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).
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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://mnhelpferral.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, call 651-431-2283 (voice) or toll free at 888-938-3224, or use your preferred relay service. (ADA1 [9-15])
DHS Announces New Medical Assistance (MA) Policy for Processing Requests to Reopen MA for Incarcerated Individuals

**TOPIC**
Certain incarcerated individuals may have their MA eligibility reopened upon release date through a shortened process when specific criteria are met.

**PURPOSE**
Introduce new policy and processing requirements related to the new MA reopen process.

**CONTACT**
MinnesotaCare Operations, counties and tribal agencies should submit policy questions to Health Quest.

All others should direct questions to:
Health Care Eligibility and Access (HCEA) Division
P.O. Box 64989
540 Cedar Street
St. Paul, MN 55164-0989

**SIGNED**

BRIAN J. OSBERG
Assistant Commissioner
Health Care Administration
Background and Introduction

Current policy requires Medical Assistance (MA) eligibility to end when an individual is incarcerated. While incarcerated, an individual’s medical care is the responsibility of the facility. An individual must reapply to obtain MA coverage when released.

The 2007 Minnesota Legislature passed a provision to allow certain individuals who are incarcerated for no more than 12 months and who were enrolled in MA on the date they became incarcerated to have MA eligibility reopened with a shortened process. This bulletin provides policy information, a new process, and system instructions for reopening MA eligibility for these individuals.

DHS encourages counties to share this bulletin with city and county correctional facilities and to coordinate processes to help former enrollees re-establish health care coverage. The Minnesota Health Care Programs Request to Reopen Medical Assistance (MA) (for individuals incarcerated less than 12 months) (DHS-5038-ENG) (Attachment A) is included with this bulletin. To view or download the form, go to [http://edocs.dhs.state.mn.us/lfs/stop/Legacy/DHS-5038-ENG](http://edocs.dhs.state.mn.us/lfs/stop/Legacy/DHS-5038-ENG). To order supplies of the DHS-5038-ENG through DHS Forms Supply, complete the Requisition for DHS Forms (DHS-0121) or call (651) 431-3502.

This process does not change or replace the process in place for Department of Corrections (DOC) case managers to assist inmates in applying for Minnesota Health Care Programs using the Minnesota Health Care Programs Application (HCAPP) and the Individual Discharge Information Sheet (IDIS), (DHS-3443) before their scheduled release date.

This bulletin includes the following sections:

A. Current Process
B. New Processing – Reopening MA with a Shortened Process
C. Action Required
D. Examples
E. System Instructions
F. Legal References
G. Attachments
H. Special Needs

A. Current Process
Currently, there is no shortened process to reopen MA coverage for individuals who were MA enrollees on the day of incarceration. Former MA enrollees must complete an application form and submit it to the county agency to determine Minnesota Health Care Program (MHCP) eligibility.
B. New Process - Reopening MA with a Shortened Process

1. Individuals Eligible for the Shortened Process

MA enrollees who meet certain criteria may have MA coverage reopened with a shortened process eliminating the requirement to complete a new application upon release. MA closing notices will notify enrollees who are closed due to incarceration of this shortened process. However, all individuals who meet the criteria below are eligible for the shortened process, regardless of the reason MA was closed.

An individual may have MA eligibility reopened with the shortened process if both of the following criteria are met:

a. The Individual was an MA Enrollee at the Time of Incarceration

   Check the case to verify that the individual was enrolled in an MA program, including the Medicare Savings Programs (QMB, SLMB, and QI), Emergency Medical Assistance (EMA), State Funded Medical Assistance (NMED), MA for Persons who reside in Institutions for Mental Diseases (IM), or Medical Assistance for Employed Persons with Disabilities (MA-EPD), on the first day of incarceration. It is not necessary to consider the reason for closure. Individuals who were enrolled in another MHCP (General Assistance Medical Care (GAMC), Transitional MinnesotaCare (TMCRE), or MinnesotaCare) on the first day of incarceration do not qualify for the shortened process.

b. The Individual Will Be Incarcerated for No More Than 12 Consecutive Calendar Months

   To use the shortened process, the individual must be incarcerated for no more than 12 consecutive calendar months. Count the first calendar month the individual was incarcerated through the calendar month the individual is anticipated to be released to the community. See HCPM 14.05 (Community Living Arrangement).

