

Title: Understanding ABLE Accounts

Purpose:

To help Hub staff explain what ABLE accounts are, who can open them, and how they affect benefits and contributions.

Q&A

Q: What is an ABLE account and who can open one?

An **ABLE account** (Achieving a Better Life Experience) is a special savings account for people who have a disability that began before age 26. It helps people save money for disability-related expenses **without affecting eligibility** for most benefits, including [Supplemental Security Income \(SSI\)](#), [Medical Assistance \(MA\)](#), and [SNAP \(food assistance\)](#).

Money in an ABLE account must be used for approved disability-related expenses, such as:

- Education or training
- Housing and utilities
- Transportation
- Health care
- Work-related expenses
- Assistive technology
- Other approved living expenses

If an ABLE account balance goes over **\$100,000**, the excess may temporarily affect SSI eligibility, but not Medical Assistance or SNAP.

Q: Where can someone open an ABLE account?

ABLE accounts can only be opened through approved programs or financial institutions. Each state has its own ABLE program.

Minnesota residents can open an account through the [Minnesota ABLE Plan](#). However, you can also open an account in another state's ABLE program if you prefer their options — for example, lower fees or different investment choices.

A person can only have **one ABLE account** at a time, no matter which state's program they use.

Q: How much money can go into an ABLÉ account each year?

Typically, up to **\$19,000** can be added each year (from any source).

If the account holder works, they may contribute an **extra \$15,060** of their own earned income — meaning a total of up to **\$34,060 per year** could go into the account.

- The extra \$15,060 must come from the person's own earnings — not gifts, benefits, or unearned income.
- If they earn less than \$15,060, their additional contribution limit will be lower.

Working account holders may also qualify for the [Saver's Credit](#) when they file federal taxes.

Be sure that contributions (from all sources combined) do not exceed the allowed yearly limit. If unsure, contact the ABLÉ program directly for guidance.

Internal Notes

- ABLÉ accounts are **not** the same as Special Needs Trusts, though both help people save money without losing benefits.
 - If someone has questions about how ABLÉ funds affect benefits, refer them to [Disability Benefits 101's ABLÉ Accounts section](#) for examples and calculators.
 - If an individual exceeds contribution or balance limits, refer to the ABLÉ program or SSA for next steps.
 - Confirm that the disability onset age requirement (before age 26) is met before suggesting the program.
-

Tags:

ABLE, Savings, SSI, Medical Assistance, SNAP, Disability Benefits, Financial Planning, Taxes, DB101, Minnesota ABLÉ Plan, Benefits and Work

Title: ABLE Accounts vs. Special Needs Trusts

Purpose:

To help Hub staff explain the key differences between ABLE accounts and Special Needs Trusts (SNTs), and when each may be a better fit for a person with a disability.

Q&A

Q: What's the difference between an ABLE account and a Special Needs Trust?

Both ABLE accounts and Special Needs Trusts (SNTs) help people with disabilities save money without losing eligibility for programs like [Supplemental Security Income \(SSI\)](#) and [Medical Assistance \(MA\)](#) — but they work in different ways.

Here's a quick overview:

Feature	ABLE Account	Special Needs Trust (SNT)
Who can open one	Person whose disability began before age 26	Anyone with a qualifying disability (no age limit)
Who owns the account	The person with the disability	The trust (managed by a trustee)
Annual contribution limit	Up to \$19,000, or \$34,060 if working	No annual limit (but rules depend on trust type)
How funds are used	Disability-related expenses like housing, health care, transportation, or education	Broader disability-related needs, as outlined in the trust document
Access to money	The person with the disability can manage their own account	The trustee controls spending
Tax benefits	Earnings grow tax-free if used for qualified expenses	No tax benefits
Effect on benefits	Not counted for MA or SNAP; SSI only affected if balance exceeds \$100,000	Not counted for MA or SSI if set up correctly
Setup cost	Usually free or low-cost	Can be expensive (requires legal setup)

Q: Can someone have both an ABLE account and a Special Needs Trust?

Yes. In fact, many people use both.

For example:

- An ABLE account can handle day-to-day spending for the person's own disability-related needs.
- A Special Needs Trust can hold larger sums — such as an inheritance or legal settlement — that might otherwise affect benefits.

Funds can also be transferred from a Special Needs Trust into an ABLÉ account to give the person more control over small purchases or recurring expenses.

Q: How can someone in Minnesota set one up?

- ABLÉ account: Open online through the [Minnesota ABLÉ Plan](#).
 - Special Needs Trust: Must be drafted and managed according to [DHS Trust Policy](#) and federal rules. It's best to consult a disability or estate planning attorney, or contact a [trust administrator approved by DHS](#).
-

Internal Notes

- Hub staff should not provide legal advice about which trust type to choose — instead, refer individuals to a qualified attorney for personalized guidance.
 - ABLÉ accounts offer more independence for smaller savings and routine expenses; SNTs are better for managing larger sums or protecting assets long-term.
 - When both are used, confirm that transfers between them don't exceed ABLÉ contribution limits.
-

Tags:

ABLE, Special Needs Trust, SNT, Savings, SSI, Medical Assistance, Benefits, Financial Planning, Disability Benefits, DB101, Trust Policy, Estate Planning

What should I do if I accidentally share PHI with the wrong person?

PURPOSE:

To guide staff through reporting and documenting accidental disclosures.

Q&A

Q: What should I do first?

Document what happened:

- What PHI was shared
- Who received it
- How it was shared
- When it occurred
- How you realized the mistake

Q: Who should I notify?

Notify your supervisor immediately.

Timely reporting protects the participant, staff member, and the Hub.

Q: What should I avoid doing?

- Do not attempt to “fix” the disclosure by sending more information
- Do not delete CRM activity notes
- Do not contact the recipient without supervisor guidance

INTERNAL NOTES:

Follow supervisory instructions for additional reporting requirements.

TAGS: PHI, privacy incident, error reporting

Affordable Housing Basics

(Subcategory: *Housing Basics & Options*)

Purpose:

Help Hub staff explain what affordable housing means, what types exist and where to direct people for rent assistance programs, planning help or supported living options.

Use this article when someone says:

- "I need affordable housing,"
- "I can't afford my rent,"
- "What are my options?"
- "I don't know where to start."

Q&A

Q: What types of affordable housing exist?

A: Affordable housing types describe *the unit itself* or *the setting*. Common types include:

- Income-based housing (rent = about 30% of income; includes public housing and project-based units)
- Subsidized nonprofit housing
- Market units with lower rents (e.g., older buildings)
- Shared or roommate housing (lowers overall rent)
- Supported living settings for people who need daily support

If someone may need on-site support, see *Supported Living Options*.

Q: What programs can make rent more affordable?

A: These are financial assistance programs that reduce a person's housing costs. Examples include:

- Housing Choice Vouchers (Section 8) – pays part of rent in private market units
- MSA Housing Assistance – monthly supplement for eligible SSI recipients
- Housing Support – covers room and board in certain group settings
- Local emergency rental programs – short-term help
- Income-based housing programs – where rent is determined by income

For detailed program descriptions, see *Ways to Pay for Housing*.

Q: What is the difference between market-rate and subsidized housing?

A:

Market-rate housing

- Rent is set by the landlord
- No financial assistance
- Rent does not change based on income

Subsidized or income-based housing

- Rent is reduced or capped based on income
- Programs help make housing affordable
- May involve waiting lists

This distinction helps callers understand why affordable units are limited and often have long wait times.

Q: Where can someone learn more about specific affordable housing programs?

A:

Use the *Ways to Pay for Housing* KBA for:

- Income-based housing
- Subsidized programs
- Housing Support
- Section 8
- Public housing
- MSA Housing Assistance
- Emergency help

External resources:

- Ways to Pay for Rent or Housing
<https://mn.hb101.org/documents/Ways%20to%20Pay%20for%20Rent%20and%20Housing.pdf>
- HB101 Housing Programs Overview:
<https://mn.hb101.org/housing/#programs>
- HousingLink — program summaries + waiting lists:
<https://housinglink.org/>

Q: What if the person isn't sure what kind of housing they want?

A: Some people need help sorting through their needs, preferences, routines, or support levels before choosing a housing option.

Tools in the *Housing Planning Tools & Vault Paths* KBA can help them:
These tools help people think through:

- Needs vs wants
- Privacy vs shared housing
- Support needs
- Routines and daily life
- Decision-making

Use when callers say:

"I don't know where to start."

"I'm overwhelmed."

Q: What if someone may need a supervised or supported setting instead of standard affordable housing?

A: If someone needs help with daily living, medication, meals, or safety, they may benefit from a supported living setting.

The *Supported Living Options* KBA explains programs such as:

- Housing Support (group settings)
- Waiver-funded residential services (CRS, AFC, supervised living)
- Assisted living

This helps determine whether a supported setting might be a better fit.

Q: Where can someone go for tenant rights or legal help?

A: For legal protections related to repairs, deposits, privacy, eviction and non-discrimination, refer to **HOME Line:** <https://homelinemn.org/housin-resources/>

- Free and low-cost tenant advocacy
- Help with repairs, deposits, eviction concerns
- Educational materials

Staff reminder: Do not interpret legal situations. Refer callers to HOME Line or legal aid.

Internal Notes

- Use this article when someone is exploring renting in general — not when they specifically need payment assistance or search support.
 - For program details, always direct staff to *Ways to Pay for Housing*.
 - For search steps, direct staff to *Housing Search Tips*.
 - Do not recommend specific properties or landlords.
 - If caller needs supports in housing, consider *Supported Living Options*.
-

Tags

housing; renting; affordable housing; market rate; tenant rights; HousingLink; HB101; roommates; basic options; legal resources; HOME Line

Title: After Submitting a Minnesota Program Application

Purpose:

To help Hub staff explain what happens after a person submits an application for Minnesota benefits, including how to check status, what verifications may be needed, and how to submit documents if a paper form was used.

Q&A

Q: What happens after someone submits an application for Minnesota programs?

Once an application is received, the county, tribal agency, or state system reviews it to determine eligibility.

The applicant may need to provide additional documents (called **verifications**) or complete an interview, depending on the program.

Applicants will get a **notice by mail** or through their **online account** once a decision is made.

Q: How can someone check the status of their application?

- **If they applied online using [MNbenefits](#):**
They can **log in** to their account to check application status, upload verification documents, or see messages from the county or tribal agency.
 - **If they applied online using [MNsured](#):**
They can **log in** to their [MNsured account](#) to view application status, report changes, or upload documents.
 - **If they applied using a paper form:**
 - For **non-health programs** (such as SNAP or MSA) using the [Combined Application Form \(DHS-5223\)](#) — contact the **county or tribal human services office** where the form was submitted.
 - For **health care programs** using the [Application for Health Coverage and Help Paying Costs \(DHS-6696\)](#) — call the **MNsured Contact Center** at **1-855-366-7873 (toll-free)** for updates.
-

Q: How can someone send in their verifications or other documents?

It depends on how they applied:

- **MNbenefits applications:** Upload directly through their [MNbenefits](#) account.
- **MNsured applications:** Upload through their [MNsured account](#), or mail/fax documents to the address or fax number listed on their eligibility notice.
- **Paper applications:**
 - For **non-health programs** (DHS-5223): Mail, fax, or drop off documents at the person's **county or tribal human services office**. Each office sets its own contact information and fax number.
 - For **health care programs** (DHS-6696): Mail or **fax to 651-431-7750**, as listed on the application form.

Encourage applicants to include their **case number or name and date of birth** on all documents so they can be matched to the correct case.

Q: How long does it take to process an application?

- **SNAP or cash programs:** Up to **30 days** after the agency receives the application (expedited SNAP may be faster).
- **Medical Assistance (MA) or MinnesotaCare:** Usually within **45 days**, but it may take longer if additional information is needed.

Applicants will receive a **written notice** once their eligibility is determined.

Q: What should someone do if they haven't heard back yet?

If it's been more than 30 days (for SNAP/cash) or 45 days (for MA/MinnesotaCare) and no notice has arrived, the person should contact their **county or tribal human services office** or the [MNsured Contact Center](#) to check on their application.

Internal Notes

- **Hub staff should confirm** how the person applied (MNbenefits, MNsured, or paper form) before giving directions.
- **Paper submission reminders:**

- Always note whether the form was DHS-5223 (non-health) or DHS-6696 (health).
 - Counties and tribes manage their own mail, fax, and drop-off procedures.
 - **Verification documents:**
 - Typical items include proof of income, ID, disability, or residence.
 - Missing documents are the most common reason for delays.
 - Staff should **explain the process and provide official links** only; do not collect or transmit personal application materials.
-

Tags:

Applications, MNbenefits, MNsure, DHS-5223, DHS-6696, Paper Applications, Verifications, Fax Submission, County Human Services, Tribal Human Services, MNsure Contact Center, SNAP, MSA, MA, MA-EPD, MinnesotaCare, Eligibility Notice, Processing Time

Title

How to Apply for Minnesota Programs (Online, Paper, or In Person)

Purpose

To help Hub staff explain how people can apply for Minnesota benefit programs — including the correct application for each type of program and where to submit it.

Q&A

Q: How can someone apply for Minnesota programs?

People can apply **online, by paper, or in person** at their local county or tribal human services office.

Most programs use one of two systems: **MNbenefits** (for cash and food programs) or **MNsure** (for health care programs).

Q: How do you apply online?

- For non-health programs, such as Minnesota Supplemental Aid (MSA) or the Supplemental Nutrition Assistance Program (SNAP), use [MNbenefits](#).
- For health care programs, such as Medical Assistance (MA), Medical Assistance for Employed Persons with Disabilities (MA-EPD), or MinnesotaCare, use [MNsure](#).

Q: How do you apply using a paper application?

- For non-health programs, use the [Combined Application Form \(DHS-5223\)](#).
 - Completed forms must be turned in to the person's county or tribal human services office.
- For health care programs, use the [Application for Health Coverage and Help Paying Costs \(DHS-6696\)](#).
 - Completed forms can be faxed to 651-431-7750 **or** mailed to the address listed on the form.

Q: Can someone apply in person?

Yes. Applicants can visit their **county or tribal human services office** to apply in person, get help completing an application, or drop off a completed paper form.

Each county and tribal agency may have its own application hours and procedures.

Internal Notes

- **Online applications:**
 - **MNbenefits** covers non-health programs such as MSA, SNAP, General Assistance (GA), Housing Support, and MFIP.
 - **MNsure** covers health programs such as MA, MA-EPD, and MinnesotaCare.

- **Paper applications:**
 - **Combined Application Form (DHS-5223)** — for non-health programs. Submit to county or tribal human services offices.
 - **Application for Health Coverage and Help Paying Costs (DHS-6696)** — for health programs. Submit by fax (651-431-7750) or mail to the address printed on the form.
 - **In-person applications:**
 - County and tribal offices are required to provide reasonable accommodations and language assistance for people with disabilities or limited English proficiency.
 - Hub staff should **explain available application options** and **provide direct links**, but do not complete or submit applications on behalf of callers.
-

Tags:

Applications, MNbenefits, MNsure, Combined Application Form, DHS-5223, DHS-6696, MSA, SNAP, MA, MA-EPD, MinnesotaCare, County Human Services, Tribal Human Services, Paper Applications, Fax Submission, Health Care, Non-Health Programs

Topic: BLU Request Guidance – When to use BLU vs. redirect

Q: When should I create a BLU request?

A: Use BLU only when:

1. The caller is **authorized** (participant or verified representative).
2. The request involves information within Hub scope but requires action or confirmation from another agency.
 - Examples:
 - Eligibility confirmation that needs DHS input
 - Service navigation questions requiring official documentation
 - Technical issues with forms or portals that staff cannot resolve directly

Q: When should I NOT use BLU?

A: Do **not** create a BLU if:



- Caller is **not authorized** to access participant information.
- Request involves **MNITS eligibility systems, case notes, or county-only records** (Hub staff do not have access).
- Caller is asking for **general program information** that is already available on mn.gov or in the KB.
- Issue can be resolved immediately with a script or quick link.


Q: What should I do instead of BLU?

A:

- Redirect caller to county or appropriate agency if they need case specific information.
- Share quick links or fact sheets for general program info.
- Use KB decision trees to resolve common scenarios.
- Document the interaction only if required for tracking, but avoid unnecessary BLUs.

Quick Reminder (Staff Use Only):

-  BLU = Authorized caller + info Hub staff can't resolve directly.
-  BLU ≠ General info, unauthorized requests, or MN-ITs/case notes.

-  Redirect or resolve immediately whenever possible.

BLU Request Guidance – When to Use BLU vs. Redirect

Purpose

Help Hub staff quickly decide when to create a BLU request and when to resolve, redirect, or provide information without using BLU.

Q&A

Q: When should I create a BLU request?

A: Create a BLU **only when all of the following are true:**

- The caller is **authorized** (participant or verified representative), **and**
- The request is **within Hub scope, but**
- It requires **action, confirmation, or response from another agency** that Hub staff cannot complete directly.

Common examples include:

- Eligibility confirmation that requires DHS review or input
- Service navigation questions that require **official documentation or verification**
- Technical issues with applications, forms, or portals that staff cannot resolve during the interaction

Q: When should I NOT use BLU?

A: Do **not** create a BLU when:

- The caller is **not authorized** to access participant information
- The request involves **MNITS eligibility systems, case notes, or county-only records** (Hub does not have access)
- The caller is asking for **general program information** already available on mn.gov or in the Knowledge Base
- The issue can be **fully resolved during the interaction** using scripts, links, or KB guidance

Q: What should I do instead of creating a BLU?

A:

- **Redirect** to county or appropriate agency for case-specific actions outside Hub scope
- **Share quick links or fact sheets** for general program information
- **Use KB decision trees or quick responses** to resolve common scenarios
- **Document the interaction only if required** for tracking or continuity — avoid unnecessary BLUs

Clarifications

- BLU is **not a substitute** for county systems, MNITS access, or casework
- BLUs should be **intentional and limited** to situations where Hub involvement adds value
- Creating unnecessary BLUs can **delay resolution** and increase workload for all parties

Quick Reminder (Staff Use Only)

- ✓ BLU = Authorized caller + Hub-appropriate issue + external action needed
- ✗ BLU ≠ General info, unauthorized requests, or MNITS/case notes
- ✓ Resolve or redirect immediately whenever possible

Internal Notes

- Always verify authorization **before** considering BLU
- Apply the **minimum necessary** standard when documenting
- When unsure, consult a supervisor **before** submitting a BLU

Tags

BLU; internal workflow; authorization; referrals; documentation; Hub procedures

Q&A Q: What is CFSS? A: Community First Services and Supports (CFSS) is Minnesota’s replacement for PCA and the Consumer Support Grant (CSG). It helps people who need help with daily living and health-related tasks live at home and choose how their supports are delivered. For official program details, see the DHS CFSS main page: [https://mn.gov/dhs/people-we-serve/adults/services/community-first-services-supports/..](https://mn.gov/dhs/people-we-serve/adults/services/community-first-services-supports/)

Internal Notes Use this answer for first-touch calls and chats. If caller wants policy detail (eligibility rules, timelines, tool calculators), move them to the “Eligibility & Next Steps” or “Models” articles below and share the DHS links.

