

HEALTH CARE REFORM POLICY DOCUMENTATION APPLICATION FORM

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| This policy applies to: | <input checked="" type="checkbox"/> MAGI Medicaid | <input checked="" type="checkbox"/> Cost Sharing Reductions |
| | <input checked="" type="checkbox"/> Non-MAGI Medicaid | <input checked="" type="checkbox"/> Qualified Health Plans (QHP) |
| | <input checked="" type="checkbox"/> Advanced Premium Tax Credits | <input checked="" type="checkbox"/> Individual Insurance Requirement Exemption |
| Does this document reflect a change in policy? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| Document Scope: | This document sets out the forms that can be used to apply for Qualified Health Plans, (QHP), Insurance Affordability Programs, (IAP) and non-MAGI Medicaid. This document also tracks various data elements that will be on the single, streamlined application. |
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| DEFINITIONS | | |
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| Term | Definition | Comments |
| Application (Medicaid Rules - Eligibility) | ...means the single streamlined application described at § 435.907(b) of this part or an application described in §435.907(c)(2) of this part submitted by or on behalf of an individual. <i>[See also single, streamlined application.]</i> | 42 CFR § 435.4 |
| Application (Medicaid Rules – Eligibility - CHIP) | ...means the single, streamlined application form that is used by the State in accordance with § 435.907(b) of this chapter and 45 CFR § 155.405 for individuals to apply for coverage for all insurance affordability programs. <i>[See also single, streamlined application.]</i> | 42 CFR § 457.10 |
| Applicant | ...means an individual who is seeking an eligibility determination for himself or herself through an application submission or a transfer from another agency or insurance affordability program. | 42 CFR § 435.4 (Medicaid) |
| Applicant (Exchange Rules) | ...means: (1) An individual who is seeking eligibility for him or herself through an application submitted to the Exchange or transmitted to the Exchange by an agency administering an insurance affordability program for at least one of the following: (i) Enrollment in a QHP through the Exchange; or (ii) Medicaid, CHIP, and the BHP, if applicable. (2) An employer or employee seeking eligibility for enrollment in a QHP through the SHOP, where applicable. | 45 CFR § 155.20 (Exchange) |
| Single Streamlined Application (Medicaid Rules) | ... The application must be— (1) The single, streamlined application for all insurance affordability programs developed by the Secretary; or (2) An alternative single, streamlined application for all insurance affordability programs, which may be no more burdensome on the applicant than the application described in paragraph (b)(1) of this section, approved by the | 42 CFR § 435.907(b) |

HEALTH CARE REFORM POLICY DOCUMENTATION APPLICATION FORM

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| | Secretary | |
| Single Streamlined Application (Exchange Rules) | <p>(a) The application. The Exchange must use a single streamlined application to determine eligibility and to collect information necessary for: (1) Enrollment in a QHP; (2) Advance payments of the premium tax credit; (3) Cost-sharing reductions; and (4) Medicaid, CHIP, or the BHP, where applicable.</p> <p>(b) Alternative application. If the Exchange seeks to use an alternative application, such application, as approved by HHS, must request the minimum information necessary for the purposes identified in paragraph (a) of this section.</p> <p>(c) Filing the single streamlined application. The Exchange must—</p> <p>(1) Accept the single streamlined application from an application filer;</p> <p>(2) Provide the tools to file an application— (i) Via an Internet Web site; (ii) By telephone through a call center; (iii) By mail; and (iv) In person, with reasonable accommodations for those with disabilities, as defined by the Americans with Disabilities Act</p> | 45 CFR § 155.405(a) |
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‘AS IS’ POLICY ASSESSMENT OF CURRENT POLICY

