Minnesota Department of Human Services

Bulletin

NUMBER

#16-21-06

DATE

July 11, 2016

OF INTEREST TO

County Directors

Social Services Supervisors and Staff

Financial Assistance Supervisors and Staff

Case Managers

Navigators, In-person Assistance, and Certified Application Counselors

Tribal Governments (Tribes)

Health Care Eligibility Operations

County Attorneys

ACTION/DUE DATE

Please read information and prepare for implementation

EXPIRATION DATE

July 11, 2018

DHS Provides Policy for 2016 Legislative Changes to MA and MinnesotaCare

TOPIC

Changes to Medical Assistance (MA) and MinnesotaCare from the 2016 legislative session.

PURPOSE

Provide policy for legislative changes to MA and MinnesotaCare.

CONTACT

Counties and tribal agencies and Health Care Eligibility Operations should submit policy questions via HealthQuest.

All others should direct questions to the following:

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

SIGNED

NATHAN MORACCO
Assistant Commissioner
Health Care Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background

The 2016 Minnesota Legislature passed legislation that affects eligibility and premiums for Minnesota Health Care Programs and Medical Assistance (MA) estate recovery.

II. Legislative Changes

The 2016 Minnesota Legislature made the following changes to MA and MinnesotaCare.

A. Changes to Medical Assistance

1. Changes to Spousal Impoverishment Rules, Effective June 1, 2016

In Bulletin 16-21-04: DHS Explains Changes in the Implementation of Spousal Impoverishment Protections, issued June 9, 2016, we relayed the changes involving spousal impoverishment rules that are effective June 1, 2016, and that affect 1) people applying for services through one of the home and community-based services waiver programs and 2) people receiving Medical Assistance for Long-Term Care (MA-LTC) in an LTC facility.

We will issue another bulletin in July regarding how changes involving spousal impoverishment rules affect people who were enrolled in the Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), and Developmental Disabilities (DD) waiver programs on May 31, 2016.

2. Changes to Estate Recovery, Effective upon Federal Approval

Changes to MA estate recovery limit the types of MA services for which county agencies can recover costs when asserting an MA estate claim after a client's death for services the client received at 55 years old or older. Specifically, an estate claim that has not been paid by July 1, 2016, can recover only the costs of limited services received from January 1, 2014, to the client's date of death. These limited services are as follows:

- nursing home services
- home and community-based services
- related hospital and prescription drug costs

For MA services received by clients at 55 years old or older before January 1, 2014, the costs of all MA services will continue to be included in an estate claim. A separate bulletin explaining this change is forthcoming.

B. Changes to MinnesotaCare

1. Federal Compliance Changes, Effective the Day after Enactment (May 24, 2016)

Beginning January 1, 2015, MinnesotaCare became a federally funded Basic Health Program (BHP) as permitted under the Affordable Care Act. The 2016 Minnesota Legislature made a number of statutory changes to MinnesotaCare so that the program would conform to the federal regulations that govern a BHP.

Except as noted, we have already implemented the MinnesotaCare changes described in this section.

a. Definition of "Child"

"Child" means a person under 21 years of age.

b. Social Security Number Required

People applying for MinnesotaCare must provide a Social Security number if they have one.

c. Third-Party Liability, Paternity, and Other Medical Support

i. MinnesotaCare enrollees are not required as a condition of enrollment to cooperate with the Minnesota Department of Human Services (DHS) to identify potentially liable third-party payers or help obtain third-party payments. People may cooperate voluntarily.

ii. A parent, guardian, or relative caretaker enrolled in MinnesotaCare is not required as a condition of enrollment to help DHS establish the paternity of an enrolled child or obtain medical support and payments for the child.

d. Verification of American Indian Status

To qualify for a MinnesotaCare premium exemption because of status as an American Indian, an applicant or enrollee no longer has to provide paper documentation. Self-attestation of American Indian status is acceptable until the United State Department of Health and Human Services approves an electronic data source to verify American Indian status. Paper documentation is still required for purposes of MinnesotaCare cost-sharing protections for people who are members of federally recognized tribes.

The Minnesota Health Care Programs Eligibility Policy Manual (EPM) will be updated to reflect this policy. The Minnesota Eligibility Technology System (METS) currently supports this policy.

e. Advance Notice for Households Exceeding the Income Limit

For people who become ineligible for MinnesotaCare because of an income increase, MinnesotaCare ends the last day of the calendar month in which the agency sends 10-day advance notice that income exceeds the MinnesotaCare income limits.

f. MinnesotaCare Premium Forgiveness

The unpaid portion of a past-due MinnesotaCare premium will be forgiven before issuing a premium invoice for the fourth month after a person is disenrolled for nonpayment of a premium.

Premium forgiveness will be implemented in July 2016, for past-due premiums for May 2016 coverage and later. We will issue a separate bulletin to provide detailed policy for MinnesotaCare premium forgiveness when it is implemented.

2. Changes to MinnesotaCare Renewals, Effective July 1, 2017

The renewal month for most MinnesotaCare enrollees will no longer be January. MinnesotaCare enrollees will have renewals throughout the year, based on a 12-month eligibility period, which will begin the month of application. Financial eligibility for MinnesotaCare will be based on current modified adjusted gross income (MAGI), or if income fluctuates month to month, income for the 12-month eligibility period, instead of projected annual income. Also, income limits for MinnesotaCare will be updated annually each July instead of each January.

We will issue a bulletin when these changes are implemented.

C. Medical Assistance and MinnesotaCare Income Exclusion, Effective August 16, 2016, or upon Federal Approval, Whichever Is Later

If a family participates in a demonstration project testing the impact of income on brain development in the first three years of life, payments made to the family as part of the project will not be counted as income for MA or MinnesotaCare eligibility determinations.

This change would require federal approval to implement. An independent team of researchers has proposed the project and intends to implement it in up to four cities in the United States. If the project moves forward and the federal government approves the exclusion of the payments to the families in the project, we will issue a bulletin to implement the change.

III. Action Required

County, tribal, and Health Care Eligibility Operations workers should continue to consult ONEsource for procedures and system instructions. We will revise ONEsource as needed to implement the policy changes described in this bulletin.

IV. Legal References

Laws of Minnesota 2016, Chapter 189, Article 15, Section 29

Laws of Minnesota 2016, Chapter 189, Article 19, Sections 4–8, 14–16, 20–27, 29, and 31

Minnesota Statutes, section 256B.0913, subdivision 12

V. Americans with Disabilities Act (ADA) Advisory

For accessible formats of this publication or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service. (ADA1 [9-15])