



# Bulletin

**NUMBER**

#15-21-09

**DATE**

October 12, 2015

**OF INTEREST TO**

County Directors

Financial Assistance  
Supervisors and Staff

Social Services Supervisors  
and Staff

Mille Lacs Tribal TANF

Case Managers

MinnesotaCare Operations  
Managers, Supervisors,  
and Staff

Department of Corrections

County and State  
Correctional Facilities

**ACTION/DUE DATE**

Please read and implement  
upon receipt.

**EXPIRATION DATE**

October 12, 2017

## Medical Assistance Coverage for People Who Are Incarcerated

**TOPIC**

Application process and policy for people who are incarcerated and are requesting health care coverage.

**PURPOSE**

Clarify the application process and policy for people who are incarcerated and are requesting health care coverage.

**CONTACT**

MinnesotaCare Operations and county and tribal agencies should submit policy questions to 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 2013 Minnesota Legislature passed legislation allowing Medical Assistance (MA) to pay for services a person who is incarcerated receives as an inpatient in a medical institution. Effective January 1, 2014, a person incarcerated in a state prison, county detention facility, or city jail who applies and is found eligible for MA may qualify for MA payment for inpatient hospital or nursing facility care.

This bulletin provides state, county, and tribal agencies with the policy and procedures for people who are incarcerated and applying for MA payment for inpatient care in a medical institution. The new policy and procedures were implemented in 2014 and communicated to correctional and county agencies. We are issuing this bulletin in response to ongoing questions.

The agencies that work with people who are incarcerated are key partners in the application process.

These agencies include the following:

- Minnesota Department of Corrections (DOC)
- County and city detention centers and jails
- Health care providers
- Local human services agencies
- Certified application counselors and navigators

## II. Introduction

People who are incarcerated are **ineligible** for MA benefits while they reside in the following correctional facilities:

- City, county, state, or federal correctional and detention facilities for adults. A person incarcerated in one of these facilities remains incarcerated, and thus ineligible for MA benefits, if the person:
  - is in a work-release program that requires the person to return to the facility during nonwork hours or
  - has been sent by the court or correctional facility to a chemical dependency residential treatment program while serving a sentence and must return to the correctional facility after completing treatment.
- Secure juvenile facilities licensed by DOC that are for holding, evaluation, and detention
- State-owned and -operated juvenile correctional facilities
- Publicly owned and operated juvenile residential treatment facilities and group foster care facilities that are licensed by the DOC and have more than 25 nonsecure beds

Effective January 1, 2014, a person incarcerated in a state prison, county detention facility, or city jail who applies and is found eligible for MA may qualify for MA payment for inpatient hospital or nursing facility care.

### **III. Application Requirements**

A person who is incarcerated and applying for MA payment for inpatient care in a medical institution must apply using a paper application. Applying with a paper application ensures that eligibility dates for health care coverage are correct.

#### **A. Health Care Application**

The demographics of a person who is incarcerated determine which paper application he or she should complete.

- An applicant who is requesting MA payment for inpatient care in a medical institution, other than a long-term-care (LTC) facility, should use the [Application for Certain Populations \(DHS-3876\)](#) if the applicant meets at least one of the following criteria:
  - Is 65 years of age or older
  - Is requesting help only with Medicare costs
  - Is 21 years of age or older with no dependents and has Medicare coverage
  - Receives Supplemental Security Income (SSI)
  - Is applying for Medical Assistance for Employed Persons with Disabilities (MA-EPD)
- An applicant who is requesting MA payment for LTC services should apply using the [Application for Payment of Long-Term Care Services \(DHS-3531\)](#).

A person who is incarcerated, has been approved for MA to pay for inpatient coverage, and is being discharged to a LTC facility must provide one of the following forms to request payment of the LTC facility costs:

- [Request for Payment of Long-Term Care Services \(DHS-3543\)](#): For people who have active MA coverage and an aged, blind, or disabled basis of eligibility
- [Payment of Long-Term Care Services \(DHS-3543A\)](#): For people who have active MA coverage and a families-with-children or adult basis of eligibility
- An applicant who does not meet any of the criteria for using the DHS-3876 or DHS-3531 should apply using the paper [MNsure Application for Health Coverage and Help Paying Costs \(DHS-6696\)](#).

Refer to [Bulletin #14-21-02](#) for more information about Minnesota Health Care Programs (MHCP) applications.