| Current Citations | Plain Language Synopsis of Citations |
|---|---|
| <i>List citation and link to underlying authority or embedded PDF</i> | |
| 42 CFR § 435.907 Written application | <p>(a) The agency must require a written application from the applicant, an authorized representative, or, if the applicant is incompetent or incapacitated, someone acting responsibly for the applicant.</p> <p>(b) Subject to the conditions specified in paragraph (c) of this section, the application must be on a form prescribed by the agency and signed under a penalty of perjury.</p> <p>(c) The application form used at outstation locations for low-income pregnant women, infants, and children specified in § 435.904 must not be the application form used to apply for AFDC. The application form (including any computerized application form) for these designated eligibility groups may be—</p> <p>(1) A Medicaid-only form prescribed by the agency specifically for the designated eligibility groups;</p> <p>(2) An existing Medicaid-only application; or</p> <p>(3) A multiple-program application that contains clearly identifiable Medicaid-only</p> |

HEALTH CARE REFORM POLICY DOCUMENTATION APPLICATION FORM

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| | sections or parts. |
| MN Rule 9505.0085 Right to Apply; Making Application. | States any person or person's authorized representative can apply for MA and the local agency must determine eligibility. |
| MN Rule 9505.0095 Verification of Eligibility Information | <p>The local agency shall verify the eligibility factors, in determining the medical assistance eligibility of the applicant. The local agency must not require an applicant or recipient to verify more than once an eligibility factor not subject to change and available in existing medical assistance files of the local agency.</p> <p>The applicant shall provide all necessary information and documents and give the local agency written authorization to contact sources who are able to verify the required information to the local agency. An applicant who refuses to authorize verification of an eligibility factor including a social security number shall be denied medical assistance eligibility.</p> |
| MN Statute 256.01 , Subd.27 Application and renewal forms | The commissioner shall make state health care program applications and renewals available on the department's Web site in the most common foreign languages. |
| MN Statute 256B.04 Subd.3. Required forms | <p>Required forms: The State agency shall advise, print, and supply to the county agencies blank applications, reports, affidavits, and other forms deemed as necessary or advisable.</p> <p>Applications for medical assistance. (a) The state agency may take applications for medical assistance and conduct eligibility determinations for MinnesotaCare enrollees.</p> <p>(b) The commissioner of human services shall modify the Minnesota health care programs application form to add a question asking applicants whether they have ever served in the United States military.</p> |
| MN Statute 256B.09 Application Subd.1 | This section provides information about the application process. |

Current Policy

1. Applications for Minnesota Health Care Programs (MHCP)

There are several applications that can be used to apply for health care depending on the client's situation and the

HEALTH CARE REFORM POLICY DOCUMENTATION

APPLICATION FORM

program for which he or she is applying. The applications gather eligibility information about the client.

General Application Requirements

Accept any of the DHS approved applications as detailed in this section.

- Do not require a specific application when another meets the conditions for use.

Exception: Do not use a Minnesota Family Planning Program (MFPP) ([DHS-4740](#)) application to determine eligibility for any program other than MFPP.

- Accept unsigned applications to set the [date of application](#). Obtain the [application signature](#) as part of the application process.
- Do not require forms or verifications not required as a condition of eligibility regardless of what application is used.
- Provide the following documents with each application:
 - Minnesota Health Care Programs ([DHS-3182](#)). This brochure briefly describes Minnesota's health care programs and the eligibility requirements.
 - Domestic Violence Information ([DHS-3477](#)). This brochure explains what domestic violence is, services available to domestic abuse victims and how victims can get a waiver from some of the Diversionary Work Program (DWP), Minnesota Family Investment Program (MFIP) and SNAP program rules.

Health Care Application (HCAPP)

The HCAPP ([DHS-3417](#)) allows people to apply for any or all of the Minnesota Health Care Programs (MHCP) on one form. Questions on the HCAPP may apply to all health care programs, only to one or two programs, or to specific populations.

The HCAPP has several functions:

- Collect eligibility information.
- Provide the client with their rights and responsibilities. Clients should detach these pages and retain them for their records.

Note: Clients who request MA payment of long-term care (LTC) services, including home and community-based waiver services, using the HCAPP or a Combined Application Form (CAF) must also complete the MHCP Request for Payment of Long-Term Care Services ([DHS-3543](#)) before eligibility for payment of those services can be determined.

