone pregnant? ☐ N/A ☐ No ☐ Yes

IF YES, WHO?

DUE DATE

Is anyone blind, have a disability, or seriously ill?
☐ No ☐ Yes

IF YES, WHO?

4. Is anyone working now or does anyone expect to work next month?

Include earnings while incarcerated, temporary and seasonal work.

☐ No ☐ Yes – fill in below

Name	Employer name	Start date	Monthly income (include tips)	Is this job seasonal?	Has this job ended?
			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, DATE ENDED
			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, DATE ENDED
			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, DATE ENDED
			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, DATE ENDED

5. Is anyone self-employed?

☐ No ☐ Yes – fill in below

Name	Business name	Start date	End date	Yearly income
				\$
				\$

Are the total assets of all businesses worth more than \$200,000? ☐ No ☐ Yes

6. Is anyone getting money now or does anyone expect to get money next month from sources other than work?

Include gate money, Social Security, Supplemental Security Income (SSI), child or spousal support, unemployment, workers' compensation, veterans' benefits, retirement or pension payments, public assistance payments, rental income, annuities, trusts, interest, dividends, payments from a contract for deed, and any other source of income.

☐ No ☐ Yes – fill in below

Name	Type of income	Start date	Amount	How often received	Has this income ended?
			\$		<input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, DATE ENDED
			\$		<input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, DATE ENDED
			\$		<input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, DATE ENDED
			\$		<input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, DATE ENDED

Send proof of income from the past 30 days.

If you need more space, write the question number and the answer on a separate piece of paper.

7. Expenses		
Is anyone paying for day care for a child or adult while they work? <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, WHO?	AMOUNT PAID PER MONTH \$
Is anyone in the home court-ordered to pay child or medical support? <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, WHO?	AMOUNT \$
ARE YOU CURRENTLY PAYING? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If you are blind or have a disability, do you have work expenses? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, TYPE OF EXPENSE(S)	MONTHLY AMOUNT \$
Does anyone have health or dental insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, WHO?	PERSONS COVERED BY THE INSURANCE

8. Does anyone have cash, a savings or checking account, certificates of deposit, stocks, bonds, retirement accounts, life insurance, burial contracts, annuities, trusts, or other assets? <input type="checkbox"/> No <input type="checkbox"/> Yes – fill in below			
Owner(s) name	Type of asset	Name of company, bank or funeral home	Current value
			\$
			\$
			\$
			\$

9. Does anyone have a vehicle? Include cars, trucks, snowmobiles, four-wheelers, motorcycles, boats, motors, trailers, campers, and motor homes. <input type="checkbox"/> No <input type="checkbox"/> Yes – fill in below		
Owner(s) name	Type of vehicle	Year/Make/Model

10. Does anyone own or co-own a home, life estate, cabin, land, time share, rental property or any real estate? <input type="checkbox"/> No <input type="checkbox"/> Yes – fill in below			
Owner(s) name	Address	Type of property	Estimated value
			\$
			\$

11. Did anyone do any of the following since you were incarcerated? <ul style="list-style-type: none"> Sell, trade or give away items or income for less than they were worth Not accept items or income they could have taken, such as an inheritance Buy an annuity, life estate in another person’s home, a promissory note, loan or mortgage <input type="checkbox"/> No <input type="checkbox"/> Yes – fill in below		
NAME(S)	ITEM(S) OR INCOME	DATE HAPPENED

Send proof of the current value of all assets.

If you need more space, write the question number and the answer on a separate piece of paper.

Signature Page

All of the people listed must read the following information and sign:

- Adult age 18 or older who is requesting MA be reopened.
- Parent, caretaker or guardian who is requesting MA be reopened for the child under the age of 21
- Child under age 18 who is requesting MA be reopened on their own behalf and not living with a parent, caretaker or guardian

Authorization to Share Information for Fraud Investigation

I give permission to authorized investigators and third parties to share information about me during the course of investigations regarding fraud, fraud prevention and misrepresentation. Third parties who can share information about me with investigators include but are not limited to financial institutions, credit reporting agencies, landlords, public housing agencies, schools, utility companies, insurance agencies, employers, other government agencies and others as they apply. I further authorize taxing authorities to release copies of my income tax returns. I also understand that my permission to share information about me remains in effect for six months after my benefits stop.

