



Minnesota Department of **Human Services**

Minnesota Health Care Programs (MHCP) **2016 Legislative Notice to MHCP Members**

The 2016 Minnesota Legislature made changes to Minnesota Health Care Programs (MHCP). These programs are Medical Assistance (MA), MinnesotaCare and other public health care programs. This notice gives a brief overview of those changes.

The changes will not affect everyone who gets this notice. You are getting this notice so you are aware of the changes that may affect you. You do not need to do anything when you get this notice other than read it.

If you have questions about anything in this notice, call one of these:

- Your county, tribal or MinnesotaCare worker
 - The County and Tribal Information Directory is available at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG>
 - MinnesotaCare's phone number is 800-657-3672
- The MHCP Member Help Desk at 651-431-2670 or 800-657-3739
- Member services at your managed care organization (MCO). The phone number is on the back of your MCO member card
- The Disability Linkage Line®, for people with disabilities, at 866-333-2466
- The Senior LinkAge Line®, for people 60 years old or older, at 800-333-2433

For more information about MHCP services, see the DHS Programs and Services page at <http://mn.gov/dhs/health-care-programs/>

Changes to Medical Assistance

Medical Assistance (MA) is Minnesota's largest health care program. Most MA members get health care through managed care organizations. Some get care on a fee-for-service (FFS) basis. If a member gets care on a FFS basis, the member's health care providers bill the state directly for the services they provide.

Changes to recovery of costs for MA services provided to members at 55 years old or older, started July 1, 2016

The change limits recovery of costs for MA services provided to members at 55 years old or older: the only part of these costs that can now be recovered is the cost of long-term services and supports (LTSS). LTSS include nursing home services, home and community-based services, and related hospital and prescription drug costs. The law went into effect on July 1, 2016, but the law applies back to January 1, 2014.

This means that an estate claim or lien made today for the timespan of January 1, 2014, to the present can recover only the costs of MA LTSS for that timespan.

However, an estate claim or lien made today can still recover costs for all MA services provided to a member at 55 years old or older before January 1, 2014. If you did not receive services before January 1, 2014, but you received MA services other than LTSS at 55 years old or older on or after January 1, 2014, the law change prevents any estate claims or liens.

We sent a letter to people affected by this change in summer 2016.

Change in use of spousal impoverishment protections for MA for Long-Term-Care Services (MA-LTC), started June 1, 2016

DHS must apply a set of rules known as “spousal impoverishment protections” when determining whether a married person is eligible for MA-LTC through the Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), or Developmental Disabilities (DD) waiver program:

- New applicants requesting services through the BI, CAC, CADI or DD waiver program on or after June 1, 2016, are subject to the spousal impoverishment protection rules. This means that some of an applicant’s spouse’s assets may be counted when determining eligibility for MA. People who applied and were approved for the BI, CAC, CADI or DD waiver program on or after January 1, 2014, will have until March 1, 2017, to reduce their assets if the new rules cause them to go over the asset limit.
- Beginning June 1, 2016, the amount of a couple’s assets that are protected for the community spouse (the spouse of the MA member), called the community spouse asset allowance, is now the maximum amount under federal law for all community spouses. This amount is currently \$119,220.
- If the community spouse does not want to make certain assets available to the spouse requesting MA-LTC, the county or tribal agency may grant a hardship waiver. The assets must be in a retirement account that will charge a penalty for early withdrawal. Or they must be in a college savings plan under section 529 of the Internal Revenue Code for a child of either or both spouses who is under age 25.

MA coverage of community emergency medical technician (CEMT) services, starting January 1, 2017, or upon federal approval, whichever is later

MA now covers the following services provided by a CEMT:

- A visit ordered by the primary care or treating provider that occurs after a person is discharged from a hospital
- A visit ordered by a primary care or treating provider to evaluate safety for a person who has had repeat ambulance calls due to falls, has been discharged from a nursing home, or has been identified by the person’s primary care or treating provider as at risk of being placed in a nursing home

Emergency MA (EMA) coverage for kidney transplants, started July 1, 2016

EMA now covers kidney transplants for people with end-stage renal disease who are currently getting dialysis and are candidates for a kidney transplant. EMA is an MA program that covers the cost of emergency medical care for people who have low incomes and are not US citizens.

Increase in certain consumers’ budgets for Consumer-Directed Community Supports (CDCS) under the Home and Community-Based Services (HCBS) waiver programs for people with disabilities, started June 1, 2016

A person who has turned 21, has graduated from high school, and was in the CDCS program before graduation can have up to 20 percent more funds for planning his or her services. This budget increase is available if the person can show he or she will have to leave CDCS because the CDCS budget is not enough to purchase day or employment supports. If you think this policy applies to you, contact your waiver case manager.

Changes to who can participate in a MnCHOICES assessment, started August 1, 2016

A person can decide who participates in his or her MnCHOICES assessment process and plan development. A service provider cannot participate unless the provider is also a legal representative or family member that the person has invited to participate.

Changes to MinnesotaCare

MinnesotaCare is for people who meet income eligibility rules and do not have health insurance or access to insurance through an employer. Most people who get MinnesotaCare pay a monthly premium. The premium amount depends on family size and income. All MinnesotaCare members get health care through managed care organizations.

Changes to comply with Basic Health Program rules, already started

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.

Definition of “child”

“Child” means a person under 21 years of age.

Social Security number required

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

No requirement to cooperate with DHS for third-party liability

MinnesotaCare members are not required to cooperate with DHS to identify third parties that may be liable for health care costs. Also, MinnesotaCare members are not required to help us get payments from those third parties. People may cooperate voluntarily.

No requirement to cooperate with DHS for paternity and other medical support

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

Verification of American Indian status

To qualify for a premium exemption because of status as an American Indian, you do not have to provide paper documentation. Simply stating that you have American Indian status is acceptable until the United States Department of Health and Human Services approves an electronic data source to verify this status. Paper documentation is still required for purposes of MinnesotaCare cost-sharing protections for people who are members of federally recognized tribes.

Advance notice for households with income above the limit

If you become ineligible for MinnesotaCare because of an income increase, MinnesotaCare ends the last day of the calendar month in which we send you 10-day advance notice that income is above the limit.

MinnesotaCare premium forgiveness

If you are disenrolled from MinnesotaCare for not paying a premium, before we issue a MinnesotaCare bill for the fourth month after disenrollment, we will forgive the unpaid part of the past-due premium.

Premium forgiveness started in July 2016, for past-due premiums for May 2016 coverage and later.

Other MinnesotaCare changes, starting July 1, 2017

Renewal month for MinnesotaCare

The renewal month for most MinnesotaCare members will no longer be January. Your renewal month will be based on a 12-month eligibility period that begins the month you applied. As always, we will tell you when it is time to renew your coverage.

Income determination

Financial eligibility for MinnesotaCare will be based on your current modified adjusted gross income (MAGI). (MAGI is a person’s adjusted gross income plus nontaxable Social Security benefits, tax-exempt interest and foreign earned income.) Or, if your income changes month to month, financial eligibility will be based on income for your 12-month eligibility period.

Date of annual update to income limits

Income limits for MinnesotaCare will be updated annually each July instead of each January.

Change to MA and MinnesotaCare

Certain income not counted, starting 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 requires federal approval to start. An independent team of researchers has proposed the project and plans to start it in up to four cities in the United States.

651-431-2670 or 800-657-3739

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

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Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

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