Advise clients that the Minnesota Health Care Programs Application (HCAPP) is also available on the DHS web site at www.dhs.state.mn.us/healthcare.

Combined Application Form (CAF)

The following clients should use the CAF ([DHS-5223](#)) to apply:

- Clients applying for cash and SNAP, or other emergency programs, with or without MHCP.
 - An interview is required for cash and SNAP, but is not required for health care.
 - Do not wait for the cash and SNAP interview or the completion of the MDHS Worker Interview Form ([DHS-5223A](#)) to determine health care eligibility. Request the information needed to determine health care eligibility.

HEALTH CARE REFORM POLICY DOCUMENTATION

APPLICATION FORM

- Clients who are uncertain for what programs they are applying.

Note: Clients who request MA payment of long-term care (LTC) services, including home and community-based waiver services, using the HCAPP or a Combined Application Form (CAF) must also complete the MHCP Request for Payment of Long-Term Care Services ([DHS-3543](#)) before eligibility for payment of those services can be determined.

Clients who apply for health care coverage only should complete the HCAPP ([DHS-3417](#)) or ApplyMN. However, process the application if they use the CAF to request health care only. Request the information needed to determine health care eligibility. See [Processing Applications](#).

Note: Include the Worker Interview Form ([DHS-5223A](#)) when transferring an application if the client applied using a CAF and an interview was conducted.

Minnesota Medical Assistance – Breast and Cervical Cancer (MA-BC) Application/Renewal

Use the Minnesota Medical Assistance Breast and Cervical Cancer Coverage Group (MA-BC) Application/Renewal ([DHS-3525](#)) or ApplyMN for women who are screened and found to need treatment through the [Sage Screening Program](#).

Long-Term Care (LTC) Requests and Applications

Eligibility for MA payment of LTC services, including waiver services, cannot be determined until a request for payment of those services has been received using an acceptable request or application form.

Acceptable requests from applicants include:

- The Minnesota Health Care Programs Application for Payment of Long-Term Care Services ([DHS-3531](#)).

Note: Accept the Minnesota Health Care Programs Application for Payment of Long-Term Care Services for all applicants even if they are not requesting MA payment of LTC services. Do not require completion of the HCAPP. Request missing or incomplete information and proofs required to determine eligibility.

- The HCAPP ([DHS-3417](#)).

Note: Clients who request MA payment of long-term care (LTC) services, including home and community-based waiver services, using the HCAPP or a Combined Application Form (CAF) must also complete the MHCP Request for Payment of Long-Term Care Services ([DHS-3543](#)) before eligibility for payment of those services can be determined.

- ApplyMN

MHCP enrollees must complete the MHCP Request for Payment of Long-Term Care Services ([DHS-3543](#)) to request payment of these services. Require this form when an enrollee:

- Has moved into a long-term care facility or is requesting services through the [home and community-based waiver programs](#) (CADI, CAC, DD, BI and EW).
- Has a [break in LTC services](#) and is again requesting MA payment of LTC services, but is not required to complete a new application.
- Allow 10 days for the enrollee to return the [DHS-3543](#).

Do not close MA if the enrollee does not return the form. However, the enrollee is ineligible for payment of LTC services until the form is returned and eligibility for LTC services is determined.

Determine eligibility for MA payment of LTC services even if the DHS-3543 is returned after 10 days if the person has

HEALTH CARE REFORM POLICY DOCUMENTATION

APPLICATION FORM

been continuously eligible for MA since becoming a resident in a LTCF. Services through a home and community-based waiver program cannot begin before the DHS-3543 is returned and the enrollee is determined to be eligible for MA payment of LTC services.

Renewal Forms

The Minnesota Health Care Programs Renewal ([DHS-3418](#)), Renewal for People Receiving Long-Term Care Services ([DHS-2128](#)), and Combined Six-Month Report ([DHS-5576](#)) may be processed as an application if received during the renewal month. If received after the renewal month see [Application Required](#) and [Application Not Required](#) to determine if a new application is required or if a previous application or renewal can be updated.