2. How Individuals Request to Reopen their MA

An individual who meets the criteria in section B.1 can request MA to be reopened using the shortened process in the following circumstances:

a. Requests Made Using the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A)

   Request to Reopen Medical Assistance (MA) (DHS-5038), (Attachment A), is a new form created to collect the information needed to determine if an individual’s MA coverage can be reopened upon release. The form includes a release of information allowing the financial worker to obtain information from the facility. It also includes a section for the facility staff to provide verification of the date of incarceration, the anticipated date of release, and the amount of gate money, if any, the individual will
receive upon release.

An individual, or the individual’s authorized representative, may request MA to be reopened using this form up to 45 calendar days before the anticipated date of release but no later than ten calendar days following the date of release. If the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), is submitted more than ten days after the date of release, a HCAPP must be completed. Use the date the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), was received by the county agency to set the date of application. See Section C.8.

The Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), cannot be used as an application or renewal for other household members.

b. Requests Other than Using the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A):

Accept alternative requests and reopen coverage with the shortened process if the individual meets the criteria in section B.1 and requests coverage prior to release in the situations described below. The Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), is not required when the individual submits another form or no form is required as described in #3 below. More information and/or verifications may be needed to determine if the individual meets the criteria in section B.1.

1) Application or Renewal Form Submitted

Accept any application or renewal form instead of the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), if submitted by the individual or the individual’s authorized representative and process the form in the same manner as if the individual submitted the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A).

2) An Existing MA Household Submits a Renewal Requesting Coverage for the Incarcerated Individual

Accept a renewal from an existing MA household who reports that an incarcerated individual will be moving into the home upon release and wishes to receive coverage. Accept a renewal only when the incarcerated individual’s anticipated release date is within the renewal processing period. See HCPM 08.25.05 (Processing MA and GAMC Renewals).

3) Existing MA Household Reports a Change

No form is required when an existing MA household reports that an incarcerated individual will move into the household upon release if both of the following
criteria are met:

- The anticipated release date is within 45 days from the date the household is reporting the change; and,
- The incarcerated individual will be included in the existing MA household under household composition rules. See HCPM 17.20 (Adding a Household Member).

Request any additional information needed to determine the incarcerated individual’s eligibility and the eligibility of existing household member(s).

3. Examples:

Example 1
Reginald, an MA enrollee, was incarcerated in a local jail on December 2 and his MA coverage was closed. On February 1, Reginald requests his MA be reopened on his anticipated release date of February 22.

Action
Reginald was an MA enrollee on the date he became incarcerated and he was incarcerated for 3 calendar months. He meets both criteria to be eligible for the shortened process.

Example 2
Alice was incarcerated in the local jail on October 1. Her MA coverage was closed effective November 1 due to whereabouts unknown. On September 15 of the following year Alice requests her MA be reopened on her anticipated release date of September 30. MAXIS shows she was an MA enrollee on the day she became incarcerated.

Action
Consider Alice to have met the MA criteria for the shortened process. She was an MA enrollee on the day of incarceration and was incarcerated for no more than 12 consecutive calendar months (October through September).

Example 3
Joan is incarcerated and has an anticipated release date of October 12. Joan’s daughter is an MA enrollee with a renewal month of October. Joan’s husband reports on the renewal form that Joan will be moving into the household with him and their daughter on October 12 when she is released.

Action
Use the renewal form to determine if Joan will be eligible for health care coverage upon release. Follow up with the household for information not included on the renewal form that is required to determine Joan’s eligibility.
C. Action Required
The following section provides the steps needed to process requests from incarcerated individuals to have MA eligibility reopened.

1. **Determine if the Individual Is Eligible for the Shortened Process**
   Determine if the individual meets the two criteria explained in section B.1 and is eligible for the shortened process. Follow steps 2-7 below to determine if the individual is eligible for a Minnesota health care program.

Verify the date of incarceration and the anticipated or actual date of release. Verification may be included in the Facility Section of the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A).