Medical Assignment of Benefits

I assign all medical payments to the State of Minnesota. This assignment includes medical payments from all other persons or entities. This assignment covers medical payments for me and anyone else for whom I apply.

It takes effect as soon as health care coverage starts. I agree to cooperate with the State in any action to recover payment of medical expenses. If I claim good cause and good cause is approved, I may not have to cooperate.

If I have Medicare Part B, I give Medicare consent to pay my health providers for the care I get while I have Minnesota Health Care Programs coverage.

Authorization for Release (Sharing) of My Medical Information

I give my consent that the following agencies or individuals may share among themselves medical information about me only for the limited purposes indicated:

- Health providers, health plans, insurance agencies, Minnesota Health Care Programs, my county case workers, and their contractors and subcontractors
 - To determine who should pay for my health care, and
 - To provide and coordinate health care services
- Ombudspersons and county advocates for managed care to help me obtain medical care and payment of services.
- Researchers, auditors, investigators, and others who do quality of care reviews and studies or commence prosecutions or legal actions related to managing the health care programs.

This release also applies to the medical information of my minor children named in this application to the extent that I can consent to their medical treatment. Generally, I must give my written consent for the above agencies to give out the medical information. If I do not consent, it will not be released unless the law otherwise allows it. I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released. This authorization is good while I am enrolled in Minnesota Health Care Programs, not to exceed one year, or longer if the law permits. I can refuse to sign or cancel this authorization. However, this Authorization does not expire after one year and cannot be revoked for release of records to consulting providers; or to release records to specified health payers for payment of claims, fraud investigation, or quality of care review and studies.

If I refuse to sign or if I cancel the release, I will not be able to enroll or stay enrolled in Minnesota Health Care Programs. An agency or person who receives my information through this release could possibly re-disclose the information.

Authorization for Release (Sharing) of Information with the Facility

I give my consent to release (share) information with the correctional or other facilities in which I have resided or may reside pursuant to a court order. I understand that information will only be shared if needed to determine my eligibility.

By signing below:

- ☐ I agree that I have read the Notice of Privacy Practices and the list of my responsibilities in that Notice.
- ☐ I understand that my information will be shared if fraud is suspected.
- ☐ I agree to the release of my Minnesota Health Care Programs health records to the parties listed.
- ☐ I agree to assign my medical benefits as stated.
- ☐ I agree to allow the State of Minnesota, its agents, contractors, and subcontractors to contact my employer(s) for the purpose of verifying access to employer subsidized health insurance.
- ☐ I agree to allow the release (sharing) of information regarding my residence in a facility pursuant to a court order.
- ☐ I declare that, under penalty of perjury, all parts of this application are true and correct statements, to the best of my knowledge, including the identity of all persons under age 16 listed on this application. I understand what happens to people convicted of perjury (not telling the truth). They may be sentenced to prison for up to five years, a fine up to \$10,000, or both.

YOUR SIGNATURE	DATE
SIGNATURE OF PARENT/GUARDIAN	DATE

Did you remember to:

- ☐ Sign and date this form?
- ☐ Attach the proofs you have?
- ☐ Mail or take this form to your county? Do this right away even if you do not have all your proofs ready. See pages A and B at the back of this form for the address.

Facility Section

To be completed by facility staff:

ORIGINAL INCARCERATION DATE	EXPECTED DATE OF RELEASE	ACTUAL DATE OF RELEASE	AMOUNT OF "GATE MONEY"	
			\$	
INMATE'S DESTINATION AFTER RELEASE	FACILITY NAME		Is placement court-ordered?	
<input type="checkbox"/> Community <input type="checkbox"/> Facility			<input type="checkbox"/> Yes <input type="checkbox"/> No	
STAFF MEMBER'S NAME (please print)		TITLE		
PHONE NUMBER	FACILITY NAME			
ADDRESS		CITY	STATE	ZIP CODE
STAFF MEMBER'S SIGNATURE			DATE	

☐ This section was completed by the worker based on information received from the facility.