Request to Reopen MA for Incarcerated Individuals

Incarcerated people may apply for MA with a shortened process using the Request to Reopen Medical Assistance (MA) ([DHS-5038](#)) if their MA closed due to incarceration and they were incarcerated for 12 months or less. See [MHCP and Incarcerated Individuals](#) for more information. (see separate documentation on [Incarceration](#).)

Other Forms

Applicants and enrollees may need to complete additional forms to complete the application process. Additional forms are based on program requirements, household composition and other conditions.

2. ApplyMN

ApplyMN is a secure, web-based application that allows people to apply for Minnesota Health Care Programs (MHCP), cash assistance, SNAP, Child Care Assistance Program (CCAP) and emergency help. It is online at www.applymn.dhs.mn.gov.

ApplyMN is a "smart application" that only asks questions based on the program(s) requested, the household composition and an applicant's response to previous questions.

Before using ApplyMN for the first time, the applicant must create a secure Minnesota Human Services Online user account. New users create an account via a link on the ApplyMN page.

Applicants select an application type from the following list:

- Combined application, which allows applicants to apply for MHCP [including Medical Assistance (MA), MinnesotaCare and MA payment of home and community-based waiver services], cash assistance, SNAP, CCAP, emergency help or any combination of these programs.
- MFPP.
- Medical Assistance for Breast and Cervical Cancer (MA-BC).
- Payment of services in a Long-Term Care Facility (LTCF).

Note: Applicants using ApplyMN to apply for MA payment of home and community based waiver services use the "combined application" application type. Applicants using ApplyMN to apply for payment of services in a LTCF use the "payment of services in a LTCF" application type.

ApplyMN allows applicants to:

- submit, save or cancel an application at any time.
- review and edit answers prior to submittal.

HEALTH CARE REFORM POLICY DOCUMENTATION

APPLICATION FORM

- electronically sign the application.
- electronically attach and submit verifications.

ApplyMN displays all disclosure agreements, such as the Notice of Privacy Practices and the Rights and Responsibilities, required for each program requested in the application. Applicants must check a box indicating they have reviewed each disclosure agreement before they submit the application.

ApplyMN automatically routes applications to the county, tribe, MinnesotaCare Operations, or a combination of these sites, based on the applicant's county of residence, program(s) requested and tribal affiliation.

3. Minnesota Health Care Programs (MHCP) and Incarcerated Individuals (see separate documentation on [Incarceration.](#))

Minnesota Health Care Programs (MHCP) provides two special application procedures for some incarcerated individuals to facilitate prompt provision of health care coverage when they reenter the community. This helps assure continued treatment of chronic health conditions and successful transition to community life. Some incarcerated individuals may use a shortened application process for Medical Assistance (MA). Others may receive application assistance from facility staff when applying for any health care program.

Incarcerated individuals who do not fit into one of these two groups must follow all standard policies when applying for health care.

See [Correctional Facilities](#) for more information on eligibility for incarcerated individuals.

Shortened Application Process for Certain Incarcerated Individuals

One group of incarcerated individuals may have their MA coverage re-opened without a new application. The majority of people in this group are incarcerated in city and county facilities, but some individuals may be incarcerated in state prisons.

Incarcerated individuals may have their MA coverage reopened without a new application if they:

- Were enrolled in MA on the day of incarceration, including enrollment in Medicare Savings Programs, Emergency MA (EMA), State-funded MA (NMED), MA-EPD or residence in an IMD, and
- Are incarcerated for no more than 12 months. Count the first calendar month the person was incarcerated through the calendar month in which he or she is released.

MA closing notices will notify enrollees who are closed due to incarceration of this shortened process. However, all individuals who meet the criteria above are eligible for the shortened process, regardless of the reason MA was closed.

