

# Bulletin

April 15, 2008

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 upon receipt.

## EXPIRATION DATE

April 15, 2010

## DHS Introduces the Minnesota Community Application Agent Program

### TOPIC

Minnesota Health Care Programs outreach efforts enhanced through Minnesota Community Application Agent (MNCAA) program.

### PURPOSE

Provide information about the Minnesota Community Application Agent program.

### CONTACT

Direct questions to:  
MNCAA Resource Center  
P.O. Box 64989  
540 Cedar Street  
St. Paul, MN 55164-0989  
1-866-468-6648 or 651-431-4448

### SIGNED

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BRIAN J. OSBERG  
Assistant Commissioner  
Health Care Administration

## **Background and Introduction**

In 2007, state legislation was passed that required the Department of Human Services (DHS) to establish an incentive program for organizations that directly identify and assist potential Minnesota Health Care Programs (MHCP) enrollees in filling out and submitting an application. The legislation directs DHS to pay the organization an application assistance bonus of \$20, within the available appropriation, for each applicant successfully enrolled in Medical Assistance (MA), General Assistance Medical Care (GAMC) or MinnesotaCare.

This bulletin contains the following sections:

- A. Outreach Organizations
- B. MNCAA Resource Center
- C. Processing MNCAA Assisted Applications
- D. Systems Information
- E. Legal References
- F. Attachments
- G. Special Needs

## **A. Outreach Organizations**

There are three levels of health care outreach participation. Community organizations can choose their participation level.

- **Level I** outreach organizations must satisfy the highest level of expectations. Level I organizations are referred to as a Minnesota Community Application Agent (MNCAA). A MNCAA contracts with DHS to serve as an application site for those needing assistance with the Minnesota Health Care Programs Application (HCAPP). MNCAs are eligible to receive a \$20 bonus for each applicant they assist who is successfully enrolled into one of the Minnesota Health Care Programs. MNCAs are located in organizations that do not already receive state or federal funding for application assistance and that have connections to an uninsured population. Hospitals, clinics, Head Start programs and community health centers are all likely MNCAA sites. There is no deadline for an organization to contract as a MNCAA site and sites may be added at any time. A current list of organizations contracted as a MNCAA site will be accessible via the DHS website at a future date. Processing agencies will be notified when this list is available.

Level I sites are contracted to:

- Identify the potential health care enrollees
- Assist potentially eligible enrollees with the HCAPP

- Assist applicants with obtaining documentation needed to determine health care eligibility
- Offer use of fax and copy services
- Follow up as needed until an eligibility determination is reached

MNCAA staff members who assist with applications must be certified by DHS by completing a one day training. Training is offered at regional sites as well as in St. Paul and will be available to counties when MNCAA agencies that service their area are scheduled to attend. The complete MNCAA training schedule will be posted at a future date on the DHS website. Agencies will be notified when the training schedule is available.

- **Level II** outreach organizations provide materials and referrals for application assistance to any suspected or identified uninsured person they encounter. Some organizations may choose to assist with a portion of the HCAPP but usually do not assist with the entire application process. Level II sites will:
  - Supply potential enrollees with the HCAPP
  - Offer referrals to application sites in the community
  - Display materials about insurance options

Level II sites are not eligible to receive a \$20 bonus.

- **Level III** outreach organizations help raise awareness in the community but do not assist with applications. They provide information about Minnesota Health Care Programs through events in the community, health fairs and group presentations. Level III sites:
  - Conduct periodic awareness events
  - Offer referrals to application sites in the community

Level III sites are not eligible to receive a \$20 bonus.

## **B. MNCAA Resource Center**

The MNCAA Resource Center is located at DHS and receives all MNCAA assisted HCAPPs. The Resource Center will provide direct assistance to contracted MNCAAs during the application process. Resource center staff answer questions and provide assistance to:

- MNCAA agents and Level II outreach organizations
- MinnesotaCare and county workers regarding cases submitted by MNCAAs

Workers and MNCAA agents may contact the MNCAA Resource Center at (651) 431-4448 or 1-866-468-6648 for assistance.

## **C. Processing MNCAA Assisted Applications**

MNCAAs submit, by fax, the application to the Resource Center no later than 25 days from the date of application or when it is complete, whichever is earlier. In addition to the application, the MNCAA will submit the Cover Sheet for MNCAA Contractors (DHS-5336; Attachment A).

MNCAAs that assist applicants with completing the Combined Application Form (CAF) that includes a request for cash or food support will immediately fax the CAF and available documents to the county agency in which the applicant resides. Applicants may choose to take or mail the CAF to the county agency themselves. The MNCAA will inform the Resource Center of the submitted CAF and documentation provided so tracking for the health care enrollment bonus can occur.

- **Date of Application**

MNCAAs have the ability to set the date of application for health care. MNCAAs who submit a CAF cannot set the date of application for cash or food support. The date of application for these programs is the date the county agency receives the application. The MNCAA will inform cash or food support applicants that these benefits can not begin until the county agency receives the CAF.