Tags CFSS; Overview; First Contact; DHS link

Eligibility and Getting an Assessment

Purpose Help Hub staff quickly confirm eligibility pathways and next steps to get an assessment (MnCHOICES) or referral.

Q&A Q: Who can get CFSS and how do they start? A: People who live in the community and meet Medical Assistance or allowable program rules may be eligible. To start, request a MnCHOICES assessment: under 64 — contact your county or tribal nation; 64+ — contact your managed care organization (health plan). After assessment you’ll get the DHS “Information for people who use CFSS” (DHS-6893U) and a Notice of Action that lists eligible services. DHS CFSS main page: [https://mn.gov/dhs/people-we-serve/adults/services/community-first-services-supports/..](https://mn.gov/dhs/people-we-serve/adults/services/community-first-services-supports/)

Q: What if someone isn’t sure they have MA or the right program? A: Confirm insurance/program status first — ask whether they have Medical Assistance, an MA waiver, Alternative Care, or MinnesotaCare. If they’re unsure, refer to their county/tribal caseworker or their managed care organization to confirm enrollment and request an assessment.

Internal Notes Ask caller for three identifiers before doing any system lookups (BLU). If caller is 65+, redirect to their care coordinator/health plan for assessments on MSHO/MSC+ plans.

Tags Assessment; MnCHOICES; Eligibility; County referral

Consultation Services — What They Do and How to Find One

Purpose Give Hub staff a short script to explain Consultation Services, caller responsibilities, and what to do if providers don’t respond.

Q&A Q: What are Consultation Services and do I have to use one? A: Yes — everyone moving to CFSS must select a Consultation Services provider. They explain CFSS models, help write or review your Service Delivery Plan, and submit it to the lead agency for approval. You decide how much help you want from them. See DHS Consultation Services info: [https://mn.gov/dhs/people-we-serve/adults/services/community-first-services-supports/..](https://mn.gov/dhs/people-we-serve/adults/services/community-first-services-supports/)

Q: I can’t reach any Consultation Services providers — what should I do? A: Waitlists are common. Ask them to try phone, email, or other contact options, and to contact more than one provider on the Consultation Services

list. While waiting, they can start drafting their Service Delivery Plan and view CFSS training resources on the DHS site.

Internal Notes If caller reports fraud or misconduct by a provider, advise reporting to DHS. For communication or non-response complaints, direct them to the provider's leadership first; if unresolved, they can email DHS.CFSS@state.mn.us.

Tags Consultation Services; Provider Lists; Troubleshooting

Choosing Between Agency and Budget Models

Purpose Give Hub staff a clear, one-paragraph comparison and referral actions.

Q&A Q: What's the difference between the Agency model and the Budget model? A: Agency model — an agency hires, trains, and supervises workers and handles administrative tasks. Budget model — the person (or their representative) hires, trains, and supervises workers and uses a Financial Management Services (FMS) provider for payroll and admin support. Consultation Services providers and DHS training videos explain how each works; see DHS CFSS models page: [https://mn.gov/dhs/people-we-serve/adults/services/community-first-services-supports/..](https://mn.gov/dhs/people-we-serve/adults/services/community-first-services-supports/)

Q: Who do I refer to for help deciding? A: Refer to Consultation Services providers for model education and to FMS providers for budget-model financial questions.

Internal Notes If caller wants calculators or model cost comparisons, direct them to DHS CFSS calculators on the DHS CFSS resources page.

Tags Models; Agency model; Budget model; FMS

Service Delivery Plans and Approvals

Purpose Equip Hub staff to explain the Service Delivery Plan steps and what triggers service start.

Q&A Q: How does a Service Delivery Plan get approved and when do services start? A: The person writes the plan (with Consultation Services help). The Consultation Services provider reviews and submits it to the lead agency. The lead agency approves or denies the plan. If approved, the lead agency issues a Service Authorization and services can begin on the approved start date. If denied, the person revises the plan with their Consultation Services provider and resubmits.

Q: What is a Service Authorization letter? A: It's a mailed notice that shows the total CFSS units authorized (15-minute units) and service begin/end dates.

Internal Notes If caller asks about timelines or unit counts, refer them to their Service Authorization letter and to DHS resources linked on the CFSS main page.

Tags Service Delivery Plan; Authorization; Approval

Worker Enrollment, Training, and Background Checks

Purpose Give Hub staff concise steps callers must know to get workers enrolled and paid.

Q&A Q: What does a worker need before they can be paid for CFSS? A: Workers must complete updated PCA/CFSS training and pass the worker test, have a background study (NETStudy 2.0), and be enrolled with MHCP. After DHS processes enrollment, the worker receives a UMPI (Unique Minnesota Provider Identifier) so the agency or FMS can pay them. See DHS worker enrollment resources: [https://mn.gov/dhs/people-we-serve/adults/services/community-first-services-supports/..](https://mn.gov/dhs/people-we-serve/adults/services/community-first-services-supports/)

Q: If someone wants to hire a family member, what's different? A: Hiring under the Budget model uses FMS support for payroll and background processes. Family members still must meet training and background requirements. Refer callers to Financial Management Services info on the DHS site.

Internal Notes If caller wants help finding training or test links, pull the DHS CFSS training and PCA/CFSS worker pages; if caller reports an enrollment delay, advise contacting the CFSS agency or FMS handling the worker's enrollment.

Tags Workers; Training; NETStudy; UMPI; FMS

Troubleshooting Common Caller Scenarios

Purpose Give Hub staff short scripts and referral paths for the most common problems callers report.

Q&A Q: My reassessment happened but I haven't started CFSS — what do I do? A: Ask where they are in the steps: Did they get the DHS-6893U packet? Have they contacted Consultation Services providers and chosen one? Did they notify their lead agency so a Consultation Services authorization can be entered? Help them contact their county/tribal nation or health plan to request the next action.

Q: I'm not getting calls back from providers or there's a complaint about a Consultation Services provider — how should I proceed? A: Suggest contacting other Consultation Services providers on the DHS list and starting a draft Service Delivery Plan while they wait. For behavior or non-communication complaints, advise they raise the issue with the provider's leadership; unresolved issues can be sent to DHS.CFSS@state.mn.us.

Q: I disagree with a lead agency decision — can I appeal? A: Yes. Inform the caller they have the right to appeal lead agency decisions and refer them to the DHS appeal/notice information on the CFSS page.

Internal Notes Use these troubleshooting prompts as flow-control when callers are stuck. For fraud concerns direct caller to DHS/OIG guidance found on the DHS website.

Tags Troubleshooting; Appeals; Complaints; Lead agency

Crisis one-pager

QUICK REFERENCE FOR CONTACT CENTER STAFF

Use plain, calm language, Stay on the line/chat, Keep steps short and do them in order. if you need to escalate at any point, say you're staying with the person while you get it

1 IMMEDIATE SAFETY CHECK (first 30 seconds)

If the caller/chat/says they're thinking to harm themselves or someone else:

Ask directly, Calmly: "Are you thinking about hurting yourself or someone else right now?"

If yes, action: High-risk actions

2 DE-ESCALATE / SAFETY PLAN (if moderate / not imminent)

Use active listening reflects:
"It sounds like you feel ___"

- Are you with someone or can someone be with you?
- Create one immediate step. remove means. go to a safe place, call a friend, or contact crisis line
- Offer follow-up or transfer to specialist

3 DE-ESCALATE / SAFETY PLAN (if moderate / not imminent)

If they HANG UP OR REFUSE

- If have location or ID, action: Call emergency services for welfare check and notify supervisor
- if. no location/ID, action: Immediately attempt callback once--document attempts: escalate per policy if unable to re-establish contact
- Use short prompts, slow tone

6 DOCUMENTING / SELF-CARE

Record objective statements & verbatim quotes for yes/no answers. Call/dispatch if imminent
Notify supervisor / transfer if needed. Outcome
Staff support • Time-out for staff

ONE-LINE CHECKLIST

- Ask immediate risk question • Gather plan/means/location
- Stay connected and de-escalate • Call/dispatch if imminent • Notify supervisor / transfer if needed

Overview — purpose and scope

- Q: What is this Housing Job Aid for? A: It helps Hub staff assist people in Minnesota to access and afford housing by centralizing trusted resources, programs, payment assistance, and search tools.
- Q: Where are updates tracked and when was this last updated? A: The job aid lists revision notes; the document shows updates through 10/09/2025.

HB101 and DHS housing programs

- Q: What is HB101? A: HB101 is a DHS resource that explains types of housing, paying for housing, services, and other housing programs for people with disabilities.
- Q: What DHS housing program information is on HB101? A: MN DHS Housing Programs that Help People with Disabilities, program links, fact sheets, brochures, and regular updates from DHS.
- Q: How can staff get HB101 Places support or give feedback? A: Use the HB101 Places support site (hb101.places.dhs.state.mn.us) to access tools or provide feedback.
- Q: What search terms on HB101 help find housing services? A: Moving Home Minnesota; Housing Support; Housing Access Coordination; MSA Housing assistance; Relocation Service Coordination; Return to Community; Keeping your housing; Owning a Home.

~~Ways to pay for rent or housing~~

- ~~Q: Where do I find programs and services to help people pay rent or housing expenses? A: Use the "Ways to Pay for Rent or Housing for People with Disabilities" resource referenced in the job aid to find local and state programs that assist with rent or housing-related costs.~~
- ~~Q: Is the Ways to Pay document updated? A: Yes — it is maintained and updated regularly; check the Hub/DHS links for the newest details.~~

~~Affordable housing search tools~~

- ~~Q: What tools can staff use to search for affordable housing? A: The job aid points to an Affordable Housing Search Tools document which links to multiple search tools; staff should pick tools that match the person's situation.~~
- ~~Q: Which tool shows subsidized housing waiting lists in the Twin Cities? A: HousingLink.org publishes waiting list status and provides details on subsidized housing programs in Minnesota.~~
- ~~Q: What HousingLink features are useful? A: Under "Subsidized Housing" and "Housing Resources" you'll find program overviews, tips for overcoming barriers (credit, criminal history, rental history), Housing Programs by Number, and newsletters that notify subscribers of waiting list openings.~~

Disability Hub MN website and toolkits

- ~~Q: Where on the Disability Hub MN site do I find housing resources? A: Go to the site banner, select "Your Options," then click "Housing."~~
- ~~Q: What does the Hub's Housing Toolkit include? A: Hands-on tools for exploring housing options, making plans, and searching for homes—designed to guide conversations and planning.~~

~~Vault — Housing Paths~~

- ~~Q: What is the Vault and how does it help with housing? A: The Vault contains Housing Paths with activities to help people identify needs, wants, budgets, needed supports, considerations for living with others, and steps to address housing issues.~~

DHS program links and common docs

- Q: Which DHS documents are commonly referenced for housing assistance? A: DHS Housing Programs and Services page; MN Supplemental Aid fact sheet; DHS Housing Support fact sheet (formerly GRH); Moving Home Minnesota brochure; DHS Housing Resources for people impacted by HSS closure; HSS FAQs.
- Q: When should I use the Moving Home Minnesota brochure? A: Use it when discussing transition supports for people moving from institutions or other long-term settings into community housing options.

Out-of-state resources

- Q: What do I use when someone needs housing help outside Minnesota? A: Refer to national resources: HUD Housing Counseling Agencies, Aging and Disability Resource Centers locator, and the ILRU Directory of Centers for Independent Living (CILs) and associations.

Practical referral and conversation guidance

- Q: How should staff introduce housing resources to a person? A: Start by listening to the person's housing goals and barriers, then offer one or two targeted resources (HB101, HousingLink, Vault or Hub Toolkit) and offer to walk through search steps or application questions.
- Q: What if a person has barriers like credit or criminal history? A: Use HousingLink resources for tips on overcoming barriers and discuss practical steps (e.g., budgeting, references, landlord explanation letters); refer to local supportive housing programs if needed.

Contacts and where to send people

- Q: Where should people be referred for DHS-specific housing program questions? A: Refer to the DHS pages listed in HB101 and the job aid; specific program pages and fact sheets contain contact and application details.

- Q: Where can staff find local affordable housing listings and waiting list info? A: HousingLink.org and local public housing authority (PHA) websites; HousingLink also offers newsletters and waiting list status updates.

Job aid maintenance and recent changes

- Q: What recent changes were made to the Housing Job Aid? A: 10/09/2025 — Vault information added; Housing Stabilization fact sheet and workflow removed. 09/29/2025 — Moving Home MN Brochure link updated. 08/20/2025 — HB101 Places email updated; MinnesotaHelp.info removed; purpose simplified.
- Q: How should staff check for the latest updates? A: Review the job aid's revision history and the linked HB101 / DHS pages regularly since those resources are updated frequently.

Suggested Genesys article tags and quick responses

- Q: What tags should I use when creating Genesys KB articles from these Q&As? A: housing; HB101; DHS; affordable-housing; HousingLink; Vault; payment-assistance; out-of-state; housing-toolkit.
- Q: Provide a short one-line reply for an IVR/quick reply: "I need help finding affordable housing." A: "I can help — I'll check HB101 and HousingLink for local subsidized listings and waiting list openings; do you need in-state or out-of-state resources?"

Housing Planning Tools & Vault Paths

(Parent Category: *Housing* → *Housing Planning Tools & Resources*)

Purpose:

Help Hub staff support people who are unsure about their housing goals, preferences, and next steps. This article explains planning tools, HB101 guides, and Vault Housing Paths that can help people think through what they want and need in a home.

Q&A

Q: How do I help someone who is unsure where to start with housing?

A: Start by offering tools that help them think about what matters most in a home, what supports they may need, and what steps they want to take.

Staff-friendly introduction language:

“If you’re not sure where to start, we have some tools that help you think through what you want in a home and what would work best for you. They make the planning process simpler.”

Helpful tools include:

- Vault Housing Paths
- HB101 housing guides
- Disability Hub MN Housing Toolkit

Q: What HB101 housing guides can help someone think through their housing options?

A: HB101 has clear guides that explain housing programs, supports, and considerations. These work well for people who need help understanding their choices.

Useful HB101 articles:

- **People Who Help with Housing:** <https://mn.hb101.org/housing/#people>
- **Minnesota DHS Housing Programs for People with Disabilities:** <https://mn.hb101.org/housing/#programs>
- **Housing Search Tools:** <https://mn.hb101.org/housing/#search>
- **Living with Other People:** <https://mn.hb101.org/housing/#roommates>
- **Caregiver Living Expenses:** <https://mn.hb101.org/housing/#caregiver>

Staff explanation:

“These guides break things down in a simple way. They can help you see who can support you, what programs exist, and how to start exploring your options.”

Q: How can I introduce Vault Housing Paths during a housing conversation?

A: Use Vault when someone needs help thinking through their goals, preferences, supports, or readiness. Vault activities are guided and easy to use.

Staff introduction example:

“We have short activities in Vault that help you figure out what you want in a home, what supports you might need, and how to take the next steps. Many people use these when planning for a move or thinking about living more independently.”

Q: Which Vault paths or activities are most useful for housing planning?

A:

Understanding preferences & decision-making

- **I Get to Decide** – Helps clarify personal preferences and autonomy
- **Housing Needs & Wants** – Identifies what matters most in a living situation
- **My Day, My Life** – Looks at routines and support needs

Planning supports

- **Build a Housing Team** – Identifies who can help
- **Communication Profile** – Helps others understand the person's communication style

Preparing for housing

- **Options for Paying for Your Own Place**
- **Live with Someone**
- **Presenting Yourself** – Prepares for talking with landlords or housing providers
- **Write a Letter** – Templates for outreach, landlord communication, or self-advocacy

Staff example:

"These activities help you think through what you want, who can support you, and how to communicate your needs when you're looking for a place."

Q: When should I recommend housing planning tools instead of jumping into a housing search?

A: Use planning tools when someone:

- Isn't ready to search
- Doesn't know what type of housing they want
- Needs help understanding supports or routines
- Is preparing for a meeting or assessment
- Needs to build confidence
- Is transitioning to adulthood
- Wants to explore options without pressure

Staff language:

"Before we jump into searching for apartments, it might help to figure out what you want and what would work well for you. These tools can guide that process."

Q: What is the Disability Hub MN Housing Toolkit and when is it helpful?

A: The Housing Toolkit has worksheets, videos, and guides people can use to think through housing options, money, supports, and readiness.

Toolkit link: <https://disabilityhubmn.org/housing/>

Staff explanation:

"The Housing Toolkit gives you simple worksheets and guides you can use to plan your next steps. It's helpful for organizing your ideas and getting a clearer picture of what you want."

Tags

housing; planning tools; Vault; housing paths; HB101; housing toolkit; needs and wants; independent living; transition planning; roommate planning; budgeting; person-centered planning; preparing for housing

Phrases

- "I don't even know where to start with housing."
- "I don't know what I want."
- "I'm overwhelmed—there are too many choices."
- "My case manager wants a housing plan. What does that mean?"
- "I want to live on my own someday. What should I do first?"
- "I don't know what's realistic for me."
- "I'm not ready to apply yet, I just need help figuring things out."

Housing Search Tips

Purpose:

Provide Hub staff with clear, practical guidance they can share with people who are searching for housing—especially in tight rental markets or when affordability is a barrier.

Q&A

Q: What are helpful first steps when someone is searching for housing?

A: Encourage them to:

- Identify their budget
 - <https://mn.hb101.org/a/37/a5.htm>
 - My Vault: Planning Path: Housing Budget
- Decide what type of housing they want (renting, supported living, roommates, etc.)
 - <https://mn.hb101.org/a/8/>
- Make a list of their must-haves vs. nice-to-haves
 - <https://mn.hb101.org/a/37/a4.htm>
 - My Vault: Planning Path: Housing Needs & Wants
- Gather documents they may need during the application process (ID, pay stubs, benefits letters, rental history)

They can also use statewide tools like:

- **HousingLink:** <https://housinglink.org/>
 - **HB101 Housing Overview:** <https://mn.hb101.org/housing/>
-

Q: What online tools can help someone find affordable housing?