Requests for MA Re-Opening

Incarcerated individuals who qualify for the shortened application process are not required to submit an application if they request health care as follows:

- The incarcerated individual may complete the Request to Re-Open MA ([DHS-5038](#)) or any application or renewal (annual, six-month or one-month) to request to have MA re-opened. City, county or prison facility staff may give the DHS-5038 to incarcerated individuals or individuals may request this form from DHS. They must submit the form no sooner than 45 days prior to their release date and no later than 10 calendar days after their release date.

Note: The Request to Re-Open MA cannot be used to determine MinnesotaCare eligibility. See [Processing Requests for MA Re-opening](#) for more information.

HEALTH CARE REFORM POLICY DOCUMENTATION

APPLICATION FORM

- The MHCP household reports on a renewal that an incarcerated individual will be returning to the household. The release date must occur within the renewal processing period or within 45 days of the receipt of the renewal.
- Both of the following criteria must be met if the MHCP household reports that an incarcerated individual will be returning to the household without using any form:
 - The release date must occur within 45 days from the date the household reported the change, and
 - The incarcerated individual must be included in the existing MA household under household composition rules.

Processing Requests to Re-Open MA

- Determine if the incarcerated individual qualifies for the shortened application process.

Note: If the individual is not qualified to use the shortened application process, consider any written request to re-open MA to set the date of application. The individual must provide a completed application within the processing period following the date the request is received by the county agency to retain the date of application.

- Verify the date of incarceration and the anticipated or actual date of release.
- Obtain a release if information cannot be verified with DHS-5038. This information may be verified using:
 - The Facility Section on DHS-5038.
 - 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.
- Use the facility's address as the client's mailing address until the individual is released.

Exception: Do not change the client's mailing address to the facility address if other household members are open on the same case.

- Update the address from the facility address to the client's address on the release date if the individual indicates on the request to reopen or any time prior to release that they know their future address.
- If the individual indicates on the request to reopen that the address upon release is unknown, send a Verification Request Form ([DHS-3271](#)) requesting that the individual inform the county of where he or she is living within 30 days of the date of release. Eligibility may be approved before receipt of this information.
- Determine eligibility.
 - Review eligibility for MA.
 - Obtain a HCAPP to determine eligibility for MinnesotaCare if an individual does not have an MA basis of eligibility.

Note: All verifications that are required for an annual health care renewal are required for the shortened

HEALTH CARE REFORM POLICY DOCUMENTATION

APPLICATION FORM

process. See [Verification Requirements](#).

- Approve eligibility for the date of release if all eligibility requirements are met. This action can be taken in advance of the anticipated release date when the request to reopen is filed within 45 days prior to the anticipated release date.
- Confirm the individual has been released if eligibility was approved prior to the actual release date. Obtain a release if necessary. 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.
- Take the following action based on the confirmation obtained:
 - 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. Re-confirm release on the new anticipated date of release.
 - 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.

Note: As long as the rescheduled release date is within 45 days of the request to re-open, the incarcerated individual does not need to complete a new application.

Application Assistance for Certain Incarcerated Individuals

Incarcerated individuals may receive assistance from correctional facility staff when applying for health care. The majority of people in this group are incarcerated in state prisons.

Under this process, workers may:

- Approve eligibility while the person is incarcerated,
- Send notices sent to the correctional facility or the field services agent for the applicant, and
- Send the MHCP card to the correctional facility in advance of the effective date.

Department of Corrections (DOC) case managers may help incarcerated individuals complete the Health Care Programs Application (HCAPP) ([DHS-3417](#)) and the Individual Discharge Information Sheet (IDIS) ([DHS-3443](#)).

The DHS-3443 supplements the application. The form includes a release of information to allow information to be shared between the worker, the correctional case manager and the correctional field service agent.

The case manager sends the completed application and DHS-3443 to the county in which the individual resided before entering the correctional system.

Exception: The completed forms will be sent to the county in which the individual plans to live if the previous county of residence is unknown or the individual came from another state.

