

**MinnesotaCare:**

See §0915.03 (Adding a Person to the Household).

**MA/GAMC:**

See §0907.19.05.03 (MA Basis: Auto Newborn) for instructions on adding children born to women receiving or eligible for MA.

Take the following steps when you become aware of new household members other than auto newborns:

1. If the new household member is requesting MA or GAMC, request all information needed to determine the new household member's eligibility, such as SSN, assets if applicable, income, and information on other health coverage. Do not require an application or addendum.

**EXCEPTION:** Require an application if the only active household member is an auto newborn and there is no application or renewal on file in the previous 12 months. See §0904.05.03 (When to Require an Application).

If the new household member is not requesting MA or GAMC, determine if the new member's income and/or assets must be deemed to members of the existing household. If so, request a Household Report Form (DHS 2120) and verification of the new member's income, assets if applicable, and any other health coverage the new member has that covers any members of the existing household.

2. Determine the new member's effect on the household size and basis of eligibility. See §0908.05 (Determining MA/GAMC Household Size), §0908.07 (Household Composition: Deeming), and §0907.17 (MA/GAMC Bases of Eligibility).
3. Determine the new member's eligibility and the effect of adding the new member on eligibility, certification period, and spenddown for the existing household members. People who move into an existing household are eligible to be added effective the first full month that they live with the existing household. If the new member is not requesting MA or GAMC, begin deeming the new member's income effective the first full month they live with the existing household.

If the new member requests coverage for the month of entry into the household or any retroactive months, determine eligibility for those months

separately.

If the new member was included in the household size but did not request MA or GAMC when the rest of the household was approved, the new member may be added for the **first full month or up to 3 months** retroactive for MA or **the date that he/she requests GAMC**. The new member is subject to the same spenddown type as the rest of the household. See §0913.05 (Which Spenddown Type to Use) and §0913.19 (Shortened Spenddown).

See §0913.19 (Shortened Spenddown) for instructions and examples covering when to interrupt the certification period and recompute the spenddown when adding a household member.

4. Determine if the new member must be enrolled or disenrolled from a health plan. See §0914.03.13 (Adding/Removing People From Managed Care).