DATE	INITIALS
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Agency Addresses

(Effective Date: November 2, 2007)

Aitkin County

204 First Street NW
Aitkin, MN 56431-1291
(218) 927-7200 / (800) 328-3744
Fax: (218) 927-7210

Anoka County

2100 Third Avenue
Anoka, MN 55303-2264
(763) 422-7246
Fax: (763) 323-6046

Becker County

P.O. Box 1637
Detroit Lakes, MN 56502-1637
(218) 847-5628
Fax: (218) 847-6738

Beltrami County

616 America Ave NW, Suite 270
Bemidji, MN 56601-3802
(218) 333-8300
Fax: (218) 333-4150

Benton County

P.O. Box 740
Foley, MN 56329-0740
(320) 968-5087 / (800) 530-6254
Fax: (320) 968-5330

Big Stone County

P.O. Box 338
Ortonville, MN 56278-0338
(320) 839-2555
Fax: (320) 839-3966

Blue Earth County

P.O. Box 3526
Mankato, MN 56002-3526
(507) 304-4335
Fax: (507) 304-4336

Brown County

P.O. Box 788
New Ulm, MN 56073-0788
(507) 354-8246 / (800) 450-8246
Fax: (507) 359-6542

Carlton County

1215 Avenue C
Cloquet, MN 55720-1610
(218) 879-4583 / (800) 642-9082
Fax: (218) 878-2500

Carver County

602 East Fourth Street
Chaska, MN 55318-2102
(952) 361-1600
Fax: (952) 361-1660

Cass County

P.O. Box 519
Walker, MN 56484-0519
(218) 547-1340
Fax: (218) 547-1448

Chippewa County

719 N Seventh Street, Suite 200
Montevideo, MN 56265-1397
(320) 269-6401 / (877) 450-6401
Fax: (320) 269-6405

Chisago County

313 North Main Street, Rm 239
Center City, MN 55012-9665
(651) 213-5640 / (888) 234-1246
Fax: (651) 213-5685

Clay County

715 North 11th Street, Suite 102
Moorhead, MN 56560-2095
(218) 299-5200 / (800) 757-3880
Fax: (218) 299-7106

Clearwater County

P.O. Box X
Bagley, MN 56621-0682
(218) 694-6164 / (800) 245-6064
Fax: (218) 694-3535

Cook County

411 West Second Street
Grand Marais, MN 55604
(218) 387-3620
Fax: (218) 387-3020

Cottonwood County

P.O. Box 9
Windom, MN 56101-0009
(507) 831-1891
Fax: (507) 831-0126

Crow Wing County

P.O. Box 686
204 Laurel Street, Suite 22
Brainerd, MN 56401-0686
(218) 824-1250 / (888) 772-8212
Fax: (218) 824-1141

Dakota County

1 Mendota Road West, #100
West St. Paul, MN 55118-4773
(651) 554-5611
Fax: (651) 450-2691

Dodge County

22 Sixth Street East – Dept. 401
Mantorville, MN 55955
(507) 635-6170 / (888) 600-5169
Fax: (507) 635-6186

Douglas County

809 Elm Street – Suite 1186
Alexandria, MN 56308
(320) 762-2302
Fax: (320) 762-3833

Faribault County

P.O. Box 217
Blue Earth, MN 56013-0217
(507) 526-3265
Fax: (507) 526-2039

Fillmore County

902 Houston Street NW, #1
Preston, MN 55965-1080
(507) 765-2175
Fax: (507) 765-3895

Freeborn County

P.O. Box 1246
Albert Lea, MN 56007-1246
(507) 377-5400
Fax: (507) 377-5498

Goodhue County

426 West Avenue
Red Wing, MN 55066-0031
(651) 385-3200
Fax: (651) 385-3205

Grant County

P.O. Box 1006
Elbow Lake, MN 56531-1006
(218) 685-4417 / (800) 291-2827
Fax: (218) 685-4978

Hennepin County

330 South 12th Street
Minneapolis, MN 55404-9760
(612) 596-1300
Fax: (612) 596-8921

Houston County

304 S. Marshall Street, Rm 104
Caledonia, MN 55921-0310
(507) 725-5811
Fax: (507) 725-3990

Hubbard County

301 Court Avenue
Park Rapids, MN 56470-1483
(218) 732-1451 / (877) 450-1451
Fax: (218) 732-3231

Isanti County

1700 E Rum River Dr S, Suite A
Cambridge, MN 55008-9386
(763) 689-1711
Fax: (763) 689-9877

Itasca County

1209 SE Second Avenue
Grand Rapids, MN 55744-3983
(218) 327-2941 / (800) 422-0312
Fax: (218) 327-5548

Jackson County

P.O. Box 67
Jackson, MN 56143-0067
(507) 847-4000
Fax: (507) 847-5616

Kanabec County

905 Forest Avenue East, #150
Mora, MN 55051-1316
(320) 679-6350
Fax: (320) 679-6351

Kandiyohi County

2200 23rd Street NE, Suite 1020
Willmar, MN 56201-9423
(320) 231-7800 / (877) 464-7800
Fax: (320) 231-6285