A:

- **HousingLink – Affordable Housing Search:** <https://housinglink.org/>
 - **HousingLink Listings & Waiting List tool:** <https://www.housinglink.org/Lists>
 - **HB101 Affordable Housing Search Tools (PDF):**
<https://mn.hb101.org/documents/Housing%20Search%20Tools.pdf>
-

Q: How can someone expand their search options?

A: Suggest they:

- Search in multiple neighborhoods or nearby towns
 - Consider living with a roommate to reduce costs
 - Look at smaller or older buildings, which may have lower rent
 - Check bulletin boards at libraries, coffee shops, and community centers
 - Ask family, friends, or coworkers if they know of any openings
 - Contact local housing authorities about upcoming waitlist openings
-

Q: What documents do landlords usually ask for?

A: People should be ready to provide:

- A valid ID
- Proof of income or benefits
- Rental history or references
- Application fees (if applicable)
- Background check authorization

If someone needs help gathering verification documents, Hub staff can guide them to benefits letters or help them request needed information.

Q: How can someone improve their chances of being approved?

A: They may:

- Apply to multiple properties at once
 - Prepare references ahead of time
 - Consider a co-signer (if appropriate)
 - Keep communication prompt and respectful with property managers
 - Ask about second-chance rental options if they have credit or rental barriers
-

Q: What should someone do if they have rental barriers (evictions, low credit, criminal history)?

A:

- Look for “second-chance housing” or “no credit check” listings
- Ask property managers whether they consider applicants with past barriers
- Connect with programs that help with rental readiness, such as local housing agencies or community organizations
- If barriers are legal in nature, refer to **HOME Line** for tenant rights guidance:
<https://homelinemn.org/housin-resources/>

Q: How can someone stay safe during the housing search?

A:

- Avoid giving personal information over phone/email until they confirm the listing is legitimate
 - View the apartment/building in person whenever possible
 - Bring a trusted person to showings
 - Avoid listings that require money upfront before seeing the unit
 - Trust their instincts—if something feels off, it probably is
-

Internal Notes (not visible to public)

- Staff can help people locate benefits letters or income verification through MAXIS, MMIS, SSA, or Vault BLU as appropriate.
 - Do not recommend specific landlords or guarantee availability.
 - Follow Hub homelessness and eviction prevention protocols if the person is unstably housed.
 - Refer legal questions to HOME Line or legal aid.
 - For disability-related housing supports, consider Housing Stabilization Services or waivers where appropriate.
-

Tags

housing; housing search; finding housing; affordable housing; rental listings; barriers; application tips; tenant rights; HousingLink; HB101; safety tips

HB101 Places includes six Housing Support program types:

■ Adult Foster Care (AFC) and Community Residential Settings (CRS) ■ Board and Lodge with and without services ■ Assisted Living (Housing Support units) ■ Site-based supportive housing ■ Independent Community Settings (ICS) ■ Scattered Site Community Settings

Suggested structure for how work affects economic assistance programs article

Section 1 — Overview: Income affects benefits differently by program

High-level explanation.

Section 2 — Cash assistance (GA, MSA, MFIP)

- Earned income disregards
- MFIP special rules

Section 3 — SNAP

- 20% disregard
- Work rules
- Reporting requirements

Section 4 — Housing Support (GRH)

- Rent contributions
- How increased income changes cost-share

Section 5 — Reporting income

Cross-link to your Overpayments & Reporting section.

You don't have to go into exact math — just how the interaction works.

Title: Quick Reference: How to Submit Verifications or Documents

Purpose:

Provide Hub staff with a fast, at-a-glance guide showing how people can submit required verification documents for Minnesota benefit programs based on how they applied.

Q&A

Q: How can people submit required documents or verifications?

Use this table to determine the correct submission method based on how and where the person applied.

Application Type	Programs Covered	How to Submit Documents or Verifications
MNbenefits (online)	SNAP, MSA, GA, MFIP, Housing Support, other non-health programs	Upload directly through the MNbenefits account . Documents go straight to the county or tribal human services office .
MNsure (online)	Medical Assistance (MA), MA-EPD, MinnesotaCare	Upload through the MNsure account , or mail/fax using contact info on the MNsure eligibility notice . For help, call the MNsure Contact Center at 1-855-366-7873 .
Paper: Combined Application Form (DHS-5223)	SNAP, MSA, GA, Housing Support, MFIP, other non-health programs	Mail, fax, or drop off documents at the county or tribal human services office where the form was submitted. Each office has its own contact info.
Paper: Application for Health Coverage and Help Paying Costs (DHS-6696)	MA, MA-EPD, MinnesotaCare	Three options: • Fax to 651-431-7750 • Upload through Upload Documents for Health Care Programs • Mail to the address listed on the form.
In-person (any program)	All program types	Drop off documents at the person's county or tribal human services office . Many offices have secure drop boxes for after-hours delivery.

Reminder:

Applicants should include their **name, date of birth, and case number (if known)** on each document to ensure proper processing.

Internal Notes

- The [Upload Documents for Health Care Programs](#) site is a DHS tool for MA and MinnesotaCare applicants or renewals, even if they used paper forms.
- Counties and tribal offices set their own fax numbers and mailing addresses; use the [County and Tribal Directory](#) to locate contact details.
- Hub staff should **provide links and explain processes only**; do **not collect or transmit** any applicant documents.
- Verifications commonly requested: proof of income, identity, residency, or disability.

Tags:

Verifications, Upload Documents, MNbenefits, MNsure, DHS-5223, DHS-6696, Renew My Coverage, County Human Services, Tribal Human Services, Fax Submission, Mail Submission, Drop Off, MA, MA-EPD, MinnesotaCare, SNAP, MSA, Application Documents, Eligibility

Hub Knowledge Base Article Template

Title (Caller Voice)

Write the title exactly how a person receiving services would ask the question.

Purpose

Brief, internal-facing explanation of when staff would use this article during a call or chat. (1–2 short sentences.)

Q & A

Q:

A realistic caller or chat question.

A:

Clear, plain-language answer written so it can be spoken aloud.

Use short paragraphs or bullets.

Explain acronyms or program terms if they cannot be avoided.

Q:

Next most common or follow-up caller question.

A:

Answer using natural, supportive language.

Normalize confusion or urgency when appropriate.

Include links or contact information when relevant.

(Add additional Q&A sections as needed. If the article starts to feel long or complex, consider splitting it.)

Clarifying Questions Staff Can Ask (Optional)

Include only if callers are often unsure, emotional, or unclear.

-
-
-

Staff Quick Steps (Optional)

Include only when timing, order, or handoffs matter.

-
-
-

Internal Notes – Staff Only (Optional)

Information staff need to know but should not say to callers.

-
-
-

Referrals & Resources

Include at least one helpful next-step resource when appropriate.

- Resource name – brief description of why it’s helpful
 - Link
-

Tags & Metadata (Entered in Genesys – Not Visible to Staff)

(For upload only; do not display in the article body.)

- **Parent Category:**
 - **Subcategory (if applicable):**
 - **Labels (3–6):**
 - **Alternate Search Phrases (5–10):**
-

Author Reminder

Before submitting, confirm:

- Information is accurate and current
- Links work and go to the correct page
- The caller has a clear next step or place to learn more

Title: Medicare: Grace Periods for I-SNBC and MSHO

Purpose:

To help Hub staff recognize when a person might be in a Medicare **grace period** for an **Integrated SNBC (I-SNBC)** or **MSHO** plan, understand why system information may not match, and know how to verify and escalate appropriately.

Q&A

Q: A caller says their pharmacy told them they still have coverage through their MSHO or I-SNBC plan, but MN-ITS and MMIS both show Medical Assistance ended. How can that be?

A:

This can happen when the person is in a Medicare grace period.

During this time, Medicare still shows the plan as active even though MMIS and MN-ITS show that it ended. The grace period allows temporary continued coverage—mainly for prescriptions—while systems update and the person transitions to new coverage.

To confirm what's happening:

1. **Verify benefits:**

- In MNITS: See if **Medical Assistance** or **SNBC** enrollment is active or has ended.
- If you don't see current coverage, start a **BLU chat** and ask to check:
 - The **end date** of MA or SNBC coverage, and
 - The SNBC disenrollment reason
 - If the disenrollment reason is **EE**, it usually means the person qualifies for a **grace period**.

2. **If BLU confirms MA ended and the caller says the pharmacy still sees the plan as active:**

- Start a **Medicare chat (MAP)** to verify whether the MSHO or Integrated SNBC plan is still showing as active with Medicare.
 - If Medicare still shows it active, the person is in a **grace period**—and Medicare is the source of truth during this transition.
-

Q: What is a Medicare grace period?

A:

A **grace period** is a temporary extension of coverage for people leaving an **MSHO** or **Integrated SNBC** plan.

- It lasts **up to 90 days** or until the person chooses a new **Part D** plan.
- It ensures people don't lose prescription coverage while transitioning between plans or after losing MA.
- **MMIS** may show the plan ended, but **Medicare** continues to show it as active during this period.

Learn more:

- [Medicare Prescription Drug Coverage \(Part D\)](#)
 - [MSHO overview – DHS](#)
 - [SNBC overview – DHS](#)
-

Q: The pharmacy says the plan has terminated, but Medicare still shows it as active. What should I do?

A:

Conduct a Medicare chat with MAP:

- Medicare still lists the plan as **active**, and
- The pharmacy’s rejection code says **plan terminated** (not prior authorization, refill too soon, etc.),

→ **Escalate to MAP** and include:

- Confirmation that Medicare still shows the plan active, and
- The pharmacy’s report that the plan is rejecting as terminated.

Tier 3 will contact the plan to update its files to match Medicare’s records. Once the plan’s data is corrected, the pharmacy can bill the plan again through the **end of the current month**.

Q: What coverage applies during the grace period?

A:

It depends on whether the person still has MA:

- **If MA ended:**
 - They have **Original Medicare (Parts A and B)** and **Part D** only.
 - **Deductibles, copays, and over-the-counter items** are not covered.
 - **If MA continues:**
 - They keep all **MSHO/Integrated SNBC** benefits during the grace period.
 - It’s normal for MMIS or the plan to show MSC+ or non-integrated SNBC while Medicare still lists MSHO/I-SNBC as active.
-

Q: Example from blueplus

A:

Yes.

For members who lose MA eligibility:

- They may have a **90-day grace period**.
- Coverage continues for **Medicare-covered services, Care Coordination, and MSHO supplemental benefits**.
- In Mn-ITS they appear **terminated**, but remain on the plan’s roster with a **“GRACE PERIOD ENDING MM-DD-YYYY”** flag.

Reference: [Blue Plus MSHO Provider Resources](#)

Internal Notes

- Hub staff will likely first notice this when **systems show MA ended but the person reports active coverage.**
 - The **grace period** applies only to **MSHO** and **Integrated SNBC** plans.
-

Tags:

Medicare MSHO Integrated SNBC Grace Period MMIS MN-ITS BLU Chat MAP Chat Tier 3 Support Coverage Transition

Disability Hub MN™

Knowledge Base Article Categories

PARENT CATEGORY 1: Health Coverage & Medical Programs

SUBCATEGORIES

Applying & Eligibility

Health Plan Types

Disability Determinations?

ARTICLES

Health Coverage & Medical Programs

1. Apply for MN programs
2. After MN program application (what happens next)
3. How to submit verifications for cases
4. MA Spenddown
5. MA-EPD
6. MA referral for other benefits
7. Managed Care
8. SNBC Guide
9. Medicare guidance
10. MHCP FFS pharmacy

PARENT CATEGORY 2: Services & Support

SUBCATEGORIES

Getting Services Started

(MnCHOICES, eligibility, SAs)

In-Home Services & Supports

(CFSS, PCA, Waivers, Home health)

Equipment & Home Modifications

(AT, environmental modifications, equipment & supplies)

Transportation & Community Participation

(Transportation + day/employment/community supports)

Service Coordination & Problem-Solving

(Case management, appeals, provider issues)

ARTICLES

Getting Services Started

1. What is a MnCHOICES assessment and how does it work?
2. What happens after a MnCHOICES assessment?
3. What is a reassessment or support range?
4. How does someone become eligible for services?
5. What is a service authorization (SA)?

6. What is the lead agency's role in getting services started?

In-Home Services & Supports

7. What is CFSS?
8. What is the difference between CFSS agency and budget models?
9. What is a CFSS service delivery plan?
10. What does CFSS cover?
11. What are PCA services?
12. What are HCBS waivers?
13. What home health services are available?

Equipment & Home Modifications

14. What is assistive technology and how do people get it?
15. What are environmental modifications and who qualifies?
16. What medical equipment and supplies (SMES) are available?

Transportation & Community Participation

17. What transportation options are available?
(Includes NEMT, waiver transportation, public transit, volunteer drivers)
18. How do medical transportation services work?
(If separating NEMT adds clarity for staff)
19. What employment supports are available?
20. What day or community services can people use?

Service Coordination & Problem-Solving

21. What does a case manager or care coordinator do?
22. How do appeals and grievances work?
23. How can someone choose or change providers?

PARENT CATEGORY 3: Housing

SUBCATEGORIES

Housing Basics & Options

"What types of housing are there? What's renting vs supported living, etc.?"

Planning for Housing

"I don't know what I want / I'm not ready to search yet."

Finding a Place to Live

"I'm ready to look / I want to apply for housing."

Paying for Housing

"I need help affording housing / paying rent."

Renters' Rights & Problem-Solving

ARTICLES

Housing Basics & Options

1. Affordable Housing Basics

2. Supported Living Options

Planning for Housing

3. Housing Planning Tools & Vault Paths

Finding a Place to Live

4. Housing Search Tips
5. Out-of-State Housing Help
6. Overcoming Rental Barriers

Paying for Housing

7. Ways to Pay for Housing

PARENT CATEGORY 4: Work & Benefits

SUBCATEGORIES

Working & Economic Assistance Programs

(How work affects: cash assistance → SNAP → Housing Support → housing)

Working & Health Coverage

SSA & Work

Finding & Keeping Work

ARTICLES

Working & Economic Assistance Programs

1. How does work affect economic assistance programs (GA, MSA, MFIP, SNAP, Housing Support)?
2. How does work affect Section 8, Public Housing and Project-Based rent?
3. How does work affect other disability or income programs (UI, STD/LTD, VA benefits, Railroad benefits, early retirement and dependent benefits)?

Working & Health Coverage

4. How does work affect disability-based Medical Assistance (MA)?
5. How does work affect MA-EPD?
6. How does work affect MinnesotaCare, MNSure plans and APTC?
7. How does work affect Medicare?
8. How does work affect other types of health insurance (employer, private, VA)?

Social Security & Work

9. How does work affect SSI benefits, in-kind support and maintenance (ISM) and what work incentives (SEIE, IRWE, BWE) can help?
10. How does work affect SSDI and what supports (like PASS) can help?
11. How does work affect DAC/CDB, Pickle, and 1619(b) eligibility?
12. What happens during an SSI Age-18 Redetermination when someone works?

Finding & Keeping Work

13. What job supports can help someone prepare for or find work?
14. What is Minnesota Vocational Rehabilitation Services (VRS)?

15. What help does Minnesota CareerForce offer?

16. What is Ticket to Work and how does it help?

PARENT CATEGORY 5: Money & Work

(ABLE accounts, unemployment, taxes)

Overpayments & Reporting

Savings, Tax Credits & Financial Tools

Overpayments & Reporting

1. How do Social Security overpayments work and what can someone do?
2. How do Minnesota cash assistance overpayments work?
3. How should someone report income changes to avoid overpayments?

Savings, Tax Credits & Other Financial Tools

4. What is an ABLE account and how does it affect benefits?
5. What are Individual Development Accounts (IDAs)?
6. How do tax credits work when someone has earnings? (EITC, CTC, Child Care Credit)
7. What is the Renter's Tax Credit?
8. How does student financial aid affect SSI when someone is working or in school?

PARENT CATEGORY 6: Safety & Rights

SUBCATEGORIES

Decision-Making Supports

Guardianship & Alternatives

Reporting Abuse & Maltreatment (MAARC)

Crisis Response (optional, if not under Services & Supports)

Privacy & Sharing Information

ARTICLES

Privacy & Sharing Information

1. Is the caller allowed to access participant information? (Authorization Verification)
2. What can Hub staff share and what can't we share? (Information Boundaries)

Hub KBA Contributor Quick Guide

This guide helps you write KBAs that work during real calls and chats and support the Hub's role as an Information, Referral & Assistance (IR&A) service.

Start with the Caller

- Write the title the way a person receiving services would actually ask the question
- Use a question format when it makes sense
- Stick to one topic per article
- Use plain language and explain unavoidable program or policy terms clearly

Explain Why Staff Would Use It

- Include a short, internal-facing purpose statement
- Focus on when this article is helpful during a call or chat
- Keep it to one or two sentences

Write in Clear Q & A Form

- Frame content around real caller questions
- Write answers so they sound natural when spoken aloud
- Use short paragraphs or bullets
- Explain acronyms and technical terms when they can't be avoided
- If staff have to mentally reword it, revise it

Be Accurate and Use the Source of Truth

- Confirm information is current and correct
- Align content with authoritative program sources (for example: Medicare.gov, SSA, DHS/DCYF, DEED)
- Avoid assumptions or undocumented practices
- Update content when rules or guidance change

Always Help the Caller Take a Next Step

- Include at least one helpful referral or resource when appropriate
- Point to the most relevant page, not just a homepage
- Prioritize public-facing resources staff could share with callers
 - Disability Hub MN
 - DB101 or HB101
 - mn.gov/adresources
 - Other authoritative government program sites
- Click every link to confirm it works

Keep Formatting Simple and Scannable

- Use H1 for the title only
- Use H2 for major sections

- Use H3 for individual questions
- If you feel like you need an H4, the article is probably too broad
- Avoid tables unless comparing two or three simple options
- Use bold sparingly for key terms or reassurance
- Avoid ALL CAPS and long paragraphs

Add Optional Sections Only When They Help

- **Clarifying Questions:** when callers are unsure or overwhelmed
- **Staff Quick Steps:** when timing, order, or handoffs matter
- **Internal Notes:** for staff-only guidance that should not be said to callers
- Don't repeat content already covered in the Q&A

Set Up Search and Navigation (Genesys)

- Choose one parent category
- Add one subcategory if applicable
- Apply three to six labels
- Enter five to ten alternate search phrases using natural, imperfect wording staff might type while listening live

Final Self-Check Before Submitting

- Could a staff person find this quickly?
- Could they read it once and speak confidently?
- Does the caller have a clear next step or place to learn more?

