

NUMBER

#24-21-09

DATE

November 1, 2024

OF INTEREST TO

County Directors

Social Services Supervisors and
Staff

Financial Assistance Supervisors
and Workers

Tribal Chairpersons and Tribal
Health Directors

Navigators, Certified
Application Counselors and
Brokers

ACTION/DUE DATE

Please read and implement.

EXPIRATION DATE

November 1, 2026

DHS Revises the Application for Health Coverage and Help Paying Costs and Supplement Form

TOPIC

Changes to the Application for Health Coverage and Help Paying Costs (DHS-6696) and the Supplement to the Minnesota Health Care Programs (MHCP) Application for Certain Populations (DHS-6696B).

PURPOSE

Provide information about changes made to the DHS-6696 application form and the DHS-6696B supplement form.

CONTACT

Counties and tribal agencies should submit policy questions via HealthQuest. All others should direct questions to:

Health Care Eligibility and Access Division
PO Box 64989
540 Cedar Street
St. Paul, MN 55164-0989

SIGNED



JOHN CONNOLLY
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. Introduction

The Minnesota Department of Human Services (DHS) (hereafter referred to as “we”) issued a revised [Application for Health Coverage and Help Paying Costs \(DHS-6696\)](#) and [Supplement to the Minnesota Health Care Programs Application for Certain Populations \(DHS-6696B\)](#) on November 1, 2024.

Many of the changes we made to the application (DHS-6696) are a result of input and suggestions from county, tribal, DHS and MNsure workers as well as MNsure-certified navigators. We revised the application to clarify questions, add new questions, and reorganize existing questions.

In addition, we updated the supplement (DHS-6696B) to mirror the changes to the application.

Use the revised application and supplement form and destroy all previous versions. Both revised forms are available via [edocs](#) in English, Hmong, Russian, Somali, Spanish and Vietnamese, and will soon be available in Oromo. You can order printed applications and forms in bulk online through the [DHS online order system](#).

II. Revisions to the Application for Health Coverage and Help Paying Costs (DHS-6696)

The Application for Health Coverage and Help Paying Costs (DHS-6696) is used to apply for Medical Assistance (MA) for families with children and adults without children, MinnesotaCare, and enrollment in a qualified health plan with premium tax credits and cost sharing reductions through MNsure.

A. Revised and Reordered Questions

We made the following changes:

- **Step 2, Person 1, Question 5: Social Security number** (also Person 2, 3 and 4, question 6).

We moved the reasons for not having applied for a Social Security number, so they appear with this question, instead of referring the applicant to choose a reason code from page 21.

- **Step 2, Person 1, Question 30: Emergency medical condition** (also Person 2, 3 and 4, question 14).

We separated the question asking if the applicant needs help paying for a medical emergency from the immigration status questions, to improve readability. (Also, Person 2, 3 and 4, question 14).

- **Step 2, Question 31: Immigration information** (also, Person 2, 3 and 4, question 15).

We moved questions about immigration information from question 30 to question 31 (also Person 2, 3 and 4, from question 14 to question 15) and revised the question to ask, “Do you have an immigration status listed here?” with “Yes” and “No” check boxes. We added checkboxes for common immigration statuses and circumstances, and an “Other” checkbox that directs the applicant to choose from an additional list of less common statuses and circumstances found on page 21 at **“Immigration Status – ‘Other’ Option.”**

This change was made to simplify the question for noncitizen applicants and to align with how the online application gathers “Other” immigration status and circumstance information.

- **Question 31a-h: Immigration information** (also Person 2, 3 and 4, questions 15a-h).

An applicant who answers “Yes” to the prior question is instructed to proceed to these questions. We reordered and reworded these questions and added skip logic, so that an applicant only has to answer questions that are relevant to their specific immigration situation.

This change was made to ease applicant and worker burden.

- **Step 2, Person 1, Questions 34, 36 and 39: Employer name and address** (also Person 2, 3 and 4, questions 18, 20 and 23).