Verification may be obtained in the following ways if the Facility Section of the DHS-5038 was not completed by the facility or if the individual did not use the DHS-5038 to request coverage:

- 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 website; or,
- Official jail roster.

Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), contains a release to obtain information from the facility. If verification is obtained by contacting the facility, complete the Facility Section of the DHS-5038. Check the box that indicates a worker obtained this information with the date and your initials.

If a form other than the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), is submitted, you must obtain a separate release of information, signed and dated by the individual, for the purpose of collecting this information from the facility by phone or written request.

If the individual is not eligible for the shortened reopen process, skip to Step 8 below.

2. **Make Sure the Form is Complete**
   The form used to request MA to be reopened must be complete. All questions must be answered and the form must include the required signature(s).

3. **Required Verifications:**
   All verifications that are required for an annual health care renewal are required for the shortened process. See HCPM 08.25.05 (Processing Renewals).

Verify any income the individual receives while incarcerated that will be used to
determine eligibility. Some individuals may continue to work through a work release program while incarcerated. In addition, some individuals will receive gate money upon release.

Count gate money as unearned lump sum income for Method A. See HCPM 20.05.05 (Program Provisions for Excluded Income) and 20.25.10 (Lump Sum Income). Exclude up to $60 of gate money as infrequent and irregular income under Method B. See HCPM 20.05.05 (Program Provisions for Excluded Income).

4. Address Upon Release
When the individual requests MA to be reopened while still incarcerated and there are no other eligible people open on the individual’s case, use the facility address as the client’s mailing address until the individual is released. If the individual indicates on the request to reopen that the address upon release is unknown, send a Verification Request Form, (DHS-2919B), requesting that the individual inform the county of where he or she is living within 30 days of the date of release.

Set a DAIL/WRIT for 30 days from the date of release to follow up if the individual has not notified the county of where he or she is living. Close eligibility for whereabouts unknown if the individual has not contacted the county. Note: Individuals are not required to have a fixed or permanent address as a condition of eligibility. Do not close eligibility if the individual reports living in Minnesota but does not have a permanent address.

5. Determine Eligibility for Health Care Coverage
Review eligibility for the most beneficial program according to the following steps:

a. Review eligibility for MA.

Determine if the individual continues to meet all MA eligibility requirements. The MA basis of eligibility may be different upon release than it was at the time of incarceration. Consider an individual to still have a disability basis of eligibility if a previous certification by the State Medical Review Team (SMRT) or the Social Security Administration (SSA) has not expired. Refer the individual to Social Security following instructions provided in HCPM 04.35 (Referrals for Social Security Benefits) to request that payments be reinstated if payments were stopped due to incarceration.

Note: Individuals must first pay their premium before MA for Employed Persons with Disabilities (MA-EPD) can be opened. Individuals who were previously receiving services through a waiver program may have lost eligibility for the waiver services when they became incarcerated. Contact the lead agency case manager to determine if waiver eligibility will continue.

b. Review eligibility for GAMC and TMCRE when MA eligibility no longer exists.
Treat the Request to Reopen Medical Assistance (MA) (DHS-5038), (Attachment A) as an application for General Assistance Medical Care (GAMC), or Transitional MinnesotaCare (TMCRe) if the individual will no longer have an MA basis of eligibility upon release. Request the Required Questions for General Assistance Medical Care, (DHS-3423), and any additional information and verifications needed to determine eligibility.

c. Obtain a HCAPP to determine eligibility for MinnesotaCare when an individual does not have an MA, GAMC, or TMCRe basis of eligibility.

The Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A) cannot be used to apply for MinnesotaCare. If the individual is not eligible for MA, GAMC or TMCRe send the individual a HCAPP and provide the individual with information about how to apply for MinnesotaCare.

6. Approve Eligibility for the Date of Release

a. Approve eligibility if all MA, GAMC or TMCRe eligibility requirements are met. This action can be taken in advance of the anticipated release date when the request for reopen is filed within 45 days prior to the anticipated release date. Payments will not be made for services received by the individual while incarcerated. See Section D for system instructions on how to approve eligibility in advance.

b. Set a DAIL/WRIT for the anticipated release date to confirm the individual is actually released when eligibility is approved based on the anticipated release date. See Step 7 below.