Upon receipt of a signed application which contains at least the applicant's name and address, the MNCAA stamps the application with their MNCAA ID number and enters the date the application is received in the "Date received" box on the application. If the MNCAA is working with a hospital or other health care provider who set the date of application via the Request to Apply for Minnesota Health Care Programs form (DHS-3417B), a copy of this form, if available, will accompany the application. Hospitals and other health care providers will continue to send the Request to Apply for Minnesota Health Care Programs form to the county agency immediately.

- **Complete Application**

A complete application for MNCAA submission purposes meets different criteria than a complete application for purposes of determining health care eligibility. A MNCAA assisted application is considered complete when the following verifications, if applicable, are included with the application:

- Identity
- Citizenship - If proof is not available, an indication that Minnesota birth verification is needed or a signed release to obtain out-of-state birth verification.
- Immigration status or an indication that immigration documents are pending.
- Pregnancy
- Income
- Assets

MNCAAs will include a signed Permission to Share Information with Agencies Assisting with Applications form (DHS-5337; Attachment B) with the application, unless the applicant chooses to not to sign the form.

In addition, MNCAAs are encouraged to include any other applicable documents including health insurance documents, employer subsidized insurance forms, child support forms and court orders.

**1. Resource Center Required Action:**

Upon receipt of a MNCAA assisted application, Resource Center staff will review the application to determine if:

- The application is complete according to MNCAA completion criteria. The Resource Center will contact the MNCAA, if an appropriate release form is received, to attempt to obtain missing proofs.
- There is an existing application or current health care eligibility. If an application is pending or current eligibility exists, a Resource Center staff person will note this for the processing agency.

The Resource Center will fax the application, accompanied documentation and the MNCAA Application/Verification Transfer Cover Sheet (DHS-5409; Attachment C) to the processing agency within one working day of receipt of an application at the Resource Center. Resource Center staff will inform the receiving agency of the status of missing documentation on the MNCAA Application/Verification Transfer Cover Sheet. Documents received from a MNCAA at the Resource Center after an application has been forwarded to the processing agency will also be faxed to the processing agency along with the MNCAA Application/Verification Transfer Cover Sheet.

Information shared between a MNCAA and the Resource Center after the application has been forwarded to the processing agency will be documented and forwarded to the processing agency via MAXIS mail.

**2. Processing Agency Required Action:**

Process MNCAA assisted applications according to current application processing standards (HCPM 07 Applications).

- Enter the date of application as the date the application was received by the MNCAA (Level I) or the date of the request to apply, whichever is earlier.

If a pending or approved application exists with a later application date than the MNCAA assisted application date, correct the application date to indicate the earlier date and determine or redetermine eligibility as appropriate.

- Contact the TSS Help Desk at 651-431-4100 or 1-800-383-7987 for assistance in correcting the MAXIS application date.

*Note: The MAXIS application date can not be changed if a notice has been generated. This includes SPEC/MEMOs, pending and approval notices. CASE/NOTE the reason for the discrepancy in MAXIS and change the eligibility begin date and application date on the approved RELG span in MMIS.*

- Document in MMIS case notes the correct application date for MinnesotaCare. MMIS will not allow a change to the APPL RECD DT field on RCIN.

- Enter the MNCAA ID as the referral source code in the “Referral Source” field on the RCAD screen in MMIS.
- Send requests for missing information and verification directly to the applicant. A request for missing information and verifications must be sent to the applicant to satisfy health care notification requirements even if the MNCAA has been contacted by the Resource Center for the missing information and verifications.

**Do not** send a request for proof of citizenship when the MNCAA Application/Verification Transfer Cover Sheet indicates that DHS is obtaining citizenship verification. Proof of citizenship will be forwarded to the processing agency upon receipt.

Communication with a MNCAA can occur only if the applicant has designated the MNCAA as an authorized representative on the application or a signed Permission to Share Information with Agencies Assisting with Applications or other approved release of information form exists. Agencies may contact the MNCAA to clarify information provided on the application or the MNCAA may contact the processing agency to obtain information regarding the status of an application. Agencies may refer a MNCAA to the Resource Center for assistance.

- Enter detailed case notes regarding the status of a MNCAA assisted application. Title case notes and include the following information for all MNCAA assisted applications as follows:

**MNCAA HCAPP Received:**

- Include receipt of Release of Information forms, with whom the release allows exchange of information and what information can be released.
- Document what verifications or information has been requested of the applicant and the date the request was made.
- Use standard case note procedures to document additional information.

**MNCAA Verifications Received:**

- Document the type of verification received and date received.
- Use standard case note procedures to document additional information.

**MNCAA Resource Center Contact**

- Document additional information provided by the resource center.

**D. Systems Information**

Enter the MNCAA ID number in the appropriate referral source field. The MNCAA ID is stamped or written on the upper right side of the first page of the application.

**1. MAXIS**

The “Application Referral Source” field on the PROG panel will not accept MNCAA ID numbers. Future system enhancements will allow entry of the code. Agencies will be notified when programming has been completed to accept these codes along with instructions for entry.

**2. MMIS**

Enter the MNCAA ID number in the “Referral Source” field on the RCAD screen for all health care programs.