If not, revise, simplify, or split the article.

KBA Reviewer Checklist

Use this checklist to quickly determine whether a Knowledge Base Article (KBA) meets **Hub KBA Standards** and is ready for use during live calls and chats.

If multiple items are unchecked, return the article for revision rather than editing it piecemeal.

Core Design Test

- The article clearly reflects a real caller situation
- Staff can recognize the caller's question within seconds
- The article helps staff identify the next right action
- The article could reasonably be used during a live call or chat

Title (Caller Voice)

- Written exactly how a person receiving services might ask the question
- Uses plain, conversational language (no internal or program jargon)
- Focuses on **one** clear topic
- Easy to find when scanning or searching

Purpose

- Explains *why* staff would use this article
- Focused on call/chat support (not policy or training)
- Limited to 1–2 short sentences

Q & A Content

- Questions sound like real caller or chat messages
- Answers sound natural when spoken aloud or paraphrased
- Answers use short paragraphs or bullets
- Acronyms are explained only if unavoidable
- Tone normalizes confusion, stress, or urgency when appropriate
- Staff do **not** need to mentally translate the answer
- Links and contact information should be included in the relevant Q&A answers

Clarifying Questions (If Included)

- Included only when callers are often vague or emotional
- Questions are open-ended and respectful
- No checklists or interrogative sequences
- Limited to what's needed to understand the situation

Staff Quick Steps (If Included)

- Included only when next actions are not obvious from the Q&A
- 3–5 bullets maximum
- Focused on decision flow, not system steps
- Does not repeat information already in answers

Internal Notes – Staff Only (If Included)

- Contains information staff must know but should not say
- Limited to verification, escalation, or role boundaries
- Does **not** include full policy, training, or system instructions

Referrals & Resources (If Included)

- Uses trusted, approved sources only
- Limited to a small number of high-quality links
- Staff could explain why the referral matters

Formatting & Readability

- Uses H1 for title, H2 for sections, H3 for questions only
- No H4 or deeper headings
- Answers are concise (≤ 3 short paragraphs or ≤ 4 bullets)
- Emphasis is used sparingly (no long bold sections, no ALL CAPS)
- No large blocks of text that would slow live use

Tags & Metadata (Genesys Upload)

One parent category selected

- No more than one sub-category selected
- 3–6 appropriate labels applied
- Alternate phrasing includes 5–10 natural search phrases
- Alternate phrasing reflects how staff actually search while listening

Final Decision

- Ready to publish
- Needs revision (return to contributor)
- Needs to be split into multiple KBAs

Reviewer: _____

Date: _____

Here's the content of your **"MA Referral for Other Benefits – Job Aid"** document rewritten into a **Question & Answer format** suitable for populating Genesys knowledge articles. Each section can be a separate article or grouped under related topics for easy navigation.

1. What is the "Medical Assistance (MA) Referral for Other Benefits"?

The *Medical Assistance (MA) Referral for Other Benefits* is used because MA is the **payer of last resort** for medical expenses.

If someone can receive coverage or payment for medical costs from another program, they must apply for that program first before MA will pay.

2. Why do I have to apply for other benefits if I already have MA?

You must apply because MA only pays after all other potential benefits have been used. Applying ensures:

- You receive all assistance you're eligible for.
 - You maintain your MA eligibility.
-

3. Who must apply for other programs?

If you are on MA under the **MA-ABD basis** (MA for people who are **age 65 or older, blind, or disabled**) and **do not have a Social Security disability certification**, you must apply for Social Security benefits—even if you have a SMRT disability certification.

Exception: TEFRA applicants are *not* required to apply for Social Security disability benefits.

Additionally, if you may be eligible for **Medicare**, you must apply for Medicare to keep your MA eligibility.

4. When must I apply for other benefits?

You must apply for other programs **within 30 days** of being notified by your eligibility worker via the **Notice to Apply for Other Maintenance Benefits (DHS-2116-ENG)**.

5. What should I do after receiving the "Notice to Apply for Other Benefits"?

You must:

1. Apply for the program(s) as instructed in the notice.
 2. Provide all information and documents required by that program.
 3. Give your eligibility worker documentation showing the decision from that program.
-

6. What happens if I'm denied other benefits?

- If denied **because you're not eligible**, you do **not** have to appeal to keep your MA.
 - If denied **because you didn't provide information or didn't cooperate**, you have **not met the requirement** and could **lose your MA eligibility**.
-

7. What if my MA was closed in the past for not applying for other benefits?

If your MA was previously closed for not applying, you **do not need to apply for those benefits again** before being newly determined eligible for MA.

8. Which specific benefits must I apply for?

a. Social Security Benefits (RSDI)

If you might qualify for **Retirement, Survivors, or Disability Insurance**, you must apply to keep your MA. Family members of someone eligible must also apply for potential benefits.

b. Supplemental Security Income (SSI)

If you are **65 or older**, or have a **disability and low income**, you must apply for SSI to maintain your MA eligibility.

c. Medicare

If you are eligible for Medicare, you must apply to keep your MA.

- If you qualify for **Medicare Part A (hospital insurance)** without a premium, you **cannot refuse or drop it** to stay on other health programs.
- If you have **Medicare Part A**, you must also enroll in **Medicare Part B (medical insurance)**, even if it requires a premium.
- **Exception:** If you have current employer-based health insurance (yours, your spouse's, or as a disabled child through a parent's job), inform your eligibility worker and provide proof. You are **not required** to enroll in Part B in that case.

d. Medicare Part D

Enrollment is not required for MA eligibility, but:

- If you are eligible and don't enroll, **MA will not cover your prescriptions**.
- Prescription costs not covered by Medicare can count toward a **spenddown**.
- MA and MSP enrollees who are Medicare-eligible automatically qualify for **Extra Help** and must select a **benchmark plan** (Senior Linkage Line can assist).

e. Veterans' Aid and Attendance

If you are a **veteran** or **spouse of a veteran** who is **over 65** or **disabled** and living in a **long-term care facility**, you must apply for **Veterans' Aid and Attendance benefits**.

9. Do I need to reapply for benefits if I was denied before?

If you were previously denied and **nothing has changed** in your situation or the program's rules, you **do not need to reapply**.

Article 1: What Is a Medical Assistance Spenddown?

Purpose:

Help Hub staff explain what a spenddown is, who it affects, and why someone might have one.

Q&A:

Q: What does “spenddown” mean for Medical Assistance?

A: A **spenddown** is like a deductible. It lets people with income slightly above the Medical Assistance (MA) limit qualify for MA by paying or using some of their own money for medical expenses.

Q: Who might have a spenddown?

A: People with disabilities, seniors, parents, pregnant people, or children whose income is higher than MA limits.

Q: What types of spenddowns are there?

A:

- **Medical Spenddown:** For people living in the community.
- **Institutional Spenddown:** For people living in nursing or long-term care facilities.

Q: Can someone on MA with a spenddown still get health coverage?

A: Yes. Once they meet their spenddown for the month (or six-month period), MA starts paying for covered services.

Internal Notes:

- Reference: [EPM 2.3.3.4 – MA-ABD Medical Spenddowns](#).
- For callers, use “like a deductible” as a relatable explanation.

Tags: MA, Spenddown, Eligibility, Medical Assistance

Article 2: How a Monthly Spenddown Works

Purpose:

Explain how monthly spenddowns are calculated and when MA coverage starts.

Q&A:

Q: How does a monthly spenddown work?

A: DHS compares your monthly income to the MA spenddown standard. The difference is

your **monthly spenddown amount**. MA pays for covered services after you reach that amount in medical costs each month.

Q: Does the spenddown reset every month?

A: Yes. A new monthly spenddown is calculated for each month of your six-month eligibility period.

Q: What happens once the spenddown amount is met?

A: MA coverage begins for the rest of the month and pays for covered services above your spenddown.

Internal Notes:

- Use examples when explaining: “If your spenddown is \$100 and you have a \$120 bill, MA starts paying after that first \$100.”
- Reference: [What is a Spenddown \(DHS-3017\)](#).

Tags: MA, Spenddown, Monthly, Eligibility

Article 3: Ways to Pay a Monthly Spenddown

Purpose:

Help Hub staff explain the three main methods for paying or meeting a monthly spenddown.

Q&A:

Q: How can someone pay or meet their spenddown each month?

A: There are three main ways:

1. **Potluck Processing:** The spenddown is taken from the first provider’s claims submitted to DHS. The provider bills the person for that amount.
2. **Client Option:** The person pays their spenddown directly to DHS each month.
3. **Designated Provider Option:** The person pays the same provider (such as a PCA or waiver provider) each month.

Q: When is the Client Option payment due?

A: Payments are due by the **20th of the month before** the coverage month. Example: May’s spenddown is due by April 20.

Q: Where do Client Option payments go?

A:

Mail to:

DHS – Client Option Spenddown
P.O. Box 64834
St. Paul, MN 55164-0834

Q: What if someone pays more than they owe?

A: DHS sends a refund after an **18-month reconciliation** if payments exceed the actual cost of services.

Internal Notes:

- Refund details are in the 18-Month Reconciliation Letter from DHS.
- Potluck = automatic deduction from first claim; Client Option = direct prepayment; Designated Provider = direct monthly provider payment.

Tags: MA, Spenddown, Client Option, Designated Provider, Potluck

Article 4: Six-Month Spenddowns**Purpose:**

Explain how six-month spenddowns differ from monthly ones and when they're used.

Q&A:**Q: What's the difference between a monthly and a six-month spenddown?**

A: A **six-month spenddown** lets people use paid medical bills from the past six months to meet their spenddown amount all at once.

Q: When does MA start paying for services under a six-month spenddown?

A: MA begins paying for covered services after the spenddown is met for that six-month period.

Q: Can someone use unpaid medical bills for a six-month spenddown?

A: No. Only **paid** bills count toward a six-month spenddown.

Internal Notes:

- Six-month spenddowns are often used for retroactive eligibility or when someone applies mid-period.

Tags: MA, Spenddown, Six-Month, Eligibility

Article 5: Institutional Spenddowns

Purpose:

Help Hub staff explain spenddowns for people living in nursing or long-term care facilities.

Q&A:

Q: What is an institutional spenddown?

A: It applies to people living in long-term care or nursing facilities. Their available income, after allowed deductions, is paid directly to the facility each month.

Q: How is this different from a medical spenddown?

A: The entire spenddown amount goes to the **facility**, not multiple providers or DHS.

Q: Does this affect Elderly Waiver (EW) participants?

A: Yes — it works similarly to a **waiver obligation** under EW.

Internal Notes:

- The person's worker determines the income contribution amount.
- Reference: [EPM 2.3.3.4.3 – MA Institutional Spenddowns](#).

Tags: MA, Institutional, Spenddown, Long-Term Care

Article 6: Medical Expenses That Count Toward a Spenddown

Purpose:

List examples of allowable medical costs that can be used to meet a spenddown.

Q&A:

Q: What types of bills can be used toward a spenddown?

A:

- Health and dental insurance premiums (including Medicare)
- Co-pays or deductibles
- Medically necessary services
- PCA (Personal Care Assistance) services

Q: Can someone use unpaid bills?

A: For a **monthly spenddown**, yes — as they occur. For a **six-month spenddown**, only **paid** bills count.

Internal Notes:

- Always confirm with the person’s county worker if they’re unsure which bills qualify.

Tags: MA, Spenddown, Medical Expenses, Eligibility

Article 7: Spenddowns and SNBC Plans

Purpose:

Help staff explain how spenddowns affect SNBC (Special Needs BasicCare) enrollment.

Q&A:

Q: Can someone with a spenddown be in an SNBC plan?

A: No — people with a **medical spenddown** cannot newly enroll in SNBC.

Q: What if someone develops a spenddown after joining SNBC?

A: They can stay in SNBC **as long as they pay their spenddown in full each month.**

Q: What happens if they don’t pay it?

A: If they miss three months of payments (not necessarily in a row), they’re automatically disenrolled.

Q: Can they rejoin SNBC later?

A: They can re-enroll if they pay DHS all owed spenddowns within 90 days.

Internal Notes:

- Reference: [SNBC and Medical Spenddowns \(DHS-5373\)](#).
- If caller needs to confirm payment status, refer to **DHS Billing** (651-431-3205).

Tags: SNBC, Spenddown, Managed Care, MA

Article 8: Who to Contact About Spenddowns

Purpose:

Help staff route callers to the correct contact based on their spenddown type or question.

Q&A:

Q: Who can tell me how my spenddown was calculated?

A: Contact your **financial worker** at your county or tribal human services office.

Q: I think my spenddown is wrong — who can fix it?

A: Only your **financial worker** can review or adjust your spenddown amount.

Q: What if I want to know what claims my spenddown payments went toward?

A: Call **Health Care Consumer Support** at **651-297-3862**.

Q: Who handles billing questions for Client Option payments?

A: Contact **DHS Billing** at **651-431-3205**.

Internal Notes:

- Staff can find county contacts in the [MHCP County and Tribal Directory](#).

Tags: MA, Spenddown, Contact, Billing, Financial Worker

Article 9: Where to Learn More About Spenddowns

Purpose:

Provide Hub staff with official reference materials on MA spenddowns.

Q&A:

Q: Where can I find official information on spenddowns?

A:

- [DB101 – Disability-Based MA: What You Pay](#)
- [What Is a Spenddown \(DHS-3017\)](#)
- [SNBC and Medical Spenddowns \(DHS-5373\)](#)
- [EPM 2.3.3.4 – MA-ABD Medical Spenddowns](#)
- [EPM 2.3.3.4.2 – MA-ABD Health Care Expenses](#)

Internal Notes:

- These are reference tools for staff, not for callers.
- Provide callers only with DHS factsheets (like DHS-3017) or DB101 link for public use.

Tags: MA, Spenddown, Resources, DHS, DB101

What should I do if I suspect maltreatment of a vulnerable adult?

Purpose: To guide Hub staff in identifying vulnerable adult maltreatment concerns, determining next steps, and completing or facilitating MAARC reports.

How do I know if this involves a vulnerable adult?

Ask yourself: Is the person 18+ and unable to self-protect, living in a licensed setting, or receiving licensed services?

- If yes → treat as a vulnerable adult
- If unsure → consult a supervisor

What should I do if there is immediate danger?

- Call 911 or give caller their local 911 dispatch center number (See *911 Dispatch Center Phone Numbers*.)
- After emergency services have been contacted, speak with a supervisor to decide whether a MAARC report is still required.

What if the suspected maltreatment happened outside Minnesota?

- The person should report it to that state's Adult Protective Services.
 - Find national APS contacts here: <https://www.napsa-now.org/get-help/help-in-your-area/>
- If it happened out of state and the vulnerable adult is now in Minnesota **and** the maltreatment may be ongoing, a MAARC report is appropriate.

The caller is telling me about suspected abuse or neglect. Who should make the report?

- The person directly involved or who saw what happened should make the MAARC report whenever possible.
 - If they are willing, warm transfer them to **MAARC at 1-844-800-1574**, or give them the number.

What if the caller wants me to stay on the line with them?

- You may stay on the line if the caller asks.
- When MAARC answers, say: **"My caller is filing a report and asked me to stay on the line for support."**
 - You do not give your name or address because you are not the reporter.

What if the person does not want to make the report themselves?

- If the person declines AND you have enough detail to reasonably suspect maltreatment, Hub staff must make the report as a mandated reporter.
- If you're unsure, you may consult a supervisor — but it is not required to make a mandated report.

To file the report:

- Submit the MAARC Mandated Reporter Form: <https://mn.gov/dhs/maarc-mandated-reporter>

Hub staff do **not** follow up with MAARC or APS after submitting.

What do I need to document in CRM after a MAARC-related call?

Document the following in all MAARC-related situations:

- What the caller or vulnerable adult shared
- **Who made the report**
- Whether you stayed on the line with the caller while they reported
- **MAARC reference number** (only if Hub staff submitted the report)
- Any safety-related referrals offered or provided
- Follow-up offered or accepted

Tags: MAARC, mandated reporter form, vulnerable adult, maltreatment, reporting requirements, DHS, APS

Internal Notes (Quick Guides for Staff Only)

QUICK REFERENCE: Suspected Maltreatment Workflow

STEP 1 — Is this a vulnerable adult?

18+ **and:** cannot self-protect, in licensed setting, or receiving licensed services

→ If unsure: ask supervisor

STEP 2 — Immediate danger?

YES → 911 → then supervisor → STOP

NO → Step 3

STEP 3 — Who should report?

- Caller has firsthand details → Caller reports
- Hub staff have firsthand details from VA → Hub reports
- Not enough detail → Caller reports

If caller reports: warm transfer 1-844-800-1574 → optionally stay on line → document → offer follow-up

If Hub staff reports: supervisor → Mandated Reporter Form → reference number → CRM → referrals → follow-up → supervisor

Out of state:

Only report to MAARC if: MN incident, or VA now in MN and ongoing risk

Otherwise → APS directory

CRM Checklist:

- Summary
- Who reported
- Stayed on line?
- MAARC reference (if staff)
- Referrals
- Follow-up

MA-EPD — Quick Q&A knowledge article set

Use these Q&A pairs as ready-made knowledge article entries or Genesys quick responses. Each question is formatted as a customer-facing prompt and the answer is a concise, agent-ready response.

Overview

- Q: What is MA-EPD? A: MA-EPD is Medical Assistance for Employed Persons with Disabilities. It provides the same services as standard MA while allowing higher income and assets and requires a monthly premium based on income.
- Q: Who is MA-EPD for? A: People who are certified disabled (by SSA or SMRT), employed or self-employed, who pay Social Security/Medicare taxes, and who pay the monthly MA-EPD premium.
- Q: Are there income or asset limits for MA-EPD? A: There are no income or asset limits for MA-EPD, but reported income is used to calculate the monthly premium.

Eligibility

- Q: What are the core eligibility requirements for MA-EPD? A: Must be certified disabled by SSA or SMRT (if 65+ disability must have been certified before 65), be employed or self-employed, earn more than \$65/month on average (net if self-employed), pay Social Security/Medicare taxes, be a U.S. citizen or qualifying non-citizen, pay the MA-EPD premium, and enroll in Medicare when eligible.
- Q: If someone is over age 65, can they apply for MA-EPD? A: Yes, but they must have been certified disabled prior to turning 65 and meet all other MA-EPD criteria.
- Q: How soon must a person report income changes? A: Income changes must be reported within 30 days by phone, mail, in-person, or via the renewal form.