7. Confirm the individual has been released. (Skip this step when eligibility is approved on or after the actual date the individual is released.)

a. Confirm the individual has actually been released on the anticipated date of release. 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.

b. Take the following action based on the confirmation obtained:
1. 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. Repeat step 7 on the new anticipated date of release.

2. 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. Reinstating eligibility if the individual is actually released prior to the effective date of closing.

8. Individuals Who Are Not Eligible for the Shortened Process

Individuals who do not meet the criteria in section B.1, are not eligible for the shortened process.

If an individual who does not meet the MA reopen criteria in section B.1 files a Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A), treat the form as a request for health care coverage for the purpose of setting the date of application. The individual must provide a completed application within the processing period following the date the DHS-5038 is received by the county agency to retain the date of application.

D. Examples

The following examples demonstrate various applications of the reopen process.

Example 4
Peggy submits a DHS-5038 on January 5. Peggy was previously enrolled in MA as a parent. Peggy is eligible for the shortened process. Peggy no longer has an MA parent basis of eligibility because she will not be returning to live with her 12-year old son. She is under age 65 and not disabled.

Action:
Request the additional information and verifications needed to determine eligibility for GAMC or TMCRC, including the Required Questions for General Assistance Medical Care, (DHS-3423). If Peggy is not eligible for GAMC or TMCRC, send her a HCAPP and instruct her to apply for MinnesotaCare.

Example 5
Diego was approved for MA using the shortened process effective October 17, his anticipated date of release. On October 17 the worker contacts the county jail to confirm that Diego has been released. The facility staff reports that Diego’s release has been postponed until November 25.

Action
Close Diego’s MA eligibility effective November 1 providing adequate notice because November 25 is more than ten calendar days after the anticipated release date. The MAXIS closing notice tells Diego how to request his coverage to be reopened.
Example 6
Walter, a GAMC enrollee, was incarcerated on July 15 and his GAMC was closed because he did not meet the criteria to remain open on GAMC while incarcerated. On August 5 of the following year Walter submits a Request to Reopen Medical Assistance (MA), (DHS-5038), to the county.

Action:
Walter cannot use the shortened process because he was not an MA enrollee on the date of incarceration. Treat the Request to Reopen Medical Assistance (MA), (DHS-5038), as a request for health care coverage and send Walter a HCAPP.

E. System Instructions

1. MAXIS
   a. Closing MA due to Incarceration

1) The MA reopen information text is produced on a MAXIS notice whenever the “Correctional Facility” test in HC ELIG is failed for an MA enrollee, and the ineligible results are approved. This test is failed when the STAT/FACI “Facility Type” field is coded 68 (County Adult Correctional) or 69 (Non-county Adult Correctional). Use these codes for all incarcerated individuals regardless of whether the individual is an adult or a juvenile.

   Exception:
   FIAT the HC ELIG “Correctional Facility” test when the incarcerated individual is an MA enrollee and is being removed from a household that has at least one member continuing HCPM eligibility. Enter the removal date in STAT/REMO, update STAT/FACI as noted above, and FIAT the HC ELIG “Correctional Facility” test to ‘FAILED’ for the incarcerated individual. Use FIAT code ‘05’.

2) Enter code “13” (Adequate Notice Given) when an override pop-up is displayed. An override code is required when a 10-day notice is not provided.

3) The notice text informs individuals about the shortened process and states:

   **Notice Text:**
   Medical Assistance (MA) is closed starting the day you went to the local jail, workhouse, juvenile correctional facility, or prison.

   MA can be opened again for the day you get out if you are eligible and if it is less than 12 months from the date you went in. Send the “Request to Reopen Medical Assistance (MA)”, (DHS-5038) to the county you lived in before you went in to the facility. Send the form up to 45 days before you get out.
You will have to reapply if the county does not get the form within **10 days** after you get out.

If you are in a facility for **12 months** or more you will have to reapply for MA.  
(MN Stat. 256B.055, subd. 14)

**b. Reopening MA**
Follow these steps to reopen MA eligibility in MAXIS for an incarcerated individual who is eligible for the shortened process.