Kittson County

410 South Fifth Street, Suite 100
Hallock, MN 56728
(218) 843-2689 / (800) 672-8026
Fax: (218) 843-2607

Koochiching County

1000 Fifth Street
Int'l Falls, MN 56649-2485
(218) 283-7000 / (800) 950-4630
Fax: (218) 283-7013

Lac qui Parle County

P.O. Box 7
Madison, MN 56256-0007
(320) 598-7594
Fax: (320) 598-7597

Lake County

616 Third Avenue
Two Harbors, MN 55616-1560
(218) 834-8400
Fax: (218) 834-8412

Lake of the Woods County

206 8th Ave SE, Suite 200
Baudette, MN 56623-0200
(218) 634-2642
Fax: (218) 634-4520

LeSueur County

88 South Park Avenue
LeCenter, MN 56057-1646
(507) 357-8288
Fax: (507) 357-6122

Lincoln County

P.O. Box 44
Ivanhoe, MN 56142-0044
(507) 694-1452 / (800) 657-3781
Fax: (507) 694-1859

Lyon County

607 West Main
Marshall, MN 56258-3099
(507) 537-6747 / (800) 657-3760
Fax: (507) 537-6088

McLeod County

1805 Ford Avenue North, #100
Glencoe, MN 55336
(320) 864-3144 / (800) 247-1756
Fax: (320) 864-5265

Mahnomen County

P.O. Box 460
Mahnomen, MN 56557-0460
(218) 935-2568
Fax: (218) 935-5459

Marshall County
208 East Colvin Avenue, Suite 14
Warren, MN 56762-1695
(218) 745-5124 / (800) 642-5444
Fax: (218) 745-5260

Martin County
115 West First Street
Fairmont, MN 56031-1815
(507) 238-4757
Fax: (507) 238-1574

Meeker County
114 North Holcombe Ave, #180
Litchfield, MN 55355-2273
(320) 693-5300 / (800) 915-5300
Fax: (320) 693-5344

Mille Lacs County
525 Second Street SE
Milaca, MN 56353
(320) 983-8208 / (888) 270-8208
Fax: (320) 983-8306

MinnesotaCare State Office
P.O. Box 64838
St. Paul, MN 55164-0838
(651) 297-3862 / (800) 657-3672
Fax: (651) 282-5100

Morrison County
213 SE First Avenue
Little Falls, MN 56345-3196
(320) 632-2951 / (800) 269-1464
Fax: (320) 632-0225

Mower County
1301 18th Avenue NW, Suite A
Austin, MN 55912-3317
(507) 437-9700
Fax: (507) 437-9774

Murray County
3095 20th Street
Slayton, MN 56172-1493
(507) 836-6144 / (800) 657-3811
Fax: (507) 836-8841

Nicollet County
108 South Minnesota Ave, #200
St. Peter, MN 56082-2516
(507) 934-8559 / (800) 247-5044
Fax: (507) 931-9562

Nobles County
318 9th Street
P.O. Box 189
Worthington, MN 56187-0189
(507) 372-2157
Fax: (507) 372-5094

Norman County
15 Second Avenue East, Room 108
Ada, MN 56510-1389
(218) 784-5400
Fax: (218) 784-7142

Olmsted County
2116 Campus Drive SE
Rochester, MN 55904-3711
(507) 328-6600
Fax: (507) 328-6339

Otter Tail County
535 Fir Avenue W
Fergus Falls, MN 56537-2703
(218) 998-8230
Fax: (218) 998-8270

Pennington County
P.O. Box 340
Thief River Falls, MN 56701-0340
(218) 681-2880
Fax: (218) 683-7013

Pine County
130 Oriole Street East, Suite 1
Sandstone, MN 55072-5134
(320) 245-3020 / (800) 450-7263
Fax: (320) 216-4101

Pipestone County
P.O. Box 157
Pipestone, MN 56164-0157
(507) 825-6720 / (888) 632-4325
Fax: (507) 825-6727

