

## Mental Health System Changes from 2011 Legislation

### Medical Assistance (MA) & General Assistance Medical Care (GAMC)

MA now covers people who used to be on or eligible for GAMC and some people who were on MinnesotaCare.

You qualify for MA if you:

- Are not married and between ages 21 and 64,
- Have no children and
- Make less than \$677 a month or \$8,124 a year.

You can still qualify for MA because of a disability. However, if you qualify for MA based on the above criteria, you no longer need to prove your disability status or assets. To apply for MA, contact your county or tribal office.

If you were on GAMC: You should have been moved from GAMC to MA and do not need to take action. You can obtain all covered services from any provider that accepts MA patients. See page 7 to find out which services MA covers.

If you were on MinnesotaCare and meet the criteria above: You should have been moved to MA by September 2011. MA will cover your medical costs during the switch. You will not be charged a premium.

If you were on GAMC or MinnesotaCare, you should have received information from the Department of Human Services about these changes. The letter should tell you about any actions you need to take. For example, you may need to bring the letter to your provider. To learn more, please visit the Department of Human Services website at [www.dhs.state.mn.us](http://www.dhs.state.mn.us).

### Managed care instead of fee-for-service for people on MA

If you go on to MA due to a disability, you will now be placed automatically into a managed care plan. You will need to choose a plan (some counties only have one plan) or fill out a form to opt out of managed care and have fee-for-service coverage instead.

“Managed care” means you access all medical and mental health care through the providers that are in the network of one health plan. Each

managed care plan has its own drug formulary (list of covered drugs) and provider network. Before you join a health plan, be sure to find out:

- Does the plan cover the medications you take?
- Does the plan cover your doctors, therapists, mental health case managers and other health care providers?
- Do you need approval before seeing specialists or other health care providers you now use?
- Are there extra benefits available to you?

You can find this information by calling your health care providers, checking the plan’s website or calling the plan. You can also call the Disability Linkage Line at 1-866-333-2466 or TTY at 711 to talk through the options with someone who understands both the plans and needs of people living with disabilities.

You do not have to join a managed care plan. If you opt out, you will have “fee-for-service” coverage. This means you can go to any provider that takes MA. Under fee-for-service, you will have to follow the state’s drug formulary. If you join a managed care plan and don’t like it, you can switch back to fee-for-service, and you will be moved back the next month.

### MA Copayments

If you are on MA, your copayments may change as a result of the changes to the MA program during the 2011 legislative session. A copayment is the amount of money a person has to pay out of their own pocket for medical services or medicine.

### MinnesotaCare

People on MinnesotaCare who make between 200-250% of poverty (\$21,780 for a single adult; \$44,700 for a family of four) will move to a new program called the Minnesota Healthy Contribution Program. With this program, people will receive a set amount of money (based on age) to buy a health insurance plan on the open market. For example, a person between the ages of 19 and 29 would receive \$116.25 a month to pay for a premium. The plan must cover mental health and chemical dependency care.

It is important to know two things about most plans on the open market: (1) the deductible is often around \$3,000 a year (how a deductible works depends on the plan, but this is usually how much you

*Current as of September 2011*

have to pay before insurance will pay for medical expenses), and (2) often, only generic medications are covered.

Another change to MinnesotaCare is that veterans who apply for the program will be referred to their county veteran's service officer for help applying for VA benefits.

Also, children who are on MinnesotaCare and have been in foster care or residential treatment don't need to renew their eligibility or pay a premium until they turn 21. This will take effect as soon as the state receives approval from the federal government.

#### **Adult foster care**

Adult foster care providers can now provide adult day care to any adults. It used to be that they could only do this for people age 55 or older and it could not be done for people living with a serious mental illness or developmental disability. NAMI opposed this change.

Caution: When considering adult foster care, ask the facility whether they train staff to understand mental illnesses and handle mental health crises. Many adult foster care settings advertise themselves as "group homes" that serve people living with mental illnesses but do not have staff with training or experience in this area.

#### **Cash Benefits**

Cash benefits for the General Assistance (GA), Minnesota Supplemental Aid (MSA) and the Minnesota Family Investment Plan (MFIP) will now be on Electronic Benefit Transfer cards (EBT). The cards will show the head of the household's name and a notice that the cards cannot be used for alcohol or tobacco products.

In the near future, people will no longer be able to use EBT cards to make purchases or obtain cash from an ATM at liquor stores, tobacco stores, gambling establishments or tattoo parlors.

#### **Emergency General Assistance (GA) & Emergency MN Supplemental Aid (MSA)**

Starting November 1, 2011, counties (instead of the state) will determine eligibility criteria for Emergency GA and Emergency MSA. Emergency MSA was merged into Emergency GA.

To receive Emergency GA, a person can't be eligible for MFIP and must earn below 200% of poverty. People who are currently on SSI or MSA and have an emergency may apply for Emergency GA.

#### **Medication Therapy Management**

Eligibility for medication therapy management will expand to people who use three or more prescriptions (was four) to treat one or more chronic medical conditions (was two). Medication therapy management can also be provided in more settings, including long term care settings, adult foster care ("group homes") and assisted living services.

#### **Mental health and chemical dependency assessments**

Starting January 2012, a person going into a chemical dependency treatment program will also receive a mental health assessment, and vice versa. This will help assess if a person has a dual diagnosis so they can receive both mental health and chemical health treatment if needed.

#### **Medical Assistance for Employed People with Disabilities (MA-EPD)**

People on MA-EPD will no longer stay eligible for up to four months if they are unable to work due to an illness.

The minimum premium will rise from \$35 to \$65. People must contribute 5% of their unearned income, up from 0.05%. Spousal assets will no longer affect eligibility.

Further in the future, the state will reimburse Medicare Part B premiums for people with income below 200% of poverty (\$21,780 for one person). This will start January 2014 for people over age 21 and January 2019 for children ages 16 to 21.

#### **Personal Care Assistance (PCA)**

Starting October 1, 2011, people who need help with only one activity of daily living (ADL) or have a level 1 behavior will only be able to receive two units (about 30 minutes) of PCA services a day.

Relatives who provide PCA services will only receive 80% of the previous payment rate. Relatives are defined as a parent or adoptive parent of an adult child, a sibling ages 16 or older, an adult child, a grandparent or a grandchild.