1) Update STAT/HCRE. Enter the date the Request to Reopen Medical Assistance (MA), (DHS-5038), (Attachment A) or other acceptable form was received in the "Application Date" field. Enter the month of release in the "Request Date" field.

2) Update STAT/ADDR with the address of the individual on the release date. This update can be completed after the first of the month in the month before release. See previous section C.4 for more information on entering address information.

3) Set a DAIL/WRIT, as instructed in previous C.4 when a release address is not available. Set the DAIL/WRIT for 30 days after the date of release and follow the instructions in C.4 if an address is not provided by that date.

4) Set a DAIL/WRIT to confirm the actual release date on the anticipated date of release.

5) Update STAT/FACI with the verified anticipated date of release.

6) Approve HC ELIG results. MAXIS displays the results for the first of the month of release.

7) Add a worker comment to the approval notice indicating that MA will begin on the anticipated date of release.

8) Enter case notes for how and when the facility was contacted to confirm the date of release. Enter case notes for the anticipated date of release.

**1. MMIS**

a. **Suspending MA Due to Incarceration**
Close eligibility for the first available month when closing an enrollee for incarceration. Disregard discrepancy reports caused by the different coding entered when an individual is closed with adequate notice in MAXIS but cannot be closed in MMIS for the same month because of capitation.

b. **Reopening MA – Eligibility Begins on Date of Release**
Update the following in MMIS when reopening MA for the date of release:

1) Update RLVA.
   a) Enter the date of release as the “End Date” field of the incarceration span.
   b) Add a new living arrangement using the date of release in the “Begin Date” field and the community code (80 or other appropriate community code) in the “Living Arrangement” field.

Note: For individuals who do not have an incarcerated living arrangement span to close, simply open MA for the anticipated date of release.

2) Update RELG. Enter a new eligibility span with the release date in the “Begin Date” field.

3) Update Managed Care information. If the individual:
   a) Was enrolled in managed care at MA closure and does not meet an exclusion, PF9 after entering eligibility information. This will automatically reopen managed care with the previous health plan.
   b) Was excluded from managed care at the time of closure but is no longer excluded at reopening, or is requesting a change in health plan, enter the exclusion code of ‘YY’ (Delayed Decision) for the current month. Update RTRK and other screens according to current practices.
   c) Is excluded from managed care, enter the exclusion code following current practices with a begin date of the current month.

F. Legal Reference
Laws of Minnesota 2007, Chapter 147, Article 4, Section 3

G. Attachments
Attachment A – “Request to Reopen Medical Assistance (MA)”, (DHS-5038)

H. Special Needs
This information is available in other forms to individuals with disabilities by contacting us at (651) 431-2283 or toll free at (800) 938-3224 or through the Minnesota Relay Service at 711, or (800) 627-3529, or (877) 627-3848 (speech to speech relay service).
MEMORANDUM OF UNDERSTANDING
BETWEEN
THE MCF STILLWATER, BAYPORT, MN
AND
THE SOCIAL SECURITY ADMINISTRATION (SSA)

ARTICLE I

PURPOSE AND GENERAL BACKGROUND OF AGREEMENT

This Memorandum of Understanding ("MOU" or "Agreement") is entered between the MCF Stillwater ("covered institution"), and the Social Security Administration ("SSA"), pursuant to relevant authority contained in the following federal statutes and regulations: §§ 205 and 702(a)(5) of the Social Security Act (Act) (42 U.S.C. §§ 405 and 902(a)(5)); Section 7213(a)(1)(A) of the Intelligence Reform and Terrorism Prevention Act of 2004 (P.L. 108-458); 20 C. F. R. Part 422. This agreement is also executed to comply with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), section 1106 of the Act (42 U.S.C. § 1306) and SSA’s disclosure regulations and guidance promulgated thereunder. SSA maintains an automated Privacy Act System of Records (system notice SSA/60-0058) entitled Master Files of Social Security Number (SSN) Holders and SSN Applications, last published on January 11, 2006, at 71 FR 1796 et seq. that is the source of the information SSA needs to perform the activities covered under the terms of this agreement.