Applying and Coverage

- Q: How does someone apply for MA-EPD if they do not have MA currently? A: If not certified disabled, apply at [MNsure.org](https://mnsure.org) or with the DHS-6696 paper application. If already certified disabled, use the MHCP Application for Certain Populations (DHS-3876).
- Q: How does someone apply if they already have MA or MinnesotaCare? A: Depends on current coverage and disability status — use DHS-6696A for MA-AA/MA-AX, indicate MA-EPD if certified disabled; MA-DX members who are certified disabled should request MA-EPD in writing or call their Financial/Eligibility Worker; MinnesotaCare applicants use MNsure or DHS-6696 (or DHS-3876 if certified disabled).
- Q: Can MA-EPD coverage be retroactive? A: Yes. A person may request coverage for up to three months before the application month. They choose which retro months to activate and must pay premiums for those months based on actual gross income.

Premiums — Calculation and Notices

- Q: How is the MA-EPD premium calculated? A: The eligibility/financial worker calculates the premium using average monthly income and household size at initial approval and at annual renewal. Recalculations can occur between renewals for certain events (reported decreased income, FPG increases in January, or when RSDI COLA disregard ends).
- Q: Are there tools to estimate the premium? A: Yes — the MA-EPD Premium Estimate "Try It" tool for a quick estimate and the MA-EPD Estimator for a more detailed estimate. Both are estimates; the eligibility worker makes the official calculation.
- Q: What happens after the first premium is paid? A: After the county/tribal office receives the initial premium, DHS mails an Approval Notice with the ongoing premium amount, payment options, details used to determine the premium, and appeal instructions.

First-Time Premiums and Ongoing Invoices

- Q: What is the first-time premium process? A: 1) County/tribal office mails the Initial Premium Notice (may include multiple months). 2) Person pays the full initial premium to start coverage (due within 30 days). If retro months are included, they can choose which retro months to pay for. 3) Payment is sent to the county/tribal office.
- Q: When are ongoing MA-EPD invoices mailed and when are they due? A: DHS mails invoices on the 4th of each month. Each invoice is due on the 4th of the following month and covers the next month's coverage (for example, an Aug 4 invoice is due Sept 4 for October coverage).
- Q: Do monthly invoices show past due amounts or credits? A: No. Ongoing monthly invoices include the current month's premium only and do not show past due balances or credits.

Payment Options

- Q: What payment methods are available for MA-EPD premiums? A: Online at payments.dhs.state.mn.us (checking account, debit/credit card, one-time or auto-monthly), by mail (check/money order with payment stub to DHS P.O. Box), or in-person at the Elmer L. Andersen Building (exact cash, check, or money order accepted; Mon–Fri, 8am–4pm).
- Q: What should people know about online payments and auto-pay? A: Online payments require the Customer # from the invoice. Auto-pay must be updated if bank info or premium changes and should be canceled if eligibility ends.

Good Cause Requests

- Q: What is a Good Cause Request and how does someone submit it? A: A Good Cause Request (DHS-6939) lets a person explain why they cannot pay a premium due to unexpected circumstances. The person completes and submits the form themselves online, by fax (651-431-7563), or by mail to DHS MA-EPD Good Cause, P.O. Box 64967, St. Paul, MN 55164-0967.

- Q: What happens after someone submits a Good Cause Request? A: They receive an encrypted email confirmation for online submissions, DHS may contact them with questions, and they will get a written decision by mail within 30 days; their financial/eligibility worker is also notified.

Self-Employment and MA-EPD

- Q: What qualifies as self-employment for MA-EPD? A: Self-employment means the person sets their own schedule, is not an employee, is not covered by employer liability or worker's comp, and pays SSA/Medicare taxes and files federal self-employment tax returns.
- Q: How is self-employment income counted for MA-EPD? A: Net earnings equal gross income minus allowable IRS business expenses; net earnings are used to determine eligibility and premiums.
- Q: What documentation verifies self-employment income? A: Acceptable verification includes filed federal tax forms (1040 with Schedule SE or 1040-ES Line 11), business records or receipts, the Self-Employment Gross Income Report Form, simplified records for informal work, previous year tax forms if current year not filed, two-years-prior taxes when newer docs aren't available, or an accountant's signed statement projecting income/expenses.
- Q: What are common examples of acceptable self-employment activities? A: Dog walking/pet sitting, babysitting, yard work, snow shoveling, and selling crafts or jewelry.
- Q: What should people know about tax obligations for self-employment? A: They must pay Social Security and Medicare taxes (at least annually, quarterly if required) and file federal self-employment tax returns; they should keep clear income and expense records.

Work, Job Changes, and Eligibility Scenarios

- Q: What happens if a person stops meeting MA-EPD work rules or has not worked 4+ months? A: Eligibility will be redetermined under MA-ABD (MA for Aged, Blind, and Disabled).
- Q: If someone is redetermined eligible under MA-ABD, are there asset rules? A: There is no asset limit for the first 12 months after redetermination; standard MA-ABD policies resume after 12 months. Some assets are excluded if MA-ABD eligible.
- Q: How are seasonal or variable incomes treated? A: Income is counted only in months a person works. They may still be eligible for up to four months under the job loss rule.
- Q: What happens if someone voluntarily quits their job? A: They are not eligible for MA-EPD and eligibility will be redetermined under MA-ABD.
- Q: What if someone is laid off or has a medical emergency that prevents working? A: They may be eligible for up to four months under job loss or medical leave rules, with an additional four months if they are terminated or laid off during medical leave.

Turning or Over Age 65

- Q: If a person on MA-EPD turns 65, what happens? A: They may remain eligible for MA-EPD if they continue to meet all MA-EPD criteria and must enroll in Medicare when eligible.
- Q: What if someone was never on MA-EPD before turning 65 but wants to apply after 65? A: They must have been certified disabled before age 65 and meet all MA-EPD criteria to apply after age 65.
- Q: What if a person had 24 consecutive months of MA-EPD before age 65 and then stops meeting work rules? A: Eligibility will be redetermined under MA-ABD. The spouse's income/assets are not counted and certain assets (retirement accounts, HSAs, joint accounts, etc.) may be excluded if MA-ABD eligible.

Contacts, Appeals, and Where to Refer

- Q: Who do I refer customers to for questions about premium amount or calculation? A: County or Tribal financial/eligibility worker in their county/tribal nation office.
- Q: Who handles past due balances or billing questions? A: DHS Health Care Billing (phone numbers are usually listed on DHS resources or the invoice).
- Q: Where should someone go if they can't pay the premium due to an unexpected circumstance? A: Submit a Good Cause Request (DHS-6939).
- Q: How does a person report changes in income or circumstances? A: Report changes to the county or tribal nation office by phone, mail, in-person, or via the renewal/change forms.
- Q: How does someone appeal a premium decision? A: The Approval Notice includes appeal instructions; appeals generally use the Appeal to State Agency form (DHS-0033).

Resources and Tools (agent-facing)

- Q: What online or external tools/articles are useful to help people estimate premiums and plan? A: MA-EPD Premium Estimate "Try It" tool and the MA-EPD Estimator (both give estimates only); DB101 pages on MA-EPD basics and the Estimator; Disability Hub MN MA-EPD pages and Work Toolkit for employment planning.
- Q: What self-employment resources can agents refer people to? A: Job Accommodation Network (JAN), Minnesota DEED Startups & Small Businesses guidance, Launch Minnesota, and local Small Business Assistance Office resources.
- **Suggested Genesys snippets / templates**
- Q: Template — "I want to apply for MA-EPD." A: "I can help with that. If you are already certified disabled, you can apply using the MHCP Application for Certain Populations (DHS-3876). If not certified, apply at MNsure.org or with DHS-6696. Would you like the application name or next steps for your situation?"
- Q: Template — "My invoice is due soon; what do I do?" A: "MA-EPD invoices arrive from DHS on the 4th of the month and are due the 4th of the following month for the next month's coverage. You can pay

online at payments.dhs.state.mn.us with the Customer # from your invoice, mail a check/money order with the stub, or pay in-person at the Elmer L. Andersen Building.”

- Q: Template — “I can’t pay right now because of an emergency.” A: “You can submit a Good Cause Request (DHS-6939). The person must complete and submit the form themselves online, by fax, or by mail. They’ll receive a written decision within 30 days.”

Article 1: Understanding Minnesota Managed Care Plans

Purpose:

Help Hub staff explain what managed care is, who it applies to, and what types of plans exist under Minnesota Health Care Programs (MHCP).

Q&A:

Q: What does “managed care” mean for Medical Assistance (MA)?

A: Managed care means your MA coverage is through a **health plan** instead of directly through the state. The plan coordinates your care, pays your doctors, and offers member services.

Q: What are the different types of managed care plans in Minnesota?

A:

- **PMAP (Prepaid Medical Assistance Program):** For families, children, and adults without a disability.
- **SNBC (Special Needs BasicCare):** For adults 18–64 with a certified disability.
- **I-SNBC (Integrated SNBC):** For adults 18–64 with a disability *and* Medicare.
- **MSC+ (Minnesota Senior Care Plus):** For adults 65+ with or without Medicare.
- **MSHO (Minnesota Senior Health Options):** For adults 65+ with Medicare.
- **PMCRE (Prepaid MinnesotaCare):** For people enrolled in MinnesotaCare.
- **Fee-for-Service (FFS):** For people excluded from managed care or who opt out.

Q: How do people know which plan they qualify for?

A: It depends on age, disability status, and whether they have Medicare. DHS assigns the appropriate plan based on eligibility and county of residence.

Internal Notes:

- Managed care enrollment rules differ by program.
- Fee-for-Service is not managed care but may be chosen or automatic for some.
- Use DHS’s [MHCP Managed Care Manual](#) for details.

Tags: MHCP, Managed Care, Overview, Enrollment

Article 2: PMAP – Prepaid Medical Assistance Program

Purpose:

Help staff explain who PMAP is for, how enrollment works, and who can help.

Q&A:

Q: Who can get PMAP?

A: MA-eligible adults, pregnant people, families, and children (program codes MA-CK, MA-AA, MA-AX, MA-PX, MA-FC).

Q: Do I have to be in PMAP?

A: Yes, PMAP is **mandatory** unless you qualify for an exclusion.

Q: How do I sign up for PMAP?

A: Enrollment happens through DHS — people can return the form by mail, apply in person at their county or tribal office, or call a **Managed Care Advocate** for help.

Q: Who helps with PMAP questions?

A: **Managed Care Advocates** can help with enrollment or issues. Each county has its own contact.

Internal Notes:

- MA-AA and MA-AX members with a disability certification can **opt out** of PMAP or enroll in SNBC (Choice Form required).
- PMAP plan availability by county: [PMAP Map \(DHS\)](#).

Tags: MHCP, PMAP, Families, Children, Managed Care, Enrollment

Article 3: SNBC – Special Needs BasicCare

Purpose:

Help staff explain SNBC eligibility, enrollment, and who can help compare options.

Q&A:

Q: What is SNBC?

A: SNBC is a voluntary managed care program for adults (18–64) with a certified disability.

Q: Do I have to join SNBC?

A: No, enrollment is **voluntary** — you can stay on Fee-for-Service or join SNBC.

Q: How do I sign up?

A:

- Complete the online **Choice Form**, or
- Contact your health plan's Member Services, or

- Mail the paper form.

Internal Notes:

- SNBC plan map: [SNBC Map \(DHS\)](#).
- People with a **spenddown** are not eligible, unless it begins after enrollment and is paid monthly.

Tags: MHCP, SNBC, Disability, Managed Care, Options Counseling

Article 4: I-SNBC – Integrated Special Needs BasicCare

Purpose:

Help staff explain I-SNBC eligibility and how it differs from SNBC.

Q&A:

Q: What’s the difference between SNBC and I-SNBC?

A: **I-SNBC** is for adults (18–64) who have both a certified disability and **Medicare Parts A & B**. It integrates Medicare and MA services into one plan.

Q: Is I-SNBC required?

A: No, it’s **voluntary**.

Q: How do I enroll in I-SNBC?

A: Contact your health plan’s Member Services or get help from the **Disability Hub MN** for [Options Counseling](#).

Internal Notes:

- Uses same plan map as SNBC: [SNBC Map \(DHS\)](#).
- Not eligible with a spenddown unless it begins after enrollment and is paid monthly.

Tags: MHCP, I-SNBC, Disability, Medicare, Integrated Plan, Managed Care

Article 5: MSC+ – Minnesota Senior Care Plus

Purpose:

Help staff explain MSC+ eligibility, enrollment, and coverage for people 65+.

Q&A:

Q: Who can get MSC+?

A: Adults age 65 or older, with or without Medicare.

Q: Is MSC+ required?

A: Yes, it's **mandatory** unless an exclusion applies.

Q: How do I enroll?

A: Enrollment happens automatically through DHS; people can also return the form by mail or in person at their county or tribal office.

Q: What services are included?

A: All MA services, plus **Elderly Waiver (EW)** services.

Q: Who can help with questions about Medicare?

A: The [Senior LinkAge Line](#) provides free Medicare counseling.

Internal Notes:

- MSC+ plan map: [MSC+ Map \(DHS\)](#).
- Not available to people with a spenddown unless it begins after enrollment and is paid monthly.

Tags: MHCP, MSC+, Seniors, Medicare, EW, Managed Care

Article 6: MSHO – Minnesota Senior Health Options

Purpose:

Help staff explain MSHO eligibility and enrollment for seniors with Medicare.

Q&A:

Q: What is MSHO?

A: MSHO is a voluntary managed care plan for people age 65+ who have **Medicare Parts A and B**. It combines Medicare and MA services under one health plan.

Q: How do I join MSHO?

A: Contact your health plan's Member Services or call the [Senior LinkAge Line](#) for help comparing plans.

Q: What does MSHO cover?

A: All MA and Medicare services, including **Elderly Waiver (EW)** services.

Internal Notes:

- MSHO plan map: [MSHO Map \(DHS\)](#).
- Not available to people with a spenddown unless it begins after enrollment and is paid monthly.

Tags: MHCP, MSHO, Seniors, Medicare, EW, Managed Care

Article 7: PMCRE – Prepaid MinnesotaCare

Purpose:

Help staff explain managed care for MinnesotaCare enrollees.

Q&A:

Q: What is PMCRE?

A: PMCRE stands for Prepaid MinnesotaCare. It's a managed care program for MinnesotaCare-eligible adults, families, and children.

Q: Is PMCRE required?

A: Yes, enrollment in a health plan is **mandatory** for MinnesotaCare.

Q: How do people enroll or pick a plan?

A: During their MNsure application or renewal. Plan selection happens in the MNsure process.

Q: Who can help with MinnesotaCare questions?

A: Call **DHS Health Care Consumer Support** at 1-800-657-3672, or visit [MNsure](#).

Internal Notes:

- PMCRE is not Medical Assistance—it's for MinnesotaCare only.
- Enrollment and plan selection are handled entirely through MNsure.

Tags: MinnesotaCare, PMCRE, Managed Care, MNsure, Enrollment

Article 8: Fee-for-Service (FFS) Medical Assistance

Purpose:

Help staff explain when people are in Fee-for-Service instead of managed care.

Q&A:

Q: What does Fee-for-Service mean?

A: It means you don't have a managed care plan. DHS pays your doctors directly for each covered service.

Q: Who is in Fee-for-Service?

A:

- People excluded from managed care (for example, living in certain facilities).
- People under 65 with a disability certification who choose to **opt out** of managed care.

Q: How do I opt out of managed care?

A: People under 65 with a certified disability can request this through their county or tribal worker.

Q: Who can I contact if I have questions about my FFS coverage?

A:

- For general FFS questions: [DHS Health Care Consumer Support](#) at 1-800-657-3672.
- For case-specific help: your [County or Tribal Human Services Office](#).

Internal Notes:

- Automatically applies to people excluded from managed care.
- MHCP County & Tribal Directory lists local contacts.

Tags: MHCP, FFS, Fee-for-Service, Managed Care Exclusion

Article 9: Managed Care Help and Resources

Purpose:

Provide Hub staff with resources for helping callers resolve managed care issues or find assistance.

Q&A:

Q: Who can help with managed care enrollment or plan issues?

A: **Managed Care Advocates** through local lead agencies. Their roles vary by county.

Q: What if the contact I have is outdated?

A: Ask to be connected to someone at the lead agency who handles managed care enrollment.

Q: What other resources can I share with callers?

A:

- [Hub Managed Care Guide](#)
- [MHCP Managed Care Manual](#)
- [Managed Care Ombudsman](#)
- [DHS Appeals FAQs](#)
- [MNsure Appeals](#)

Internal Notes:

- Managed Care Advocate contact lists are maintained by counties, not DHS.
- Refer complex issues (appeals, plan changes) to the Ombudsman or Senior LinkAge Line.

Tags: MHCP, Managed Care, Resources, Advocacy, Ombudsman, Appeals

Here's a **Q&A breakdown** of your uploaded document, "**Medicare Guidance for Hub Staff**", formatted specifically for use in **Genesys knowledge articles** (each question could be a standalone article).

The structure supports fast agent lookup and customer clarity.

Medicare Guidance – Hub Staff Q&A Format

1. What is the purpose of the Medicare Guidance for Hub staff?

The purpose of this guidance is to help Disability Hub MN staff support people who have questions about Medicare—especially those starting Medicare due to disability.

Hub staff are **not Medicare experts** but are responsible for:

- Answering basic questions
 - Providing trusted Medicare resources
 - Connecting people to **Minnesota Aging Pathways (MAP)** for detailed assistance
-

2. What is the Hub's role when assisting someone with Medicare questions?

When someone contacts the Hub about Medicare, staff should:

1. **Check health care coverage**
 - Begin with health care options counseling (SNBC, MA, MSP if applicable).
 - Verify Medicare Part A and B start dates in MN—ITs.
 - If the person has both MA and Medicare, determine if they are in **Integrated SNBC (I-SNBC)**.
 - If not in I-SNBC, explain they may be in a **non-integrated SNBC** or a **standalone Medicare plan**.
2. **Share trusted resources**
 - Disability Hub MN – Medicare: Common Questions
 - DB101 Minnesota – *Medicare: The Basics*
 - *I'm getting Social Security benefits before 65 | Medicare*
 - *What's Medicare Drug Coverage (Part D)? | Medicare*
 - *Medicare Interactive* – searchable Medicare Q&As
3. **Provide self-help instructions** for Medicare.gov or 1-800-MEDICARE.
4. **Warm transfer to MAP** for complex or enrollment-related issues.

3. What information should people have when calling or visiting Medicare resources?

Encourage people to have:

- A list of their **prescription medications**
- Their **Medicare card**
- Any **other insurance cards**
- Their **preferred pharmacies**

This information helps Medicare or MAP staff provide accurate plan comparisons and guidance.