## **B. Medical Assistance Payment for Inpatient Hospital Care for Incarcerated People (DHS-6696G) Form**

If a person who is incarcerated applies for MA payment for inpatient care in a medical institution, the person must also complete the [Medical Assistance Payment for Inpatient Hospital Care for Incarcerated People \(DHS-6696G\)](#) form. This form provides the following:

- Information about the correctional facility
- Dates of incarceration
- The date the person was admitted to a medical institution and the date the person was discharged
- Where the person will be residing when discharged

We need this information to process the application.

The DHS-6696G also includes an authorization for release of information that allows DHS to communicate with the correctional facility. We cannot share information about a person's eligibility status if he or she does not sign the release.

## **IV. Action Required**

This section describes the actions correctional facilities and local human services agencies must take when working with a person who is incarcerated and wants to apply for MA payment for inpatient care.

### **A. Correctional Facilities**

In this subsection (IV.A), "you" and "your" refer to a correctional facility staff member.

If a person who is incarcerated wants to apply for MA payment for inpatient hospital or nursing facility care, you must help the person complete the application process.

You must send the completed paper application and DHS-6696G to us for processing either:

- after the person is discharged from the hospital or
- when the preadmission screening (PAS) has been completed and the person has met institutional level-of-care (LOC) requirements for nursing facility care.

(More information about the PAS and LOC requirements is provided in the following subsection, "Special Instructions for People Who Are Incarcerated and Apply for MA Payment for Nursing Facility Care.")

However, do not submit the application later than three calendar months from the admission date or from the date LOC requirements are met. If the person remains in a hospital setting, note the anticipated discharge date on the DHS-6696G.

Applications must be mailed or faxed.

Mail applications to this address:

Department of Human Services  
PO Box 64839  
St. Paul, MN 55164-0839

Or fax them to 651-431-7579.

If the applicant signs the DHS-6696G, we will notify the correctional facility contact person provided on the DHS-6696G of the applicant's eligibility status. We provide the contact person the applicant's MA identification number if the applicant is determined eligible.

Your correctional facility is responsible for notifying the hospital or LTC facility of the person's eligibility status. If the person is eligible, give the hospital or LTC facility the person's MA identification number.

### **Special Instructions for People Who Are Incarcerated and Apply for MA Payment for Nursing Facility Care**

A person who is incarcerated must meet institutional LOC requirements to be eligible for MA payment for nursing facility care.

When medical staff members at your correctional facility determine that a person who is incarcerated requires LTC services in a nursing facility, they or the nursing home staff must complete a PAS for the person. The PAS determines whether the person meets LOC requirements and whether specialized services are needed because of mental illness or developmental disability. After your facility's medical staff members or the nursing facility staff members complete the online PAS form, the form is routed to the Senior LinkAge Line® for processing. The online PAS is available at <https://mnhelpreferral.revation.com/>. Please refer to [Bulletin #14-25-11](#) for more information about the PAS.

As an alternative, your correctional facility can contact the county social services staff where the nursing facility is located to have a MnCHOICES assessment completed. The MnCHOICES assessment includes completion of a PAS.

The person should complete the appropriate application as soon after being admitted to the nursing facility as possible. The person also must complete the DHS-6696G. Complete the correctional facility section of this form and write "LTC" in the hospital information section.

## **B. County and Tribal Agencies**

In this subsection (IV.B), “you” and “your” refer to a local human services agency staff member.

DHS processes applications from people who are incarcerated and are requesting MA payment for inpatient hospital or nursing facility care. These applications are accompanied by the MA Payment for Inpatient Hospital Care for Incarcerated People (DHS-6696G) form. County and tribal agencies should **not** process these applications.

Mail these applications and DHS-6696G forms to this address:

Department of Human Services  
PO Box 64839  
St. Paul, MN 55164-0839

Or fax them to 651-431-7579.

If a person who is incarcerated and is requesting MA payment for nursing facility care has a community spouse, the person must complete an asset assessment before we can determine eligibility. We will forward the asset assessment forms to your agency for processing and loading into MAXIS in the ASET function. Once you have completed the asset assessment, send the completed assessment forms back to us.

## **V. Legal Authority**

Minnesota Statutes, section 256B.055, subdivision 14

## **VI. 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](mailto:DHS.info@state.mn.us), call 651-431-2283 (voice) or toll free at 888-938-3224, or use your preferred relay service. (ADA1 [9-15])