This Agreement will facilitate each party’s desire to establish an effective, efficient, and secure means for each party’s staff to process applications from certain inmates for replacement Social Security number (SSN) cards. This agreement not only benefits the inmates, but SSA as well, as it leads to more expeditious issuance of replacement SSN cards, thereby improving program efficiency.

Only applications for replacement SSN cards from inmates who are U.S. citizens can be processed under this agreement. Inmates who apply for a replacement SSN card must already have an SSN, have never used different SSNs, and all information on their application for a replacement card must exactly match information in SSA records. Applications from non-U.S. citizens, for new SSNs, from applicants who have used different SSNs, or for changes to information in SSA records are outside the scope of this agreement.

Applications will be accepted under this Agreement from inmates who meet at least one of the applicable circumstances below:

1. will be released within 120 days;

2. are participating in a work release, school, or pre-release social services program;

3. will be transferred to a half-way house (or other similar facility) for work release within 120 days.
ARTICLE II

COVERED INSTITUTION RESPONSIBILITIES/PROCEDURES

The covered institution will:

A. Provide the SSA field office servicing the covered institution a list of officials who are authorized to implement this MOU by signing the documents described herein, including the Certification of Prison Records and the cover letter to the SSA field office (Attachment A). The list of authorized officials will be signed by the Warden or similar official on covered institution letterhead and include the name, position and signature of each official and be updated as needed to reflect staff changes.

B. Follow established covered institution policy and procedures to verify the identity of every inmate when received into custody, including:

YES NO

___ ___ A thorough review of the records in the inmate’s file, including information provided by reviewing birth record, drivers’ license, passport or other identifying information; discussions with family; school transcripts; and employment records.

___ ___ A review of records from [NAME OF LAW ENFORCEMENT AGENCY], that includes information regarding investigation into availability of identity information (birth record, driver’s license, or other identifying information; discussions with family; school transcripts; and employment records).

___ ___ Comparison of inmate’s physical characteristics against existing photographs (including body art), fingerprints, and available physical description, e.g., sex, race, height, weight, eye color, hair color, using the Joint Automated Booking System (JABS) with the Federal Bureau of Investigation (FBI) to ensure inmates are identified correctly.

___ ___ Other procedures used to verify inmate identity (specify):

C. Provide a Form SS-5 to each inmate who meets one of the requirements listed in Article I, who does not have a valid SSN card, and who wishes to make
application for a replacement SSN card.

D. Ensure that each inmate who completes Form SS-5 also completes and signs Form SSA-3288, Consent for Release of Information (Attachment B), under which the inmate provides permission for SSA to release his or her SSN card to the covered institution.

E. Review the Forms SS-5 and SSA-3288 received from inmates and compare the biographical information provided on these forms to information contained in the inmate files. Ensure that these forms are signed and reflect the inmate's legal name. The inmate's Prison System Identification Number and the name of the covered institution must also appear in the Address block of the Form SS-5. This information will assist the covered institution in associating the replacement SSN card issued by SSA with the inmate's permanent file. At the covered institution's election, the name of a designated prison official can be added in the Address block as a "c/o" annotation to facilitate processing.

F. Prepare and sign a Certification of Prison Records (Attachment C) for each inmate, verifying that the inmate has been properly identified. This certification form shall also contain any other names used by the inmate. Completed Form SS-5 will be held in a secure location, e.g., a locked file cabinet, until being mailed to SSA. Copies of completed Form SS-5 will not be maintained in inmate files.

G. Mail the original signed Form SS-5 and SSA-3288 to the SSA field office servicing the covered institution, together with the Certification of Prison Records form via a cover letter (Attachment D) on institution letterhead, listing the names of all inmates submitting application forms.

H. After receiving the SSN card in the mail from SSA:

1. Ensure the card is placed into the inmate's file, which is maintained in a secure area (i.e., a locked drawer, cabinet or safe). At no time will inmates be allowed access to files containing the SSN cards of other inmates.

2. Return to SSA replacement SSN cards that cannot be associated with an inmate's permanent record within 30 days. Also return replacement SSN cards to SSA when the inmate is no longer available to take possession, e.g., when the inmate dies.