4. How can people use Medicare.gov or 1-800-MEDICARE?

- **Medicare.gov** allows users to view current coverage, review claims, and compare plans.
 - People (or their authorized reps) should create or log into their **Medicare.gov account** to review plan options.
 - **Hub staff must not** log in or create accounts for callers.
 - **1-800-MEDICARE (1-800-633-4227)** is available for additional help.
-

5. When should Hub staff transfer a caller to Minnesota Aging Pathways (MAP)?

Warm transfer callers to **MAP** when:

- They need **plan comparisons** or **enrollment support**.
- They have **complex Medicare questions** or urgent issues.

Transfer procedure:

- Press option **2** for Medicare calls (Hub transfers go to the top of the queue).
 - Stay on the line to explain the caller's situation before handing off.
-

6. What is the Medicare Chat and when should it be used?

Use **Medicare Chat** when you need **Part D** or **Extra Help (LIS)** information.

To start a chat:

1. In CRM, click **Medicare Chat** → **Start Chat**.
2. Enter:

- First Name, Last Name
- Email (info@disabilityhubmn.org)
- Subject line (e.g., *Part D Plan Info* or *LIS status*)

3. Select **Chat Now**.

Include in chat message:

- Person's full name (as on SSA/Medicare card)
- Date of Birth
- Full mailing address
- Medicare or SSA number
- Part A and B effective dates
- Clearly state what information is needed (e.g., plan name, billing info, LIS status)

If MAP provides additional details beyond LIS or Part D, **warm transfer** to MAP for follow-up.

7. What should Hub staff do if MAP refers them back to Medicare Chat?

If during a warm transfer MAP refers the staff back to Medicare Chat, **escalate the case to the DSD Team** for additional support.

Hub staff are **not responsible** for coordinating issue resolution with MAP.

8. What is the role of Minnesota Aging Pathways (MAP)?

MAP staff are Minnesota's **Medicare experts** and operate as the **State Health Insurance Assistance Program (SHIP)** and **Senior Medicare Patrol (SMP)**.

MAP can:

- Do **Part D plan comparisons** and **enrollments**
 - Create **Medicare.gov accounts** on behalf of clients
 - Support **Extra Help/LIS applications**
 - Address **complex Medicare issues** (penalties, appeals, employer coverage, fraud, etc.)
 - Handle **emergency situations** (out of meds, cancelled coverage)
 - Take reports of **fraud, abuse, or scams**
-

9. How should Hub staff handle common Medicare-related scenarios?

Scenario	Action for Hub Staff
Caller doesn't know if they have Medicare	Ask if they have a red/white/blue card. If unsure, check MNITs. If yes, begin options counseling.
Starting Medicare (due to disability)	Explain what Medicare is and why they're getting it. Check MA/MSP and I-SNBC status. Share resources. Transfer to MAP for plan or enrollment questions.
Already on Medicare but unsure about Part D	Explain Part D. Use Medicare Chat to confirm enrollment. Transfer to MAP if they want comparisons or plan help.
Caller has a list of medications	Verify MA/Medicare status. Show how to use Medicare.gov for drug plan comparisons. Transfer to MAP for enrollment or further help.
Can't afford meds or premiums	Verify MA/MSP. Screen for Extra Help. Share NeedyMeds.org. Transfer to MAP for application support.
Received a letter about Extra Help	Reference "Guide to Consumer Mailings from CMS, SSA, and Plans" to identify the notice and required action.
Urgent – Out of meds or plan cancelled	Verify coverage in MNITs. Use Medicare Chat for Part D status. If not on a PDP, transfer to MAP. If on a PDP, offer a 3-way call with the pharmacy, then transfer if needed.
Medication not covered by plan	Suggest contacting doctor for alternatives or requesting a formulary exception. Warm transfer to MAP for help.
Needs a replacement Medicare card	Guide them to their <i>mySocialSecurity</i> or <i>Medicare.gov</i> account to print a copy. Provide SSA phone number (1-800-772-1213) if they lack internet access.

10. What should Hub staff NOT do?

Hub staff **must not**:

- Complete plan comparisons or enrollments
- Log into or create **Medicare.gov** or **SSA** accounts
- Resolve **penalties, appeals, or employer coverage conflicts**

11. What resources should Hub staff know about?

- **Programs for people who need help with Medicare costs** | DHS
- **Apply for Medicare Part D Extra Help** | SSA
- **NeedyMeds.org** – Patient assistance for free or discounted medications

- **2025 Medicare Costs, 2026 Benchmark Plans, and Program Guidelines** (internal Hub resources)

Article 1: MHCP Fee-for-Service Pharmacy – Overview

Purpose: Help staff explain what the MHCP Fee-for-Service pharmacy program is and what Prime Therapeutics does.

Tags: MHCP, Pharmacy, Prime Therapeutics, Fee-for-Service, Magellan, Prior Authorization

Q: What does “Fee-for-Service” mean for my Medical Assistance pharmacy coverage?

A: Fee-for-Service (FFS) means your pharmacy benefits are managed directly by the State (DHS), not by a managed care health plan. The State contracts with **Prime Therapeutics** to handle payments, prior authorizations, and questions about your prescriptions.

Q: Who is Prime Therapeutics?

A: Prime Therapeutics (formerly Magellan Health) manages pharmacy services for MHCP Fee-for-Service members. They process payments for prescriptions, review prior authorization requests, and run a 24/7 call center.

Q: What kinds of medications does this program cover?

A: It covers outpatient prescriptions you pick up at a pharmacy and certain drugs given by a doctor or nurse in a clinic or hospital (for example, shots or infusions).

Internal Notes:

- Applies only to people on **MA Fee-for-Service**. Managed care members must contact their plan’s pharmacy number.
 - Hub staff do **not** contact Prime directly on behalf of callers—provide the number instead.
-

Article 2: Pharmacy Card and ID Information

Purpose: Help staff answer pharmacy card questions and direct callers who need replacements.

Tags: MHCP, ID Card, Pharmacy, Prime Therapeutics, Fee-for-Service

Q: What do I give my pharmacy so they can fill my prescription?

A: Share your **MHCP pharmacy ID information:**

- **RxBIN:** 026787
- **RxPCN:** 5309662024
- **RxGroup:** MNMEDICAID

Q: What if I lost my MHCP card?

A: You'll need to contact your **county eligibility worker** to request a replacement card. Prime Therapeutics and DHS can't send replacement cards.

Q: Can I still get my medicine if I don't have my card?

A: Yes—most pharmacies can look up your coverage using your MHCP number or Social Security number, but having the card is best.

Internal Notes:

- If caller doesn't know how to reach their county worker, help locate contact info in the County and Tribal Human Services Directory.
 - Reassure callers that losing the card doesn't stop their coverage.
-

Article 3: Medication Coverage and Prior Authorization

Purpose: Help staff explain how callers can find out if their medication is covered and what “prior authorization” means.

Tags: MHCP, Drug Coverage, Prior Authorization, Pharmacy, FFS

Q: How do I know if my medicine is covered by Medical Assistance?

A: Use the **Drug Lookup Tool** on the DHS website. It shows:

- Whether the drug is covered
- If it's on the **Preferred Drug List (PDL)**
- Whether it needs prior authorization (extra approval before it can be filled)

Q: What does “prior authorization” mean?

A: Some medicines need DHS approval before the pharmacy can fill them. Your doctor usually sends this request to Prime Therapeutics.

Q: What if my pharmacy says my medicine isn't covered?

A: Ask the pharmacy to check the **Drug Lookup Tool** or call **Prime Therapeutics** for help (1-844-575-7887).

Internal Notes:

- The tool is for FFS coverage only. Managed care plans have separate lists.

- Staff can guide callers to where the tool is located but should not interpret coverage results.
-

Article 4: Getting Help from Prime Therapeutics

Purpose: Help staff know when to refer callers to Prime Therapeutics and what issues they handle.

Tags: MHCP, Prime Therapeutics, Pharmacy, Help, Claims, Prior Authorization

Q: Who do I call if the pharmacy won't fill my prescription?

A: Call **Prime Therapeutics Pharmacy Call Center** at **1-844-575-7887**. They're open **24/7**, every day of the year.

Q: What can Prime Therapeutics help me with?

A:

- Pharmacy coverage questions
- Claims or billing issues
- Checking prior authorization status
- Help if a pharmacy refuses to fill a prescription

Q: Can I call them about my other Medical Assistance services?

A: No, Prime Therapeutics only handles **pharmacy-related** questions for Fee-for-Service MA members.

Internal Notes:

- Staff can provide the number and explain what to ask.
 - For non-pharmacy services (dental, transportation, etc.), refer to DHS Health Care Consumer Support.
-

Article 5: Getting Help from DHS (Non-Pharmacy Questions)

Purpose: Help staff route non-pharmacy FFS questions to the correct DHS line.

Tags: MHCP, FFS, DHS, HCCS, Contact, Non-Pharmacy

Q: Who do I call if my question isn't about prescriptions?

A: Contact **DHS Health Care Consumer Support (HCCS)** at **1-800-657-3672**.

Q: What can HCCS help with?

A: They handle **non-pharmacy** Fee-for-Service benefits and services (for example, coverage for doctor visits, equipment, or transportation).

Q: When are they open?

A: Monday through Friday, **8:00 AM to 4:00 PM**.

Internal Notes:

- HCCS does **not** handle pharmacy claims, refills, or prior authorizations.
- Always verify that the caller's question is **not** pharmacy-related before referring.

MnCHOICES

Title: MnCHOICES Overview

MnCHOICES Overview

What is MnCHOICES?

- [MnCHOICES](#) is a free, in-person or virtual assessment done by a certified county or tribal assessor.
- It helps figure out what supports someone needs to live and work in the community and whether they qualify for long-term services like waivers or [Community First Services and Supports \(CFSS\)](#).

Who can ask for a MnCHOICES assessment?

- Anyone.....

Do you have to be on MA first?

- No. You don't have to be on MA to request a MnCHOICES assessment.

Resources:

- Offer the [MnCHOICES Assessment brochure \(DHS-7283-ENG\)](#).
- Provide the [County and Tribal Human Services Directory](#) for contact info

Purpose:

Explain what MnCHOICES is and who it helps.

Q: What is MnCHOICES?

A: [MnCHOICES](#) is a free, in-person or virtual assessment done by a certified county or tribal assessor. It helps figure out what supports someone needs to live and work in the community and whether they qualify for long-term services like waivers or [Community First Services and Supports \(CFSS\)](#).

Q: Who can ask for a MnCHOICES assessment?

A: Anyone with a disability—or their parent or guardian—can request one through their county or tribal human services office.

Q: Do you have to be on MA first?

A: No. You don't have to be on MA to request a MnCHOICES assessment.

Internal Notes:

- Hub staff do not schedule or complete assessments.
- Offer the [MnCHOICES Assessment brochure \(DHS-7283-ENG\)](#).
- Provide the [County and Tribal Human Services Directory](#) for contact info.

Tags: MnCHOICES, Assessment, Disability, Medical Assistance, Eligibility

Title: Requesting a MnCHOICES Assessment

Purpose:

Help callers understand how to request and what to expect when starting the MnCHOICES process.

Q&A:

Q: How do I ask for a MnCHOICES assessment?

A: Call your [county or tribal human services office](#) and ask for a MnCHOICES assessment.

Q: Is it free?

A: Yes. There is no cost.

Q: How long does it take to get scheduled?

A: Counties aim to schedule and complete assessments within **20 calendar days**, but many are experiencing backlogs and it may take longer.

Q: What if I need an interpreter?

A: Ask your county to provide one when scheduling — interpretation is free.

Internal Notes:

- Document that you informed the caller of the 20-day target and possible delays.
- Provide directory link and offer to look up the local contact number.

Tags: MnCHOICES, Assessment, Request, County, Scheduling

Title: Preparing for a MnCHOICES Assessment

Purpose:

Help callers understand how to prepare and what to expect during the visit.

Q&A:

Q: What should I do before the assessment?

A: Gather helpful information like:

- Medical or psychological evaluations
- Disability determinations (SMRT or SSA)
- IEP or 504 Plan (for children)

- List of medications and providers

Q: Can I bring someone with me?

A: Yes. You can bring a family member, caregiver, or advocate.

Q: What if I want to talk privately during the visit?

A: You can ask the assessor for private time if there are sensitive topics you'd like to discuss alone.

Internal Notes:

- Suggest the caller reflect on their daily routine, challenges, and goals — “what’s hardest on your worst day.”
- Share the [MnCHOICES Assessment: Steps to Get Help brochure \(DHS-7283-ENG\)](#).

Tags: MnCHOICES, Preparation, Assessment, Disability, Supports

Title: What Happens During the MnCHOICES Visit

Purpose:

Help staff explain what takes place during the MnCHOICES assessment.

Q&A:

Q: Where does the assessment take place?

A: Usually in your home, but some counties offer phone or video visits.

Q: What will the assessor ask about?

A: Topics include:

- Daily living (eating, bathing, dressing)
- Household tasks (shopping, cleaning, managing medications)
- Health, memory, and behavior
- Communication, housing, and safety
- Employment and personal goals

Q: How long does it take?

A: The first assessment usually takes 2–3 hours; annual reassessments are shorter.

Internal Notes:

- Emphasize it’s a conversation, not a test.
- Reassure callers they can take breaks and have support present.

Tags: MnCHOICES, Assessment, Visit, Process, County

Title: After the MnCHOICES Assessment

Purpose:

Help staff explain what happens after the assessment and what the Community Support Plan (CSP) includes.

Q&A:

Q: What happens after the assessor visits?

A: The assessor reviews your information and creates a **Community Support Plan (CSP)** within 60 days.

Q: What's in the CSP?

A: It summarizes your needs, goals, and recommended services.

Q: How do I get the CSP?

A: It's mailed to you (and your guardian if you have one). Your county may also call to review it.

Internal Notes:

- CSP ≠ approval — it's a summary and recommendation.
- If caller hasn't received their CSP after 60 days, suggest contacting the county MnCHOICES team.

Tags: MnCHOICES, Community Support Plan, CSP, Assessment, Follow-up

Title: If You Qualify for a Waiver or Case Management

Purpose:

Explain what happens when someone qualifies for waiver or case management services.

Q&A:

Q: What happens if I qualify for a waiver or case management?

A: You'll be assigned a **case manager** (usually within a few weeks after your CSP).

Q: What does a case manager do?

A: They create a **Coordinated Services and Supports Plan (CSSP)** that details:

- What services you'll receive
- How often and how much support you need
- Who provides the services
- Your goals

Q: How long does it take to complete the CSSP?

A: It must be done within **60 days** of your assessment.

Internal Notes:

- The CSSP is a working plan that can be updated anytime.
- If the caller hasn't heard from their case manager, advise contacting the county.

Tags: MnCHOICES, Waiver, Case Management, CSSP, Eligibility

Title: If You Qualify Only for CFSS

Purpose:

Explain what happens when a person only qualifies for Community First Services and Supports (CFSS).

Q&A:

Q: What if I only qualify for CFSS?

A: You won't get a county case manager. Instead, you'll work with a **CFSS consultation services provider** who helps you start services.

Q: What does a CFSS consultation provider do?

A: They help you:

- Choose between self-directed or agency-managed CFSS
- Create a service delivery plan
- Hire or train workers (if self-directed)
- Manage paperwork and billing

Q: Who approves my plan?

A: The county sends a service authorization once your plan is approved.

Internal Notes:

- Offer to help find a [CFSS consultation services provider](#).
- Clarify that the county doesn't assign a manager for CFSS-only cases.

Tags: CFSS, MnCHOICES, Consultation Services, Self-Direction, Eligibility

Title: If You Don't Qualify for a Waiver or CFSS

Purpose:

Explain next steps and community resources for people who aren't eligible for waiver or CFSS programs.

Q&A:

Q: What if I don't qualify for a waiver or CFSS?

A: You'll still get a **Community Support Plan (CSP)** summarizing your needs and listing local resources like housing, transportation, or employment supports.

Q: Can I be reassessed later?

A: Yes. You can request a new assessment if your situation changes.

Internal Notes:

- Offer local resource navigation or housing/employment referrals.
- Reassure callers they can reapply at any time.

Tags: MnCHOICES, Eligibility, Community Resources, CSP, Reassessment

Title: Programs MnCHOICES Can Connect You To**Purpose:**

Help staff explain what services or programs a MnCHOICES assessment may lead to.

Q&A:**Q: What programs can MnCHOICES connect me to?**

A:

- [Community First Services and Supports \(CFSS\)](#) – replacing PCA and CSG programs.
- [Home and Community-Based Services \(HCBS\) Waivers](#): DD, CADI, CAC, and BI waivers.
- [Moving Home Minnesota](#) – helps people move out of facilities.
- [Rule 185 Case Management](#) – for people with developmental disabilities.
- [Semi-Independent Living Services \(SILS\)](#) – teaches daily living skills.

Internal Notes:

- Clarify that MnCHOICES identifies eligibility; it doesn't automatically enroll anyone in a program.

Tags: MnCHOICES, CFSS, Waivers, SILS, HCBS, MHM, Rule 185

Title: Helpful Resources for MnCHOICES**Purpose:**

Provide official resources and references related to MnCHOICES assessments.

Q&A:**Q: Where can I learn more about MnCHOICES?**

A:

- [MnCHOICES Overview \(DHS\)](#)
- [MnCHOICES Brochure \(DHS-7283-ENG\)](#)
- [Community First Services and Supports \(CFSS\)](#)

- [County and Tribal Human Services Directory](#)
- [Disability Hub MN](#)

Internal Notes:

- Use these to verify policy details or refer callers to the right DHS publication.
- Offer brochures and local directory links during calls.

Tags: MnCHOICES, Resources, DHS, CFSS, County Directory

Would you like me to generate this as a **.docx file** next, with all hyperlinks embedded so they stay clickable when you paste into Word or upload to Genesys?

SNBC and MSHO Spenddown Billing Q & A

This document is intended to be used by certain DHS staff who are not health care programs eligibility workers but provide customer service by answering basic program questions and referring members to the appropriate responsible agency. The information provided here is for their knowledge and understanding; they are not expected to explain in detail the different managed care programs, discuss MCHP eligibility or case specific situations.