We updated the instructional text to ask for the name of the employer that appears on the person’s paycheck or pays the person in cash.

- **Step 2, Person 1, Questions 35 and 37: Taxable wages and tips** (also Person 2, 3 and 4, questions 19 and 21).

We updated the instructional text to remind applicants to include wages and tips paid by cash, personal check, or other methods of payment.

- **Step 2, Person 1, Question 42: Projected annual income** (also Person 2, 3 and 4, question 26).

We updated this question to reflect projected annual income for 2025.

- **Step 4, Question 8d**

We added “blind” to the question, “Has anyone been determined blind or disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT)?”

- **Step 4, Question 11**

We moved the question about receiving services from the Center for Victims of Torture from the Step 2 questions about immigration information to Step 4, so a household only needs to answer this once, rather than for each individual applicant.

B. Updated and Reordered Pages

We made the following changes:

- **Language block**

We added the new DHS language block to the application. Language blocks are notices placed in our publications to inform the public and clients who they should contact to have access to meaningful information.

- **Cover page**

At “Who can use this application?” we clarified that people with, or without an immigration status can apply.

At “What you may need to apply,” we separated the first bullet into two bullets to make it easier to read.

- **Page 21**

We removed the reasons and associated codes for not applying for a Social Security number. The reasons are now listed at **Step 2, Person 1, Question 5: Social Security number** (also Person 2, 3 and 4, question 6).

We renamed the “Immigration Status Codes” section “Immigration Status – ‘Other’ Option,” to align with the changes made at **Step 2, Person 1, Question 31** (also Person 2, 3 and 4, question 15).

“Immigration Status – ‘Other’ Option” lists immigration statuses and circumstances for an applicant to choose from when answering “Yes” and choosing the “Other” checkbox at **Step 2, Person 1, Question 31: Immigration status** (also Person 2, 3 and 4, question 15.).

- **Attachment A: Notice of Privacy Practices and Notice of Rights and Responsibilities**

We updated the Notice of Privacy Practices and Notice of Rights and Responsibilities to clarify the situations when individuals do not need to provide immigration information and the privacy of an applicant’s immigration information.

- **Attachment B: Agency Addresses**

We updated county and tribal agency addresses.

- **Formatting, graphics, and typeface**

We made many minor changes to formatting, graphics, and typeface throughout the application form. We reworded questions and instructions for clarity.

III. Revisions to the Supplement to the Minnesota Health Care Programs Application for Certain Populations (DHS-6696B)

The Supplement to the Minnesota Health Care Programs Application for Certain Populations (DHS-6696B) gathers additional information from people who completed an application for health care coverage other than the Application for Health Coverage and Help Paying Costs (DHS-6696). This information is needed to determine eligibility for MA for families with children and adults without children, MinnesotaCare and enrollment in a qualified health plan with premium tax credits and cost sharing reductions through MNsure. The supplement is most commonly paired with the [Minnesota Health Care Programs Application for Certain Populations \(DHS-3876\)](#), but can also be used in other circumstances, such as when a person already enrolled in MA requires a subsequent determination for a new basis of MA eligibility.

A. Revised and Removed Questions

We made the following changes:

- **Section A: Social Security number**

We removed the question asking for the person's Social Security number, as Social Security numbers are already gathered before a person completes a supplement form.

- **Section B, Question 11: Projected annual income**

We updated this question to reflect projected annual income for 2025.

B. Updated and Reordered Pages

We made the following changes:

- **Language block**

We added the new DHS language block to the supplement form. Language blocks are notices placed in our publications to inform the public and clients who they should contact to have access to meaningful information.

- **Attachment A: Notice of Privacy Practices and Notice of Rights and Responsibilities**

We updated the Notice of Privacy Practices and Notice of Rights and Responsibilities to clarify the situations when individuals do not need to provide immigration information and the privacy of an applicant's immigration information.

- **Attachment B: Agency Addresses**

We updated county and tribal agency addresses.

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-297-3862 or toll free at 800-657-3672 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.