3. Temporarily release to the inmate their replacement SSN card in cases where the inmate has a legitimate need of the SSN card, e.g. engages in work release job searches requiring the use of the SSN card. However, to maintain the safety, security and good order of the institution, at no time shall inmates be allowed to maintain possession of their SSN card while incarcerated.

4. Provide the replacement SSN card to the inmate upon his or her release from
the institution.

I. Upon request, arrange for SSA staff to be admitted and review certain established institution procedures, e.g. verification of identity upon an inmate's arrival at the institution; maintenance of inmate files in secure areas; and otherwise ensure compliance with the terms of this agreement.

J. If an inmate needs a replacement SSN card and requests the assistance of the covered institution in securing the card, but the application for a replacement SSN card cannot be processed under the provisions of this MOU, the covered institution may:

1. Provide the inmate with a Form SS-5 and if requested, assist him or her to complete the Form and/or review the completed application. Note: in these cases, the address block on the Form SS-5 should NOT reflect the institution's name, the inmate's Prison System Identification Number, or the name of a designated prison official unless the prisoner also completes a form SSA-3288, giving SSA permission to send his or her SSN card to the facility. If the inmate prefers, he or she may direct SSA to send the replacement SSN card to an address where he or she will reside upon release from the institution.

2. Provide assistance to the inmate in obtaining other necessary documents, such as evidence of identity or proof of age, prior to release, if appropriate; and

3. Provide the inmate with instructions for contacting SSA.

ARTICLE III

SSA PROCEDURES

The SSA office will:

A. Provide the covered institution with adequate supplies of forms SS-5 and SSA-3288 for completion by inmates.

B. Secure and maintain a list of the names and titles of officials authorized to sign the cover letter and the Certification of Prison Records form and facsimiles of the signatures of the current officials.

C. Count the Forms SS-5 received from the covered institution to verify the number of Forms received against the number of SS-5s reported in the cover letter as included in the batch.

D. Review each form for accuracy, completeness, and compliance with this Agreement. Each SS-5 application shall be screened to exclude the following:
1. Applications for original SSNs or corrected replacement SSN cards (including name change requests);

2. Applications submitted without an accompanying form SSA-3288;

3. Unsigned applications;

4. Applications containing information that does not match SSA records or requesting correction(s) to SSA records;

5. Applications from non-citizens;

6. Applications submitted without completed covered institution certification as to inmate’s true identity;

7. Applications from those whose SSN records indicate use of more than one SSN or identity, or indicate fraud or misuse;

8. Applications from foreign-born U.S. citizens with no U.S. citizenship coded in SSA records; and

9. Applications received outside the time-frames set forth in Article I.

In the event that SSA does not process an application for one of the afore-stated reasons, or because conflicting or insufficient data are encountered, it will provide written notification to the inmate explaining reasons why the Form SS-5 cannot be processed.

E. Compare the signature of the institution official on the Certification of Prison Records form to the signature on the facsimile signature list. If the signature does not match, contact the prison facility to verify and if necessary, request an updated list before processing the batch of Forms SS-5.

F. If identity of the inmate applicant is verified by facility, certify and code the Form SS-5 for input to issue a replacement SSN card. Make certain that the inmate’s prison number is included in the address field.

G. Make every practicable effort to process each application and provide a response (SSN card or reason application could not be processed) within six weeks of receiving the application, thereby avoiding follow-up inquiries from the institution.

ARTICLE IV

DURATION, MODIFICATION, TERMINATION

A. Modifications/Amendments.
Either party may propose to modify and/or amend this MOU at any time. All proposed modifications and/or amendments shall be in writing and become effective only upon the written concurrence of both parties.

B. Period of Agreement/Termination.

1. This MOU becomes effective upon the date of final signatures of both parties and shall remain in effect for 5 years or until terminated by mutual written agreement or by either party upon 90 days advance written notice to the other party. However, SSA may make an immediate, unilateral termination of this agreement if SSA determines that there has been a violation of, or failure to follow, the terms of this agreement by the covered institution, or by any facility the covered institution operates that is also subject to the terms of this MOU (see Attachment E).

2. Neither party shall be responsible for delays or failures in performance from acts beyond the reasonable control of such party, such as natural or man-made disasters.