Questions	Who is responsible	Info, Answers and Talking Points
<p>What is SNBC?</p>	<ul style="list-style-type: none"> • County • Health Plans 	<p>SNBC stands for Special Needs Basic Care. SNBC is a specific managed care program and may offer additional benefits and care coordination to people with certified disabilities, age 18-64, who are enrolled in MA.</p> <p>To be enrolled in SNBC, individuals must have active Medical Assistance (MA) coverage. However, MA coverage alone does not guarantee enrollment in SNBC.</p> <p>Enrollees who have been certified blind or disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT) are automatically enrolled in non-integrated SNBC, within 30 days of being eligible, if they don't choose a plan or opt-out, if they don't have a spenddown. They can choose to opt-out, or disenroll, at any time.</p> <p>There are two SNBC products: MA17 Integrated SNBC and MA37 SNBC</p> <p>Integrated SNBC (I-SNBC):</p> <ul style="list-style-type: none"> • Combines Medical Assistance (MA) and Medicare benefits into a single managed care plan. • Includes Medicare Part D coverage for prescription drugs. • Offers coordinated care through a single health plan, simplifying access to services. <p>Non-Integrated SNBC (SNBC- NI)</p> <ul style="list-style-type: none"> • Covers only MA services through a managed care plan. • Does not include Medicare benefits—Medicare benefits are not included—enrollees with Medicare must handle their coverage separately. • May provide additional services beyond standard MA, such as care coordination and wellness programs. <p>Other resources:</p>

Questions	Who is responsible	Info, Answers and Talking Points
		<ul style="list-style-type: none"> • SNBC - DHS-5373 SNBC and Medical Spenddowns • Managed Care Enrollment Guide for SNBC
<p>What is MSHO?</p>	<ul style="list-style-type: none"> • County • Health Plans 	<p>MSHO stands for MN Senior Health Options. MSHO is a managed care plan for age 65+. MSHO plans offer a range of supplemental benefits and coordinated care beyond what's typically covered by MA and Medicare alone.</p> <p>To participate in MSHO, enrollees must have active MA coverage. However, individuals can have MA coverage without being enrolled in MSHO.</p> <p>Other resources:</p> <ul style="list-style-type: none"> • MSHO - DHS-5525 MSHO and Medical Spenddowns • MSHO Brochure
<p>What is the difference between MA and MSHO/SNBC?</p>	<ul style="list-style-type: none"> • County Worker 	<p>Medical Assistance (MA) is Minnesota’s Medicaid program. It provides basic health coverage for low-income individuals, including some people with disabilities and seniors.</p> <ul style="list-style-type: none"> • MSHO and SNBC are optional managed care programs within MA that may offer enhanced services and care coordination for certain populations: • SNBC is for people ages 18–64 with disabilities who have MA. It may offer additional benefits and care coordination services. • MSHO is for people 65 and older who have both MA and Medicare. It combines MA and Medicare services into one coordinated plan, often with added supports.
<p>How is my spenddown determined, and why do I have one?</p> <ul style="list-style-type: none"> • Why do I have a spenddown? • No one told me I had a spenddown. • Why is my spenddown this amount? • Who determines eligibility for a spenddown? 	<ul style="list-style-type: none"> • County Worker 	<p>Eligibility - The county has determined that you are eligible for Medical Assistance (MA) with a spenddown.</p> <p>MSHO and SNBC are managed care products and are distinct from standard MA coverage.</p> <p>For any questions regarding MSHO, SNBC, or program eligibility, please contact your county worker.</p> <p>Notices</p> <ul style="list-style-type: none"> • MA Eligibility Notice: MAXIS issues a notice informing consumers of their MA eligibility and spenddown amount. • MSHO and SNBC Notices: <ul style="list-style-type: none"> ○ a Health Plan Enrollment notice will be mailed to the enrollee once they are successfully enrolled in MSHO or SNBC ○ MMIS also issues a Health Plan Disenrollment Notice when MSHO or SNBC coverage ends.

Questions	Who is responsible	Info, Answers and Talking Points
		<p>These notices can be accessed in MMIS under Recipient Miscellaneous Functions (RKE2). However, viewing is restricted, and printing will generate a print job at the IOC.</p>
<p>I can't afford to pay the spenddown</p>	<ul style="list-style-type: none"> • County Worker 	<p>If you are unable to pay your spenddown, you can voluntarily disenroll from the MSHO and SNBC program and return to Fee-for-Service (FFS) MA (also known and commonly referred to as straight MA). However, you will still have your spenddown. You will pay your spenddown directly to your providers. Each month, they will bill you until your full spenddown is paid.</p> <ol style="list-style-type: none"> 1. How is the spenddown determined? <ol style="list-style-type: none"> a. Refer to County worker to review for accuracy. 2. What are the options if they can't afford the spenddown? <ol style="list-style-type: none"> a. Refer to county worker for assistance in applying for other programs. b. Refer to Disability Hub and/or Senior Linkage Line for assistance in understanding your options and how your spenddown works.
<p>I should not have a spenddown.</p>	<ul style="list-style-type: none"> • Billing • County Worker 	<p>If you believe your spenddown was determined incorrectly, you must discuss this with your county worker and provide all necessary information to reassess your eligibility.</p> <p>The Billing Team reviews MMIS to verify if the spenddown has been removed or modified and will adjust accordingly. If the invoice aligns with MMIS records, billing will refer the consumer to the county.</p> <p>Since the Billing Team cannot close your billing account until notified by the SNP team, you may continue receiving invoices even after your county worker ends your MSHO or SNBC coverage. However, invoices for months in which you did not receive MSHO or SNBC coverage will be adjusted to zero.</p> <p>To confirm that the Billing Team is responsible for billing the spenddown, review the following MMIS screens:</p> <ul style="list-style-type: none"> • RELG: Displays active MA eligibility and coverage with a spenddown. • RPPH: Shows active MSHO or SNBC enrollment. • RSPD and RSPL: Confirm spenddown TYPE as AMM with no S Client Option number.
<p>When do I have to pay these bills by before my MSHO/SNBC ends?</p>	<ul style="list-style-type: none"> • Billing • SNP 	<p>Billing Cycle</p> <ul style="list-style-type: none"> • January 4th: DHS mails an invoice for the payment due on February 15th, which covers the March spenddown.

Questions	Who is responsible	Info, Answers and Talking Points
<p>I was closed due to non-payment, what do I have to do to get back on?</p>		<ul style="list-style-type: none"> • Disenrollment Policy: If you do not pay your spenddown for a total of 90 days while enrolled in SNBC or MSHO, DHS will disenroll you from the health plan. These missed months do not need to be consecutive. • Reenrollment Requirements: If disenrolled, you must pay DHS the entire outstanding medical spenddown amount within 90 days to regain SNBC or MSHO enrollment. You must contact the HC Billing team to notify that you've paid the past due spenddown balance. HC Billing will notify SNP and Managed Care to review for re-enrollment. However, you will not be able to reenroll in MSHO or SNBC if you have past-due amounts owed to DHS.
<p>I have not or did not get an invoice for my spenddown.</p>	<ul style="list-style-type: none"> • Billing Team 	<p>Invoices for Spenddowns</p> <ul style="list-style-type: none"> • It may take up to 4 weeks from the date of approval or when the change was processed by the county worker before you receive your initial invoice(s) from DHS. <p>Internal Process:</p> <ul style="list-style-type: none"> • Billing is a manual process. • New eligibility and changes in MMIS are identified through a monthly report generated on capitation day. • The SNP team reviews the report first, then informs the Billing team about new accounts and necessary changes to existing accounts. • The SNP team may take up to 5 days to complete their review. • The Billing team may take up to 5 days to finalize their review and generate invoices.
<p>What is the billing cycle</p>	<ul style="list-style-type: none"> • Billing Team 	<p>MSHO and SNBC Billing Cycle</p> <ul style="list-style-type: none"> • Billing takes place on the night of the 4th of each month. • A batch or print job is generated for all invoices that need to be mailed to program enrollees. • Invoices are dated the 4th and bill for the current month plus two. Example: An invoice generated on January 4 is due February 15 and covers March coverage. • The invoice due date is always the 15th of the following month. Example: An invoice dated January 4 will have a due date of February 15. • On the 5th of each month, invoices are printed and prepared for mailing by the IOC. <p>MSHO Invoice Details</p>

Questions	Who is responsible	Info, Answers and Talking Points
		<ul style="list-style-type: none"> • H5514 is the SWIFT business unit for MSHO. • H5516 is the SWIFT business unit for SNBC.
<p>How do I pay for my spenddown?</p>	<ul style="list-style-type: none"> • Billing Team 	<p>DHS Payment Options for MSHO and SNBC billing accounts with the HC Billing Team</p> <ul style="list-style-type: none"> • Mail: Send payments to PO Box 64835, St. Paul, MN 55164-0835. <ul style="list-style-type: none"> ○ Always include your invoice stub or write your Customer Number on your payment. Your Customer Number is listed on your invoice. • Online: DHS Payment Portal <ul style="list-style-type: none"> ○ Self-service payment website. ○ Requires a Customer Number to make a payment. ○ Offers one-time payments or monthly recurring payments (consumer manages account setup, changes, and cancellations). ○ If you need assistance with error messages or locating your Customer Number, call the HC Billing phone line at 651-431-3205. • In-Person: <ul style="list-style-type: none"> ○ Elmer L. Andersen Building – 540 Cedar Street, St. Paul, MN 55115 ○ Business hours: Monday–Friday, 8:00 AM to 4:00 PM (excluding holidays). ○ Accepts cash, checks, and money orders only (no debit or credit cards). ○ No change provided for cash payments. <p>Important Note: This is only a payment center—staff here cannot answer eligibility, billing, or account inquiries. For billing questions, call the Billing phone line. For eligibility questions, contact your county worker.</p> <p>Alternative Payment Option</p> <ul style="list-style-type: none"> • Bill Pay through a personal financial institution/bank (consumer assumes full responsibility).

Questions	Who is responsible	Info, Answers and Talking Points
		<ul style="list-style-type: none"> ○ Pay to: DHS MSHO or SNBC ○ Address: PO Box 64835, St. Paul, MN 55164-0835 ○ Account Number: Customer Number / SWIFT ID (found on your invoice). ○ Memo: Include the program name (MSHO or SNBC). <p>Note: Always include your invoice stub or write your Customer Number on your payment. Your Customer Number is listed on your invoice.</p>
<p>What is my current account balance, including my spenddown amount, past due payments, credits, and total owed?</p> <ul style="list-style-type: none"> • What is the spenddown amount due? • Do I have a past due spenddown amount? • How will I know if I have a past due spenddown? • Do I have a credit on my account? • What is my account balance? • Did you receive my payment? • How much do I owe? 	<ul style="list-style-type: none"> • Billing Team • County Worker 	<p>HC Billing Team only bills for select SNBC and MSHO spenddown consumers.</p> <ul style="list-style-type: none"> • RPPH must have SNBC or MSHO • Spenddown Type in MMIS is AMM • NPI cannot be listed in spenddown month • Recipient amount exists • Not coded with S Number for COS (Client Option Spenddown) <p>Contact the Billing Team for:</p> <ul style="list-style-type: none"> • The spenddown amount being billed. • Account balance, including credits, payments, and past-due spenddown amounts. • Invoice inquiries—must call for details, as invoices do not show credits, payments, or past-due amounts.

Questions	Who is responsible	Info, Answers and Talking Points
		<ul style="list-style-type: none"> • Questions regarding invoices and billing accounts. <p>Contact the County Worker for:</p> <ul style="list-style-type: none"> • The spenddown amount based on eligibility. • Eligibility-related questions, such as how the spenddown amount was determined. <p>Important Note: County workers do not have access to SWIFT and cannot address billing or account-related inquiries. All billing questions should be directed to the Billing Team.</p>

Questions	Who is responsible	Info, Answers and Talking Points
<p>I received a notice that my spenddown ended, why?</p>	<ul style="list-style-type: none"> County Worker 	<p>Determining the Reason for Disenrollment</p> <ul style="list-style-type: none"> If you received a Health Plan Disenrollment Notice, the reason for closure should be listed on the notice. If you have more questions, call the Agency that sent you the letter. If you did not receive a disenrollment notice, check what other notice you received and review its details. <p>If disenrollment notice states for unpaid spenddowns: Check for Non-Payment Closure notes in MMIS:</p> <ul style="list-style-type: none"> Review Notes: Access the RSUM screen and press F4 to review notes related to the case. <ul style="list-style-type: none"> Note Example: <i>Per DHS Accounting Dept, (NAME) failed to pay his/her past due spenddown amount. Disenrolled from (UCARE MA17) Eff. 08/31/24. Entered US Exclusion eff. 9/01/24.</i> Review RPPH: Check for an MSHO or SNBC span with an end date. Look for a reason code and press F12 for its definition. The non-payment of spenddown code is SP. Review RELG: Confirm whether MA coverage is active (A00) or closed for an eligibility reason. <p>Who to Contact:</p> <ul style="list-style-type: none"> For Non-Payment Closures: Call the Billing phone line at 651-431-3205. If Both MA and MSHO/SNBC Are Closed: Contact your county worker for assistance.
<p>I no longer want SNBC.</p>	<ul style="list-style-type: none"> County Worker Disability Hub 	<p>All enrollees in SNBC have the right to opt out of SNBC monthly and return to FFS. If you wish to discontinue your SNBC enrollment, you must contact your county worker to discuss your eligibility and available options.</p> <p>Since the Billing Team cannot close your billing account until they receive notification from the SNP team or an update in MMIS, you may continue receiving invoices even after your county worker ends your MSHO or SNBC enrollment. However, invoices for months in which you did not receive SNBC coverage will be adjusted to zero.</p> <p>Disability Hub:</p> <ul style="list-style-type: none"> Individuals can contact the Hub to explore their SNBC or Fee-for-Service (FFS) options.

Questions	Who is responsible	Info, Answers and Talking Points
		<ul style="list-style-type: none"> To disenroll or opt out of non-integrated SNBC, submit the SNBC Choice Form to DHS. <p>Managed Care Plan:</p> <ul style="list-style-type: none"> For integrated SNBC, contact your health plan to initiate disenrollment or enroll in a Part D: Medicare Part D drug plan, which will trigger auto-disenrollment from SNBC. A member may also submit a request to disenroll from SNBC. Statement must be signed and dated by member or AREP and include PMI (for reference).
<p>What is a care coordinator and who is that person?</p>	<ul style="list-style-type: none"> Health plan 	<p>Benefits of a Care Coordinator or Navigator:</p> <ul style="list-style-type: none"> Navigating Services: Helps you understand and access available healthcare services. Resource Referrals & Additional Support: Connects you with non-medical resources such as housing support, mental health services, and community organizations. Education & Wellness Support: Provides guidance on medical conditions, preventive screenings, medications, treatment options, and connects you to healthcare providers. <p>Your Rights Regarding Care Coordination:</p> <ul style="list-style-type: none"> Receive Care Coordination: You have the right to assistance from a dedicated care coordinator or navigator. Decline or Limit Care Coordination: If you prefer not to receive care coordination or want to reduce contact, notify your health plan. <p>If a person does not know who their care coordinator is they should call the MCO member services. That number is on their member card and can also be found on the RPPH screen by placing cursor on Plan ID and hitting F4.</p>
<p>Who is my worker?</p> <p>I cannot get a hold of my worker, who else can I talk to?</p>	<ul style="list-style-type: none"> County Billing Team Disability Hub 	<p>In MAXIS</p> <ul style="list-style-type: none"> Function: Case Command: Note Place cursor on X-number on bottom left of screen Hit F1 for worker information

Questions	Who is responsible	Info, Answers and Talking Points
Special Needs Purchasing (SNP) Team	<ul style="list-style-type: none"> • SNP 	<ul style="list-style-type: none"> • What does this team do? • When should they be contacted and who can contact them?
Disability Hub	<ul style="list-style-type: none"> • Disability Hub 	<ul style="list-style-type: none"> • When should program enrollees be referred to the Disability Hub? <ul style="list-style-type: none"> ○ The Hub cannot enroll or determine eligibility for any programs, so should not be referred to for assistance with completing applications, determining eligibility, enrolling in any programs, or for things that the county/lead agency or DHS is responsible for. The Hub does not manage complaints for programs either – the Ombudsman offices should be used for complaints or issues as described for each Ombudsman office. If something needs to be ‘fixed’, people should not be referred to the Hub, but instead to the entity that can fix it. • What can the Disability Hub assist with? <ul style="list-style-type: none"> ○ The Hub can help people understand their options for programs and services, can help people understand the impact of working on their benefits, and can help people contact county/lead agencies, DHS, or other organizations to help people identify issues and help people know what to say to get resolution. The Hub helps people understand how the system works, what steps to take, and consider their options.

HC Billing Invoice Example

H5514 001
 DEPARTMENT OF HUMAN SERVICES
HEALTH CARE RECIPIENT BILLING
 PO BOX 64861
 ST PAUL MN 55164-0961

Business Unit identifies the program.

Invoice sent from HC Billing. Do not mail payments to this address.

Billing account number known as "Customer number" or "Swift ID". Consumers should include this number and the business unit number on their payment.

INVOICE

DEPARTMENT OF HUMAN SERVICES

Customer No: 000000000063461
 Payment Terms: 15_FM
 Due Date: July 15, 2024
 Invoice: 00000818009
 Invoice Date: June 4, 2024
 From Date:
 To Date:
 Purchase Order: 1 of 1

Bill To:
 [Redacted]
 [Redacted]
 [Redacted]

Invoice date pertains to our billing cycle.

AMOUNT DUE: 908.00 **Amount Due**

For billing questions, please call 800-657-3762

Original

Line	Identifier	Description	Qty	UOM	Unit Amt	Net Amount
1	[Program]	MSHO SPENDDOWN AUGUST 2024	1.00	EA	908.00	908.00
						Subtotal: 908.00
						Amount Due: 908.00

This is your bill for the Medical Spenddown amount due to the Minnesota Department of Human Services (DHS). You must pre-pay your Medical Spenddown to stay enrolled in Minnesota Senior Health Options (MSHO). If your Medical Spenddown is not received, your MSHO coverage will be cancelled if you are overdue for 3 months. If you have questions about the Medical Spenddown amount, please contact your County Financial Worker. This information is available in alternative formats to individuals with disabilities by calling 651-431-3205 or (800) 657-3762. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Perforated. Bottom half is payment stub to send in with payment.

Bill To:
 [Redacted]
 [Redacted]
 [Redacted]

Customer No: 000000000063461
 Payment Terms: 15_FM
 Due Date: July 15, 2024

To report address change for billing account.

Address Change? If yes, Check box. Write correct address on back.