Case managers should submit the incarcerated individual's application no sooner than 45 days prior to the individual's

HEALTH CARE REFORM POLICY DOCUMENTATION

APPLICATION FORM

scheduled release date. Deny applications submitted more than 45 days prior to the scheduled release date.

Processing New Applications from Incarcerated Individuals

Follow policy established in [Processing Applications](#) unless specified otherwise in this section.

- Determine if the individual is applying for all health care programs or MinnesotaCare only and transfer the application as necessary. See Informed Choice and Shared and Transferred Applications.
- Accept the incarcerated individual's estimate of anticipated income to determine eligibility. Verify any income the individual receives while incarcerated to determine eligibility: for example, income earned through work release or gate money.

- Determine eligibility in the following order:

1. MA, including Medicare Savings Programs (MSP) and MA for Employed Persons with Disabilities (MA-EPD).
2. MinnesotaCare (MCRE).

Note: Do not determine eligibility for MA if the individual requests MinnesotaCare only.

- The incarcerated individual must meet state residency requirements. See [State and County Residence](#).
- Refer incarcerated individuals who report a disability, but do not have a current Social Security disability determination, to the [State Medical Review Team \(SMRT\)](#).

Note: [SSA](#) ends [RSDI](#) and [SSI](#) payments to incarcerated individuals after 30 days of confinement for SSI or one full calendar month for RSDI. SSA will not allow people to reapply for benefits until the actual day of release.

- Enter the correctional facility's address as the mailing address. The incarcerated individual must provide his or her new address no later than 30 days following the release date.
 - If the incarcerated individual fails to provide a new address, update the mailing address to the address of the field service agent listed on the DHS-3443.

Close coverage for the first available month giving 10-day notice. This will allow the field agent to assist the incarcerated individual with providing required information to continue coverage.

Reinstate eligibility if appropriate when the needed information is received.

- Enter a worker comment on the approval notice stating the incarcerated individual's eligibility starts the date of release.
- The [Minnesota Health Care Programs membership card](#) and approval notice will be mailed to the correctional facility. The facility will give the card to the incarcerated individual on the date of release.

References: *Include links to HCPM sections, DHS web, bulletins or other relevant documentation of current policy.*

[HCPM 07.05.05](#) - Applications for Minnesota Health Care Programs (MHCP)

[HCPM 07.05.10](#) - Application Required

[HCPM 07.05.15](#) - Application Not Required

[HCPM 07.05.20](#) – Applications after Nonpayment of MinnesotaCare Premium

[HCPM 07.20.40](#) - Shared or Transferred Applications

[HCPM 07.20.45](#) - How to Transfer and Receive an Application

HEALTH CARE REFORM POLICY DOCUMENTATION APPLICATION FORM

| 'TO BE' POLICY ASSESSMENT UNDER ACA | |
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| ACA Citations | Plain Language Synopsis of Citations |
| <i>List citation and link to underlying authority or embedded PDF</i> | |
| <p>Medicaid Final Rule 42 CFR § 435.907; Commentary pp. 17163.</p> <p>NPRM Commentary, pp. 51161</p> <p>CHIP Final Rule 42 CFR § 457.330</p> <p>ACA § 1413</p> | <p>The agency must accept the single streamlined form developed by the secretary of Health and Human Services (HHS), or an alternative application approved by the secretary that is no more burdensome than the secretary developed form. The streamlined application will only ask questions relative to eligibility for IAPs.</p> <p>States may develop a multi-benefit application (such as the CAF) as long as it also accepts a streamlined application specifically for IAP eligibility. Alternatively, the state could use supplemental forms in conjunction with the streamlined application to capture data needed to determine eligibility for non-MAGI Medicaid and other public assistance programs. The multi-benefit application and any supplemental forms must be submitted to the Secretary, but do not require approval before usage.</p> <p>The agency may only request information necessary to make an eligibility determination for IAPs, or for a purpose related to the state plan.</p> <p>The agency may request a non-applicant's SSN as long as provision of the SSN is voluntary and used only to determine IAP eligibility.</p> <p>All applications must be signed under penalty of perjury.</p> <p>Any application form must be accessible to persons with limited English proficiency and persons with disabilities.</p> |
| <p>Exchange Final Rule 45 CFR § 155.405, pp. 18462; Commentary pp. 18385;</p> <p>NPRM Commentary pp. 41881</p> <p>ACA § 1413</p> | <p>The Exchange must accept the single streamlined application developed by the Secretary, or an alternative state-developed form approved by the Secretary.</p> <p>The form may not request information beyond what is needed to determine eligibility to purchase a QHP or determine IAP eligibility.</p> |
| To Be' Policy | |
| MAGI | <p>MAGI Medicaid Application</p> <p>The application for QHPs and IAPs will be a single streamlined application. Minnesota must use a single, streamlined application to determine eligibility for MAGI Medicaid. Minnesota may use the single streamlined application developed by HHS, or an alternative single streamlined application approved by HHS.</p> <p>The single streamlined application must only require applicants to provide information necessary to make an eligibility determination or for a purpose directly connected to the administration of the State Plan.</p> <p>The single streamlined application must be accessible to persons who are limited English proficient and persons who have disabilities.</p> |