**E. Legal References**

*Laws of Minnesota 2007, chapter 147, Article 5, Section 2*

*Minnesota Statutes § 256.962, subd. 5*

**F. Attachments**

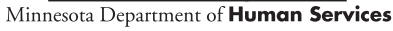
Attachment A – DHS-5336 Cover Sheet for MNCAA Contractors

Attachment B – DHS-5337 Permission to Share Information with Agencies Assisting with Applications

Attachment C – DHS-5409 MNCAA Application/Verification Transfer Cover Sheet

**G. Special Needs**

This information is available in other forms to people with disabilities by contacting us at (651) 431-2283 (voice) or toll free at (800) 938-3224. TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.



*Mail or fax to: DHS Resource Center, P.O. Box 64989,  
St. Paul, MN 55164-0989. Fax: (651) 431-7572*

AGENCY			MNCAA ID NUMBER	
ADDRESS		CITY	STATE	ZIP CODE
AGENT'S NAME		PHONE NUMBER	EMAIL ADDRESS	

HOUSEHOLD NAME		DATE OF APPLICATION		COVERAGE BEGIN DATE
ADDRESS	CITY	STATE	ZIP CODE	

☐ Signed Permission to Share Information form

☐ Proof of citizenship or immigration status

☐ Need MN birth verification for: \_\_\_\_\_

☐ Signed release for out-of-state birth verification for: \_\_\_\_\_

☐ Immigration documents pending for: \_\_\_\_\_

☐ Proof of identity

☐ Proof of pregnancy    ☐ N/A                      ☐ Proof of income    ☐ N/A                      ☐ Proof of assets    ☐ N/A

☐ Health insurance documents      ☐ Employer subsidized insurance forms

☐ Documents supporting good cause      ☐ Child support documents      ☐ Court orders

☐ Other as listed: \_\_\_\_\_

AGENT'S SIGNATURE	DATE
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# Permission to Share Information with Agencies Assisting with Applications

COUNTY OR STATE AGENCY			
MAILING ADDRESS	CITY	STATE	ZIP CODE
APPLICATION ASSISTOR AGENCY		MNCAA ID NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE
APPLICANT/ENROLLEE'S NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH
STREET ADDRESS	CITY	STATE	ZIP CODE

I give permission to the agencies listed above to share information about me as indicated below:

- ☐ Outstanding information or proofs needed to complete my application for Minnesota Health Care Programs.
- ☐ The status of my application for Minnesota Health Care Programs coverage including the program(s) I am enrolled in and the effective date of enrollment.
- ☐ The reason I am not eligible for Minnesota Health Care Programs coverage if my request for coverage is denied or my coverage ends.
- ☐ The effective date(s) of my renewal(s) for coverage and any outstanding information or verifications needed to complete my renewal.

This information will be used to help me with my enrollment and continued eligibility in Minnesota Health Care Programs.

**I know that state and federal privacy laws protect my records. I know:**

- Why I am being asked to release this information.
- I do not have to give permission to release this information.
- That, generally, I must give my written permission for the agencies listed above to give out this information.
- If I do not give my permission, the information will not be released unless the law otherwise allows it.
- I may stop this permission to share information with a written notice at any time but this written notice will not affect information the agencies have already released.
- The agency that gets my information may be able to pass it on to others.
- If my information is passed on to others, it may no longer be protected by this permission form.
- This permission form will end one year from the date I sign it unless the law allows for a longer period.

APPLICANT OR ENROLLEE SIGNATURE	DATE
SIGNATURE OF PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE	DATE

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 Speech-to-Speech Relay, call (877) 627-3848.

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 ຫາຕາມເລກໂທ 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.



# Minnesota Health Care Programs

## MNCAA Application

## Verification Transfer Cover Sheet

### PRIVACY NOTICE

*This fax message may contain private or confidential data. The information contained in this facsimile message is intended for the use of the addressee listed below. This information may be protected by state and federal privacy regulations. If you are not the intended recipient or the person responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, or distribution of this information is strictly prohibited. If you have received this fax in error, please notify the sender immediately by telephone at (800) 468-6648.*

TODAY'S DATE

#### SENT TO

PHONE

FAX

TOTAL PAGES FAXED (INCLUDING FORM)

#### SENT BY

DHS MNCAA Resource Center  
P.O. Box 64989  
St. Paul, MN 55164-0989

Phone: (651) 431-4448 or (800) 468-6648  
Fax: (651) 431-7572

HOUSEHOLD NAME

CASE NUMBER

### Reason for Transfer Form

- ☐ Additional verification(s) received from MNCAA.  
☐ Application received from MNCAA.

### Application Information

NAME OF MNCAA

REFERRAL SOURCE CODE

CONTACT NAME

PHONE NUMBER

DATE OF APPLICATION

- ☐ Request to Apply (DHS-3417B) was sent to your county and a copy is attached.  
☐ MNCAA/DHS set the date of application.

### Other Information

- ☐ Release of Information for MNCAA communication attached.  
☐ DHS obtaining citizenship information.  
☐ MNCAA contacted about the following missing verifications:  
☐ Immigration Status for:  
☐ Identity for:  
☐ Income for:  
☐ Pregnancy for:  
☐ Assets for:  
☐ Other:

COMMENTS