

# 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

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BRIAN J. OSBERG  
Assistant Commissioner  
Health Care Administration

## **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/lfserver/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 (800) 938-3224 or through the Minnesota Relay Service at 711, or (800) 627-3529, or (877) 627-3848 (speech to speech relay service).