Polk County
223 7th Street, Suite 109
Crookston, MN 56716-1483
(218) 281-3127 / (877) 281-3127
Fax: (218) 281-7347

Pope County
211 East MN Avenue, Suite 200
Glenwood, MN 56334-1628
(320) 634-5750
Fax: (320) 634-0164

Ramsey County
160 East Kellogg Boulevard
St. Paul, MN 55101-1494
(651) 266-4444
Fax: (651) 266-4439

Red Lake County
P.O. Box 356
Red Lake Falls, MN 56750-0356
(218) 253-4131 / (877) 294-0846
Fax: (218) 253-2926

Redwood County
P.O. Box 510
Redwood Falls, MN 56283
(507) 637-4050 / (888) 234-1292
Fax: (507) 637-4055

Renville County
301 South Seventh Street
Olivia, MN 56277-1301
(320) 523-2202
Fax: (320) 523-3565

Rice County
P.O. Box 718
Faribault, MN 55021-0718
(507) 332-6115
Fax: (507) 332-6247

Rock County
P.O. Box 715
Luverne, MN 56156-0715
(507) 283-5070
Fax: (507) 283-5074

Roseau County
208 6th Street SW
Roseau, MN 56751-1451
(218) 463-2411 / (866) 255-2932
Fax: (218) 463-3872

St. Louis County
320 West 2nd Street – Room 301
Duluth, MN 55802-1495
(218) 726-2101 / (800) 450-9777
Fax: (218) 733-2975

Or
307 1st Street South – 2nd Floor
Virginia, MN 55792-1148
(218) 749-7100
Fax: (218) 749-7123

Or
118 South 4th Ave E, Rm 12
Ely, MN 55731-1465
(218) 365-8220
Fax: (218) 365-8217

Or
1814 14th Avenue East
Hibbing, MN 55746-1314
(218) 262-6000
Fax: (218) 262-6049

Scott County For Adults
Government Center 300
200 Fourth Avenue West
Shakopee, MN 55379-1375
(952) 445-7751
Fax: (952) 496-8551

Or
Scott County for Families
Workforce Center
752 Canterbury Road
Shakopee, MN 55379-1375
(952) 496-8686
Fax: (952) 496-8685

Sherburne County
13880 Highway 10
Elk River, MN 55330-4600
(763) 241-2600 / (800) 433-5239
Fax: (763) 241-2698

Sibley County
P.O. Box 237
Gaylord, MN 55334-0237
(507) 237-4000
Fax: (507) 237-4031

Stearns County
P.O. Box 1107
St. Cloud, MN 56302-1107
(320) 656-6000 / (800) 450-3663
Fax: (320) 656-6447

Steele County
P.O. Box 890
Owatonna, MN 55060-0890
(507) 444-7500
Fax: (507) 451-5947

Stevens County
10 East Highway 28
Morris, MN 56267
(320) 589-7400 / (800) 950-4429
Fax: (320) 589-3972

Swift County
P.O. Box 208
Benson, MN 56215-0208
(320) 843-3160
Fax: (320) 843-4582

Todd County
212 Second Avenue South
Long Prairie, MN 56347-1640
(320) 732-4500 / (888) 838-4066
Fax: (320) 732-4540

Traverse County
P.O. Box 46
Wheaton, MN 56296
(320) 563-8255 / (800) 721-8277
Fax: (320) 563-4230

Wabasha County
625 Jefferson Avenue
Wabasha, MN 55981-1589
(651) 565-3351 / (888) 315-8815
Fax: (651) 565-3084

Wadena County
124 First Street SE
Wadena, MN 56482-1553
(218) 631-7605 / (888) 662-2737
Fax: (218) 631-7616

Waseca County
123 Third Avenue NW
Waseca, MN 56093-2498
(507) 835-0560
Fax: (507) 835-0566

Washington County
14949 62nd Street North
P.O. Box 30
Stillwater, MN 55082-0030
(651) 430-6459
Fax: (651) 430-6636

Watsonwan County
P.O. Box 31
St. James, MN 56081-0031
(507) 375-3294 / (888) 299-5941
Fax: (507) 375-7359

Wilkin County
P.O. Box 369
Breckenridge, MN 56520-0369
(218) 643-7161
Fax: (218) 643-7175

Winona County
202 West Third Street
Winona, MN 55987-3146
(507) 457-6200
Fax: (507) 454-9382

Wright County
10 2nd Street NW, Room 300
Buffalo, MN 55313-1736
(763) 682-7414 / (800) 362-3667
Fax: (763) 682-8920

Yellow Medicine County
930 4th Street, #4
Granite Falls, MN 56241-1367
(320) 564-2211
Fax: (320) 564-4165

Notice of Privacy Practices

Minnesota Department of Human Services

(Effective Date: August 24, 2007)

This notice tells you how medical and other private information about you may be used and disclosed and how you can get this information. **Review it carefully.**

Why do we ask for this information?