HEALTH CARE REFORM POLICY DOCUMENTATION APPLICATION FORM

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| | <p>Health Care Application (HCAPP)</p> <p>The HCAPP will no longer be used. Instead, applicants must use the single, streamlined application to apply for MAGI Medicaid.</p> <p>Combined Application Form (CAF)</p> <p>The CAF will not be used to apply for MAGI Medicaid.</p> <p>Renewal</p> <p>See Late Renewals for information on when a renewal form may be used as an application.</p> <p>Other Forms</p> <p>No additional forms should be required to make a MAGI eligibility determination.</p> <p>Long-Term Care (LTC) Requests and Applications</p> <p>MAGI applicants may make requests for LTC services on the single, streamlined application. A separate LTC application will also be available.</p> <p>Request to Reopen MA for Incarcerated Individuals</p> <p>See Incarceration.</p> <p>ApplyMN</p> <p>ApplyMN will not be used to apply for MAGI Medicaid.</p> <p>Transferring or Sharing Applications</p> <p>The Exchange will share or transfer applications and information when a client has been determined potentially ineligible for MAGI.</p> <p>Data Elements on the Single, Streamlined Application</p> <ol style="list-style-type: none"> 1. Voter registration question or statements must appear on the application and renewals for both IAP and QHP-only requests. 2. Will need special income questions for American Indian/Alaska Native applicants. 3. Information regarding electronic data collection (IEVS notice) must be included on application, denial, and approval notices. |
| <p>Non-MAGI</p> <p>(Applies Across Medicaid)</p> | <p>Non-MAGI Application</p> <p>For individuals applying, or who may be eligible for assistance on a basis other than MAGI, Minnesota may use either:</p> <ol style="list-style-type: none"> 1. the single, streamlined application and supplemental forms, or 2. an application designed specifically to determine eligibility on a basis other than MAGI. <p>A separate non-MAGI application must minimize burdens on applicants. The State must submit any MAGI-exempt application and supplemental forms to HHS, but HHS does not need to approve these documents.</p> <p>At this time, Minnesota plans to use the single, streamlined application with supplemental forms,</p> |