C. Financial Responsibilities.

1. Each party shall be responsible for its own costs or expenditures incurred in implementing this MOU. Each agency receives appropriations for the activities performed under the terms of this MOU.

2. Anti-Deficiency Act. Nothing contained herein shall be construed to violate the Anti-Deficiency Act, 31 U.S.C. §1341, by obligating the parties to any expenditure or obligation of funds in excess or in advance of appropriations.

D. Dispute Resolution. In the event of a dispute between the parties, the parties shall use their best efforts to resolve that dispute in an informal fashion through consultation and communication, or other forms of non-binding alternative dispute resolution mutually acceptable to the parties.

E. Liability/Indemnification.

1. Each party shall be responsible for any liability arising from its own conduct and retain immunities and all defenses available to them pursuant to federal law. Neither party agrees to insure, defend, or indemnify the other party.

2. Each party shall cooperate with the other party in the investigation and resolution of administrative claims and/or litigation arising from conduct related to the responsibilities and procedures addressed herein.

F. This Agreement constitutes the entire Agreement of the parties with respect to its subject matter. There have been no representations, warranties or promises made outside of the
Agreement. This Agreement shall take precedence over any other documents that may be in conflict with it.

G. Each facility covered by this agreement must send an updated signatory list each year to the SSA field office servicing the facility.

H. Each party shall provide to the other party, and update as necessary, the names and telephone numbers for the following Points of Contact:

At time of signature:

1. For MCF Stillwater:  
   Contact Name  
   Title  
   Address  
   Phone Number

2. For SSA:  
   Jon C. Norberg  
   Staff Assistant  
   190 Fifth Street East, Suite 800  
   Saint Paul, Minnesota 55101  
   866-667-6032 extension 10605
The signatories below warrant and represent that they have the competent authority on behalf of their respective agencies to enter into the obligations set forth in this Agreement. In Witness Whereof, the undersigned, duly-authorized officers hereby subscribe their names on behalf of the parties:

MCF Stillwater: Dated:

____________________
[Name, Title]

For the Social Security Administration: Dated:

____________________
James F. Martin
Regional Commissioner
Dear [name],

Pursuant to procedures contained in the Memorandum of Understanding between our agencies, I hereby authorize the following [Name of facility] staff to submit inmate applications for replacement SSN cards to your office and certify the identifying information found in inmates' official prison records:

[signature]
[print name, position]

[signature]
[print name, position]

[signature]
[print name, position]

[signature]
[print name, position]

Please contact me at [telephone number] if you have any questions.

Sincerely,

[Signature]
[Printed Name]
[Warden or Similar Official]
Form SSA-3288 (Attachment B)

http://www.ssa.gov/online/ssa-3288.pdf
CERTIFICATION OF PRISON RECORDS

DATE: _______________________

INMATE NAME: _______________________
INMATE ID #: _______________________
SOCIAL SECURITY #: _______________________

Social Security Administration

(address)

Attached, please find a completed Form SS-5 (Application for Social Security Number) requesting a replacement Social Security Number card for the above named individual.

I, the undersigned, certify that I have reviewed appropriate documents in the above-named inmate's official prison record; that the identifying information shown below is accurate according to that record;

NAME: _______________________
DATE OF BIRTH: _______________________
PLACE OF BIRTH: _______________________
MOTHER'S MAIDEN NAME: _______________________
FATHER'S NAME: _______________________

Other names used by inmate: _______________________
Other Social Security Numbers: _______________________

If you have any further questions, please contact me between the hours of _______ to _______.
My telephone number is _______________________.

[typed name for authorized official]
[position]

OMB Control Number 0960-0688
Dear [Name]:

Pursuant to procedures contained in the Memorandum of Understanding between our agencies, we are enclosing recently completed SS-5 applications for replacement Social Security Number cards for the following inmates:

Each SS-5 is accompanied by a signed SSA-3288, along with a completed Certification of Records form.

If you require additional information, please do not hesitate to contact us. Thank you for your assistance in this matter.

Sincerely,

[typed name for authorized official]
[position]
The following facilities are operated by [Name prison or state/local agency]:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address/Phone</th>
<th>Servicing SSA FO</th>
<th>Address/Phone</th>
</tr>
</thead>
</table>
