
MinnesotaCare:

Do not require a HCAPP in the following situations:

- > A person is added to an existing MinnesotaCare household. Gather the necessary information to add the person. See §0915.03 (Adding a Person to the Household).
- > People reapply for MinnesotaCare after a break in coverage if 6 months or less have elapsed since they last completed an application or renewal form. If more than 1 month has elapsed since the last application or renewal, contact the applicant to update the information on the last form completed. See §0904.05.09 (Updating the Application).

EXAMPLE:

Georgia applies for MinnesotaCare on January 3 and is enrolled effective February 1. Her coverage terminates effective **May** 1. She calls in **July** to reapply. Do not require a new HCAPP since it has been less than 6 months since she completed her application. Update the application since more than 1 month has elapsed since coverage ended.

- > People who applied for MA or GAMC and were denied request MinnesotaCare within 6 months of the application date.
- > People who were denied or pended awaiting payment but failed to make the initial premium payment reapply 6 months or less after the date of the last application. Contact the applicant to update the information on the last application. See §0904.05.09 (Updating the Application).

EXAMPLE:

Stuart applies for MinnesotaCare on April 10 and is pended awaiting payment on April 25. No payment has been received as of **August** 1. He calls in **September** requesting coverage. Do not require a new HCAPP since less than 6 months have elapsed since he completed his application. Update the previous application.

- > People who live together but must be in separate MinnesotaCare households apply on the same HCAPP. Copy the HCAPP for the second household's case file if it contains sufficient information and signatures to determine eligibility for the second household. If it does not, send the second household a separate application to complete and sign. The application date for the

second application will be the same as for the first application.

- > A county agency or MinnesotaCare Operations determines MinnesotaCare eligibility for people who lose MA or GAMC eligibility. Determine eligibility based on information in the case record using any form completed by the enrollee, including a CAF or CAF renewal form completed within the previous 6 months. County agencies that are not MinnesotaCare enrollment sites must send the most recent application and current renewal form, if any, to MinnesotaCare Operations. If there is no renewal form on file, send the most recent application along with current case information. The date of application is the date of the most recent application or renewal form.

M.S. 256L.05 subd. 3a, 3b
Minnesota Rule 9506.0020 subp. 6

MA/GAMC:

Do not require an application in the following situations:

- > There is a change in the basis of eligibility under a specific health care program.

EXAMPLE:

Susan receives MA as a parent/caretaker. She reports she is pregnant. Do not require an application to change the basis of eligibility to pregnant woman.

- > A person on MA enters or leaves long term care, regardless of which application form they completed.

EXAMPLE:

Bertha, age 78, lives in the community. She applied for MA on the HCAPP (DHS 3417) and was approved effective May 1. In October, she enters a LTC facility. Do not require a CAF or a HCAPP for People with Disabilities and Seniors Age 65 and Over (DHS 3531). Use the Information for Long-Term Care (DHS 3543) to gather the additional information.

- > An applicant submits a form designed for a different population. For example, do not require a person with a disability who submits a DHS 3417 HCAPP to complete a DHS 3531 HCAPP. Contact the applicant to gather any missing information.

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- > People are added to the household. Gather information needed to determine the new member's eligibility. **EXCEPTION:** Require an application if the household asks to add new members when the only person on MA is an auto newborn and the household has not completed an application or renewal form within the past 12 months.
 - > People are receiving MA or GAMC automatically with MSA or GA and the cash assistance ends. Gather sufficient information to determine if eligibility for MA or GAMC continues under another basis.

EXAMPLE:

John is receiving GA. He reports he started a job and his income will exceed GA standards. Do not require a new application to redetermine eligibility for GAMC. Determine if his income will remain within GAMC limits (or if he can meet a spenddown, if necessary).

- > People who live together but must be in separate MA or GAMC households apply on the same CAF or HCAPP. Copy the CAF or HCAPP for the second household's case file if it contains sufficient information and signatures to determine eligibility for the second household. If it does not, send the second household a separate application to complete and sign.
- > A person receiving QMB, SLMB or QI requests MA. Note that people cannot receive QI and MA concurrently. See §0907.21.09.03 (Medicare Supplement Programs: QMB), §0907.21.09.05 (Medicare Supplement Programs: SLMB), and §0907.21.09.09 (Medicare Supplement Programs: QI).
- > People meet the criteria in §0904.09 (Shared and Transferred Applications).
- > The following people convert from GAMC to MA:
 - Pregnant women.
 - People with Acquired Immune Deficiency Syndrome (AIDS).
 - People initially approved for GAMC pending the State Medical Review Team's disability determination.
 - People who did not report a disability when initially approved for GAMC but are later found to be disabled by SSA or SMRT.

- People leaving an Institution for Mental Diseases.
- People turning age 65.
- > The following people convert from MA to GAMC:
 - GA/MA recipients reach age 21.
 - People enter an Institution for Mental Diseases.
- > People are initially eligible for MA but will become eligible for GAMC within 45 days of the date of application, or are initially eligible for GAMC but will become eligible for MA within 45 days of the date of application.
- > MinnesotaCare enrollees request MA or GAMC if they have completed a **Health Care** application or renewal within the previous 45 days.
- > People who were approved for GAMC Hospital Only (GHO) are re-hospitalized and again request GHO within 6 months of the most recent application.

DO require an application in other circumstances when people on 1 health care program request another program. This includes people who no longer meet a basis of MA eligibility, such as MA-only recipients who reach age 21, unless specifically listed above; GAMC recipients who acquire an MA basis unless specifically listed above; and MinnesotaCare enrollees requesting MA or GAMC if it has been more than 45 days since the most recent MinnesotaCare application or renewal.