- To tell you apart from other people with the same or similar name.
- To decide what you are eligible for.
- To help you get medical, mental health, financial or social services.
- To decide if you can pay for some of your services.
- To make reports, do research, do audits, and evaluate our programs.
- To investigate reports of people who may lie about the help they need.
- To decide about out-of-home care and in-home care for you or your children.
- To collect money from other agencies, like insurance companies, if they should pay for your care.
- To decide if you or your household members need protective services.
- To collect money from the state or federal government for help we give you.

Why do we ask for your Social Security Number?

We need your social security number to give you some kinds of financial help or child support enforcement services (45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your Social Security Number to check information you give us through matching programs that are part of an Income Eligibility Verification System (IEVS) (5 U.S.C. § 552a(o)(1) (D)).

You do not have to give us the number:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a U.S. citizen and are applying for Emergency Medical only
- If you are from another country, in U.S. on a temporary basis and do not have permission from U.S. Citizenship and Immigration Services (USCIS) to live in the U.S. permanently.
- If you are living in the U.S. without the knowledge or approval of the USCIS.

Do you have to answer the questions we ask?

You do not have to give us your personal information. We need this information to tell if you can get help from us. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

With whom may we share information?

Sometimes we share information about you with other agencies. We will only share information as needed and as allowed or required by law. For example, we may share your information with the following agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative and non-profit agencies
- Court officials, county attorney, attorney general, other law enforcement officials, and child protection and fraud investigators
- Child support officials
- Educational institutions and organizations
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care
- Guardians, conservators or persons with Power of Attorney
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Human services offices, including child support enforcement offices
- Anyone else the law says we must or can give the information

What are your rights regarding the information we have about you?

- You may see and copy medical or other private information we may have about you. You may have to pay for the copies.
- You may give other people permission to see and have copies of information about you.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us to share health information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. You must ask us to do this in writing. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- You have the right to get a record of some of the people or organizations that we have shared your health information with. This record was started on April 14, 2003. You must ask for a copy of this record in writing to our Privacy Official.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Department of Human Services for another copy of this notice.

What are our responsibilities?

- We must let you know our legal duties and privacy practices, which we are doing by providing you with this notice.
- We must protect the privacy of your medical and other private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form unless we get special written permission from you. We may not share your information with individuals and agencies other than those listed on this form unless we get special written permission from you.
- We are required to follow the terms of this notice, but we may change our privacy policy in the future. We might do this, for example, because privacy laws change and require us to change our practices. When we change our privacy rules we will put them on our Web site at:
<http://edocs.dhs.state.mn.us/lfsrver/Legacy/DHS-3979-ENG>

What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing the information would risk your health. Parents may see other information about you and let others see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your medical privacy was violated by your doctor or clinic, a health insurer, a health plan, or a pharmacy, you may send a written complaint either to the county agency, the organization or to the federal civil rights office at:

- U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 886-2359 (Voice) or
toll free (800) 368-1019 or (866) 282-0659
(312) 353-5693 (TTY/TDD)
(312) 886-1807 (Fax)

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services at the address above or to:

- Minnesota Department of Human Services
Attn: Privacy Official
PO Box 64998
St. Paul, MN 55164-0998

Important Information

Proof of Citizenship or National Status

Certain people applying for health care must give us proof that they are U.S. citizens or nationals.

You do not have to prove you are a U.S. citizen or national if you are eligible for Medicare, receive Supplemental Security Income (SSI) or receive Social Security payments because of a disability.

Non-disabled adults under age 65 without children and children receiving foster care or adoption assistance payments are not required to give us proof that they are U.S. citizens or nationals.

Immigration

All immigration information you give to us is private. We use it to see if you can get coverage. We only share it when the law allows it or requires it. In most cases, applying will not affect your immigration status unless you are applying for payment of long term care services.