HEALTH CARE REFORM POLICY DOCUMENTATION APPLICATION FORM

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| | <p>rather than a separate non-MAGI application.</p> <p>HCAPP</p> <p>The HCAPP will no longer be used.</p> <p>CAF</p> <p>The CAF will not be used to apply for non-MAGI Medicaid.</p> <p>Renewal</p> <p>See Late Renewals.</p> <p>Other Forms</p> <p>Supplemental forms will be used to gather additional information if an applicant submits a single, streamlined application and requests a non-MAGI determination or appears to be eligible for non-MAGI.</p> <p>Long-Term Care Requests and Applications</p> <p>Non-MAGI applicants may make requests for LTC services on the single, streamlined application. A separate LTC application will also be available.</p> <p>Request to Reopen MA for Incarcerated Individuals</p> <p>See Incarceration.</p> <p>ApplyMN</p> <p>ApplyMN will not be used to apply for non-MAGI Medicaid.</p> <p>Transferring/Sharing Applications</p> <p>Follow MAGI.</p> <p>MA-BC Application/Renewal</p> <p>Use the Minnesota Medical Assistance Breast and Cervical Cancer Coverage Group (MA-BC) Application/Renewal (DHS-3525) or ApplyMN for women who are screened and found to need treatment through the Sage Screening Program.</p> <p>An individual whose eligibility is established for MA-BC requires no further eligibility determination. The MA-BC group is exempt from MAGI rules, and therefore no MAGI screening or review would be necessary.</p> <p>Therefore, the presumptive eligibility determination from SAGE and use of the single, streamlined application will be used to determine MA-BC eligibility.</p> |
| Advanced Premium Tax Credits | <p>Applications for QHPs and IAPs</p> <p>The application for QHPs and IAPs will be a single streamlined application. Minnesota may use the single streamlined application developed by HHS, or an alternative single streamlined application approved by HHS.</p> |

HEALTH CARE REFORM POLICY DOCUMENTATION APPLICATION FORM

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| | <p>The single streamlined application will only require applicants to provide information necessary to make an eligibility determination or for a purpose directly connected to the administration of the State plan.</p> <p>The single streamlined application must be accessible to persons who are limited English proficient and persons who have disabilities.</p> |
| Cost Sharing Reductions | Follow APTC. |
| Qualified Health Plans | Follow APTC. |
| Individual Insurance Requirement Exemption | Individual insurance requirement exemption will have a separate application; it is not part of the single streamlined application. |
| How will the 'to be' policy affect or apply to: | |
| New applicants | The agency must accept applications via the internet, telephone, mail, and in person. See Application Submission . |
| Current Enrollees | n/a |
| Application Process | Minnesota may not require an in-person interview as part of the application process for determining MAGI eligibility. |
| Eligibility Begin Date | When and how an application is received may impact the begin date of eligibility. See Date of Application . |
| Renewals | See Late Renewals for information on when a renewal may be used as an application. |
| Verification Requirements | n/a |
| Social Security Number | n/a |
| Citizenship Status | n/a |
| Immigration Status | n/a |
| Insurance, TPL & Benefit Recovery | n/a |
| State Residency | n/a |
| Household Composition | n/a |
| Income and Asset Guidelines | n/a |

HEALTH CARE REFORM POLICY DOCUMENTATION APPLICATION FORM

| | |
|---|---|
| Income and Asset Deeming | n/a |
| Income Calculation | n/a |
| Spenddowns and Obligations | n/a |
| Premiums | n/a |
| Covered Services | n/a |
| Service Delivery | n/a |
| End of Eligibility | N/A |
| Other Requirements | |
| Relationship to Other Programs, Groups or Bases | |
| | |
| Other Reference Material <i>Include links to flowcharts, tables, issue briefs, etc.</i> | <p>CMCS Information Bulletin, July 9, 2012</p> <p>Events and Announcements;</p> <p>July 2nd Single Streamlined Application Data Elements Open for Comment under PRA:</p> <ul style="list-style-type: none"> A-1 pager data elements (IAP programs) Appendix B-1 pager data elements (QHP only) Supporting statement |

| | |
|--|--|
| Change in State Law Needed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Detail of State Law Change | |
| Minnesota Statutes 256B.04 and 256B.08 allow the state flexibility to implement the single streamlined application. See also Application Submission . | |
| Federal Compliance Considerations? | <input type="checkbox"/> State Plan Option <input type="checkbox"/> Waiver <input checked="" type="checkbox"/> Other <input type="checkbox"/> None |
| Detail of Federal Compliance Considerations | |
| If the state uses an alternative to the single streamlined application, it must be submitted to the Department of Health and Human Services. The state application must be no more burdensome to individuals than the federal application. | |