You do not have to give us your immigration information if you are:

- Applying for emergency medical care only
- Helping someone else apply
- A non-immigrant or undocumented person who is pregnant
- Not applying for yourself

You Have the Right to Fair Treatment

We cannot treat you different because of your race, color, national origin, religion, sex, marital status, sexual orientation or political beliefs. We cannot treat you different because you have a physical, mental or emotional disability. If you feel the State or local agency did not treat you fairly, you can file a complaint. You can file a complaint with any of the following places:

- Minnesota Department of Human Services
Office for Equal Opportunity
PO Box 64997
St. Paul, MN 55164-0997
- Minnesota Department of Human Rights
190 E. Fifth Street, Suite 700
St. Paul, MN 55101 U.S.
- Department of Health and Human Services
Office of Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

You Have the Right to Ask for a Hearing

If you feel that your benefits are wrong or your application has not been processed correctly you may ask for a fair hearing. You can ask for a hearing by telling your worker or by writing to the:

- Minnesota Department of Human Services
Appeals and Regulations
PO Box 64941
St. Paul, MN 55164-0941

Following the rules

People who are enrolled in Minnesota Health Care Programs must follow the rules listed below:

- Do not give false information or hide information to get or continue to get coverage.
- Do not trade or sell your membership cards.
- Do not help others get medical services that you know they should not get.
- Do not use someone else's membership card for yourself or other household members.

If you break the rules you may not be able to keep your coverage. The first time you break the rules, your coverage will stop for one year. The second time you break the rules, you will not get coverage for two years. If you break the rules a third time, you will not get coverage forever. You can also be prosecuted for fraud if you break these rules. The maximum penalty is a fine of \$250,000 or a jail term of 20 years, or both.

Child Support

If you are applying for yourself and your children and you do not live with the other parent, the law says that you may have to give information to child support staff. You may need to give information about the other parent to get medical support for your child. Your children will still get coverage if you do not help child support, but you will not get coverage unless you are pregnant. Your coverage will stop if you are already getting coverage.

If you fear the other parent may cause harm to you or your child, you can give proof to support your fears and may not have to give information to child support staff. A group of people at the county or state office will review your proof. After the review, they will tell you if you still need to give information about the other parent.

Reviews

The State or Federal Office may look at your case. They will review the information you gave us and check to make sure we did your case correctly. They will let you know if they need to ask you questions. If you do not answer their questions, your coverage may stop.

Other Health Care

You and your household members may need to accept and keep a health insurance policy. This includes Medicare. We will review the policy and tell you if you can stop the coverage.

In some cases, if we tell you that you cannot stop it, we may help pay the premiums. If you do not give us information about your policy, you may not get coverage.

State as Annuity Beneficiary

The state becomes a remainder beneficiary of some annuities when we pay for long-term care services.

Liens and Estate Claims

The state or county may try to recover the cost of medical services paid by Medical Assistance (MA) or General Assistance Medical Care (GAMC). The state may file a claim against your estate or a lien against your real property if you received:

- GAMC at any age.
- MA when you were over age 55.
- MA at any age if you lived in a long term care facility for six months or more.

Liens can be set up against:

- Your life estate.
- Real property that you own by yourself.
- Real property that you own with someone else. If you own property with another person, the lien is only against your share.

The state will not file a lien against your property if you are in a long-term care facility and will be returning home.

When you die, a lien may be set up against the portion of property you own to repay us for your medical care.

This is a very general explanation of the rights that the state and counties have regarding claims and liens. You should talk to your lawyer or advisor if you have questions about how these laws apply to your property.

Changes

You must report changes to your worker within 10 days of the change happening. If you do not report changes, you may have to pay money back to the State for what we paid if you were not eligible.

If you are not sure if you should report a change, call your worker and explain what is happening. Examples of changes you need to report include:

Income:

- Starting a new job; changing jobs, or stopping a job.
- Starting to get or changes in the amount of other income you get such as Social Security, other retirement income, child support, unemployment or workers' compensation.

When you:

- Sell your home.
- Move to a new address.
- Get an inheritance or a settlement.
- Transfer or give away assets or income.

When someone in your household:

- Starts to get health insurance or Medicare.
- Becomes pregnant or has a baby.
- Moves in or out of your home.
- Dies, gets married or gets a divorce.
- Becomes disabled.
- Starts or stops school.

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB #2 (10-06)

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice) or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.