Amount Due: 908.00

Please Remit To:
 DEPARTMENT OF HUMAN SERVICES
 MINNESOTA SENIOR HEALTH OPTIONS
 PO BOX 64835
 ST. PAUL MN 55164-0835

Amount Remitted

Send payments to this address. A return envelope is included. This address portion should appear in the window of the return envelope.

H5514 000000000063461 0 000008180097ZZZZZZZZZZ 7 0000090800

Outstanding Pain Points

<u>Questions</u>	Who is responsible	Answers and Talking Points
<ul style="list-style-type: none"> • <u>I can't pay all these bills at the same time and don't want to lose coverage.</u> • <u>What are my options?</u> • <u>When do I have to pay these by?</u> • <u>How much time do have to pay these?</u> • <u>What do I need to pay to not be closed?</u> 	<ul style="list-style-type: none"> • SNP • Billing Team can provide answers to these questions. 	<ol style="list-style-type: none"> 1. I can't pay all these bills at the same time and don't want to lose coverage. <ol style="list-style-type: none"> a. You are allowed 3 months and then you will be disenroll. Notices will be sent out about disenrollment. Please contact the county for other options or Managed Care will close but MA will remain open unless there is a different reason you not eligible for MA. 2. What are my options? <ol style="list-style-type: none"> a. Please contact your county financial worker for other options. 3. When do I have to pay these by? <ol style="list-style-type: none"> a. You have 3 months to pay, then you will be disenrolled. A disenrollment notice will be sent to you. 4. How much time do have to pay these? <ol style="list-style-type: none"> a. You have 3 months to pay, then you will be disenrolled. A disenrollment notice will be sent to you. 5. What do I need to pay to not be disenrolled? <ol style="list-style-type: none"> a. Must pay full past due amounts and be current to remain enrolled. 6. What happens if I don't pay? When will disenrollment occur? <ol style="list-style-type: none"> a. You will be disenrolled the fourth month you are overdue. b. If you received a disenrollment notice, the last day of your health plan is listed on it.
<ul style="list-style-type: none"> • <u>Are callers aware that they have the option to buy a supplement plan instead of maintaining a large spenddown?</u> 	<ul style="list-style-type: none"> • County Worker • Disability Hub • Senior Linkage Line 	
<ul style="list-style-type: none"> • <u>Disenrollment Notice says Health Care Coverage is ending.</u> 	<ul style="list-style-type: none"> • SNP • Managed Care 	<p>The notice has this heading:</p>

		<p>YOU MAY NOT GET HEALTH CARE THROUGH MEDICAL ASSISTANCE OR MINNESOTACARE FROM THIS PLAN AFTER 03/31/25.</p> <p>Which causes people to think their MA is ending.</p>
<ul style="list-style-type: none"> • <u>Enrollees are automatically enrolled into SNBC and are not aware until they gain a spenddown.</u> 	<ul style="list-style-type: none"> • SNP • Managed Care 	<p>When enrollees are automatically enrolled in SNBC a notice of enrollment is sent to the consumer.</p> <p>When spenddowns are approved at the county – they send out notices of the spenddown amount.</p>

Supporting Callers Who Do Not Speak English

TITLE: What should Hub staff do if the caller does not speak English?

PURPOSE:

To guide staff on how to support non-English-speaking callers while protecting privacy and following authorization rules.

Q&A

Q: What if an English-speaking caller says they are translating for a person who does not speak English?

A friend, family member or representative cannot act as an interpreter unless they are a verified authorized representative or guardian.

If they are not verified, you must use the Language Line to speak directly with the participant.

Q: When do I need to use Language Line?

Use Language Line when:

- The participant does not speak English, and
- The caller is not verified to access their information

Language Line must be used to:

- Confirm verbal ROI
- Collect personal identifiers
- Communicate about PHI

Q: Can a family member translate so we can get verbal ROI?

No. Verbal ROI must be obtained directly from the participant, using the Language Line.

This includes having the person provide 3 personal identifiers before any information is shared.

Q: What are my steps?

1. Explain that to protect personal information and follow privacy policy, you must use an interpreter.
2. Connect to the Language Line.
3. Verify identity (collect 3 personal identifiers).
4. Get verbal permission if needed.
5. Document the verbal permission for *this interaction only*.

INTERNAL NOTES:

Do not assume someone has authority because they say they are “helping translate.”

TAGS: language line, interpretation, privacy, translation, ROI, identity verification

Who is allowed to receive private information?

PURPOSE:

To explain which caller roles allow access to private information and how often staff must verify that authority.

Q&A

Q: Which roles allow a caller to receive case-specific information?

Only two roles allow a caller to receive PHI after proper verification:

1. **Authorized Representative (AREP)**
2. **Guardian** (court-appointed personal guardian)

A caller in either role must be verified before information is shared.

How to verify each role and how often

- **Authorized Representative (AREP)**
 - **How to verify:** BLU
 - **How often:** Verify every time they contact the Hub.
 - **What they can access:**
 - Case-specific MHCP and cash program information
 - Identifying information
- **Guardian**
 - **How to verify:** Minnesota Court Records (MCRO).
 - **How often:** At least annually or when anything appears inconsistent.
 - **What they can access:**
 - Case-specific MHCP and cash program information
 - Identifying information

Q: What about other roles, can they receive information?

No. These roles do not automatically allow PHI sharing:

- Conservator
- Representative Payee
- Power of Attorney (POA)
- Spouse, parent of adult, family, friends, providers

These roles may help the person in other ways, but they do not authorize release of private information.

To share information, staff must obtain:

- Verbal permission from the participant (for this interaction only), or
- A signed Hub ROI

If neither is available, information cannot be shared.

Cross-reference:

This article explains **who** can receive private information.

For guidance on **what** information may be shared, see "*What information are Hub staff allowed to share?*"

INTERNAL NOTES:

- Document verification method in CRM.
- Guardianship should include: date verified, court case number, granted date.
- For AREPs, follow standard BLU verification procedure.
- When unsure, apply the “minimum necessary” rule and consult a supervisor.

TAGS: authorization, roles, guardian, AREP, verification, ROI, PHI

KBA 1 — Refugee Support: Initial Arrival and Resettlement Services

Title: Refugee Support: Initial Arrival & Resettlement Services

Purpose:

Give Hub staff clear guidance when assisting newly arrived refugees, including how to connect them with Minnesota resettlement agencies and what services are available during the first 30–90 days.

Q&A

“I’m a newly arrived refugee. Who helps me get started in Minnesota?”

Local resettlement agencies provide the first level of support through **Initial Reception and Placement Services**. They help with the essentials during the first **30–90 days** after arrival.

They typically assist with:

- Short-term housing and food
- Cultural orientation
- Applying for benefits
- Enrolling adults into ESL and employment services
- Connecting people to other community or specialized resources

You can find a list of Minnesota resettlement agencies here:

Resettlement Programs Office Agency Contract List (DHS)

<https://mn.gov/dhs/refugee-resettlement/agency-contracts>

“How do I find my local resettlement agency?”

Ask where the person currently lives. Then check the statewide list of providers:

Resettlement Programs Office Agency Contract List

<https://mn.gov/dhs/refugee-resettlement/agency-contracts>

If they have *not* connected with an agency, encourage them to reach out immediately for support with benefits, employment services, and orientation.

“I don’t have my immigration paperwork. What should I do?”

Some refugees arrive without complete documentation due to urgent circumstances. Help them connect with:

- Their **local resettlement agency**, or
- The **Immigrant Law Center of Minnesota (ILCM)**: <https://www.ilcm.org>

These organizations assist with replacing or verifying immigration documents.

“Do you have resources in my language?”

Yes. Minnesota DHS provides materials in many languages:

Library of translated resources

<https://mn.gov/dhs/general-public/languages>

If you need an interpreter on a call or chat, follow the Hub's Language Line procedure.

Internal Notes (Hub Staff Only)

- Use Language Line according to MCIL or SEMCIL job aids.
- Common languages: Spanish, Hmong, Oromo, Somali, German, Vietnamese, Dari, Pashto.
- Always document the caller's immigration status as "reported by caller." Do not guess or assume.
- Direct all formal resettlement or immigration legal support to official providers (never advise on immigration law).

Tags

Refugee; Immigration; Resettlement; Language Access; Benefits; Orientation; New Arrivals

KBA 2 — Refugee Support: Cash, Health Care & Employment Programs

Title: Refugee Support: RCA, RMA & Refugee Employment Services

Purpose:

Help Hub staff answer questions about Minnesota's refugee-specific cash, health care, and employment programs and how to connect callers to the correct agency.

Q&A

"Can I get financial help as a new refugee?"

Possibly. Refugees who are **not eligible** for MFIP or SSI may qualify for **Refugee Cash Assistance (RCA)** for up to **8 months** after arriving in the U.S.

RCA is managed directly by resettlement agencies.

To apply, the person must contact the **resettlement agency that assisted them**.

Program info:

Refugee Cash Assistance (DHS)

<https://mn.gov/dhs/refugee-resettlement/cash-assistance>

"What health care can I get when I first arrive?"

Refugees may qualify for **Refugee Medical Assistance (RMA)** for their first **8 months** in the U.S. if they are **not** eligible for Medical Assistance (MA).

Key points:

- RCA recipients are automatically eligible for RMA (if not MA-eligible).
- Income increases **do not** end RMA before the 8-month period expires.

- RMA is administered by DHS' Resettlement Programs Office but **applications go through the local resettlement agency.**

Program info:

Refugee Medical Assistance (DHS)

<https://mn.gov/dhs/refugee-resettlement/medical-assistance>

“How do I get help finding a job?”

Minnesota funds **Refugee Employment Services (RES)**—a culturally responsive employment program offering:

- Job readiness and soft-skills classes
- Resume and interviewing help
- Job search and job placement
- 90-day follow-up after employment

RCA recipients **must enroll** in RES within **30 days** of approval unless exempt.

RES is not available in all Minnesota regions. People should contact their **local resettlement agency** to check availability and enroll.

Program info:

Refugee Employment Services

<https://mn.gov/dhs/refugee-resettlement/employment-services>

Internal Notes (Hub Staff Only)

- Do **not** refer callers to county or tribal agencies for RCA/RMA—applications go through **resettlement agencies.**
 - RCA/RMA and RES providers vary by county; always confirm the caller's location.
 - If someone appears eligible for MA or MinnesotaCare, follow standard Hub processes for health care eligibility supports.
 - Do not make determinations—only provide education and referrals.
-

Tags

Refugee; RCA; RMA; Employment; Benefits; Health Care; Financial Help

KBA 3 — Refugee Support: Language Access, Hotlines & Community Resources

Title: Refugee Support: Language Access & Community Resources

Purpose:

Guide Hub staff in supporting refugees who need interpreters, multilingual materials, or additional help beyond initial resettlement services.

Q&A

“Is there a phone number for general help for refugees?”

Yes. The **DHS Refugee & Immigrant Helpline** provides support and connections to local services. Helpline information:

Refugee & Immigrant Helpline (DHS-7587HA)

<https://mn.gov/dhs/refugee-resettlement/helpline>

“I’m a refugee but I’m not working with a resettlement agency anymore. Where can I get help?”

You can still access statewide refugee resources, including:

- **Resettlement Programs Office**
<https://mn.gov/dhs/refugee-resettlement>
- **Resources in multiple languages**
<https://mn.gov/dhs/general-public/languages>
- **Local community organizations** (ESL, job programs, legal assistance)
- **Immigrant Law Center of Minnesota (ILCM)** for legal questions
<https://www.ilcm.org>

Staff should encourage the caller to reconnect with their resettlement agency when possible.

“Do refugees get the same benefits as other Minnesotans?”

Eligibility varies by program. Many refugees qualify for the same public benefits as other Minnesota residents once they meet standard criteria. Resettlement agencies help with early applications and orientation.

Internal Notes (Hub Staff Only)

- Always clarify what the caller is asking for—resettlement issues, legal immigration concerns, health care, cash help, employment, or general community support.
- Use the Helpline for general questions if the caller needs broader refugee services support.
- Document interpreter use and caller’s stated language in CRM.
- Never provide immigration legal advice—refer to ILCM or the resettlement agency.

Tags

Refugee; Language Access; Community Resources; Helpline; Interpretation

What information can Hub staff share?

PURPOSE:

To explain which caller roles allow access to private information and how often staff must verify that authority.

Q&A

Q: How do I decide how much information to share?

Share **only the information needed** to answer the caller's question or complete the request. If something is **not required** to support the caller, do not access it and do not share it.

Q: What information can we share with an authorized person?

Once authorization is verified, staff may share:

- General program information
- Benefit details visible through approved tools (BLU, MNITS)
- Case status and next steps
- Eligibility information needed for coordination of services

Q: What information can we NOT share?

Do not share:

- MNITS screens or printouts
- Any PHI by email
- Case notes or data the Hub does not have access to
- Another person's information
- Information outside the caller's verified role

Q: When can we share information without an ROI?

Hub staff may share information within the welfare system without an ROI when used to:

- Verify identity or assistance
- Determine eligibility
- Coordinate services

The welfare system includes:

DHS, DCYF, lead agencies, MCOs, ombudsman offices, and contracted providers.

Cross-reference:

This article explains **what** information may be shared.

For guidance on **who** is allowed to receive information, see *"Who is allowed to receive private information?"*

INTERNAL NOTES:

- When unsure, apply "minimum necessary" and consult a supervisor.
- Document all sharing with third parties in CRM, including method of authorization.

TAGS: PHI, authorized representative, welfare system, privacy

Overview

- Q: What is Special Needs Basic Care (SNBC)? A: SNBC is a voluntary managed care program for people with disabilities ages 18–64 who have Medical Assistance (MA), with or without Medicare; it provides managed care plan options instead of Fee-for-Service (FFS).
- Q: What’s the difference between SNBC integrated and non-integrated plans? A: Integrated plans (I-SNBC) combine MA and Medicare services (including Part D); non-integrated plans (SNBC-NI) cover MA services only.

Roles and referrals

- Q: What is the Disability Hub OC role for SNBC? A: Options Counselors (OCs) review current benefits, provide options counseling, explain how to enroll/opt-out, and guide next steps (including warm transfers when needed).
- Q: Who verifies system exclusions and benefit status? A: The DSD team verifies current benefits and informs the Hub of any exclusion codes in state systems.
- Q: Who processes SNBC Choice forms and handles enrollment decisions? A: DHS Managed Care processes SNBC Choice forms and approves or denies enrollments.
- Q: When should I refer to the Managed Care Ombudsman? A: Refer when someone needs help accessing healthcare services, addressing billing concerns, or when plan support is not resolving care issues.

Eligibility

- Q: Who is eligible for SNBC? A: People ages 18–64 who are certified blind or disabled by SSA or SMRT and who have MA; Medicare enrollees with Parts A and B may choose integrated options.
- Q: Are people with a spenddown eligible for SNBC? A: People with a spenddown are not eligible to newly enroll in SNBC. If already enrolled and they incur a spenddown, they may remain enrolled if the spenddown is met each month and paid to DHS in full (or paid to a designated provider when receiving PCA/waiver services).
- Q: Can someone enrolled in cost-effective employer insurance or another HMO join SNBC? A: No — enrollment is restricted if the person has cost-effective third-party insurance or other HMO coverage, as determined by the financial worker.

Timing and plan changes

- Q: What is the capitation (cutoff) date for managed care changes? A: The capitation date is six working days from the last working day of the month; changes must be made by that date to take effect the following month.

- Q: How often can SNBC plan changes be made? A: SNBC-NI plan changes can be made monthly via the SNBC Choice Form; I-SNBC plan changes (enroll/disenroll) are handled directly with the health plan and can be done monthly through the plan.
- Q: What if an SNBC Choice Form is submitted on capitation day? A: Forms submitted on capitation day may not be processed in time for the next month's effective date.

Options counseling — how to help

- Q: What steps should OCs follow for SNBC options counseling? A: 1) Review current benefits using MNITS Look Up and BLU to confirm eligibility criteria; 2) Explain SNBC vs FFS and I-SNBC vs SNBC-NI if Medicare applies; 3) Review local plan options (map/directory), provider networks and formularies; 4) Support the person's decision and next steps (form submission or warm transfer).
- Q: What should I check in MNITS/BLU during Step One? A: MA type, spenddown type, whether MA is ending, exclusion codes, current SNBC enrollment (MA-37/MA-17), current/future integrated plan enrollment, and third-party cost-effective insurance.
- Q: What plan details should I verify when reviewing options? A: Provider network coverage for necessary providers and whether prescriptions are covered (check formularies and Part D interactions for Medicare enrollees).

Enrollment, disenrollment, and transfers

- Q: How does someone enroll in or change non-integrated SNBC plans? A: Use the SNBC Choice Form (online, mail, or fax) to enroll, disenroll, or opt out of SNBC-NI.
- Q: How does someone enroll in an integrated SNBC plan? A: Warm transfer the person to their chosen I-SNBC health plan to complete enrollment, or instruct them to call the plan directly.
- Q: How should we handle disenrollment from an integrated plan? A: Warm transfer the person to their I-SNBC plan for disenrollment, or transfer to MAP to enroll in a Part D plan (which will disenroll them from SNBC and return them to FFS).
- Q: What signature or confirmation is required for the SNBC Choice Form? A: The person or their Authorized Representative must sign; a submission confirmation appears after online submission.
- Q: Where do people mail or fax the SNBC Choice Form? A: Mail to MN Dept of Human Services, Managed Care Enrollment, PO Box 64838, St. Paul, MN 55164-0838; fax to 651-431-7464.

Spenddowns and past-due amounts

- Q: What are the payment options for people with SNBC and a spenddown? A: Option 1 — pay the spenddown directly to DHS (DHS invoices monthly); Option 2 — if receiving PCA/CFSS or HCBS waiver services, pay a designated provider who bills monthly.

- Q: What happens if spenddowns go unpaid for 3 months? A: DHS will automatically disenroll the person from their SNBC plan and mail a notice that coverage is ending.
- Q: How can someone re-enroll after being disenrolled for past-due spenddowns? A: Pay past-due spenddowns in full within 90 days, contact DHS Billing to confirm payment, and request DHS Billing notify Managed Care Enrollment to remove the unpaid spenddown exclusion code; DHS Managed Care then allows re-enrollment.
- Q: Who can a person contact for account summaries about spenddowns? A: DHS Billing can provide an account summary to show what is owed and what has been paid.

Coverage continuity and network issues

- Q: What are transition services if a provider is out of network after a plan change? A: All plans provide transition services to maintain continuity of care; help the person contact their SNBC plan to request transition services.
- I-SNBC 90 grace period
- Q: What should I do if the plan cannot resolve transition needs? A: Contact the Managed Care Ombudsman’s office for assistance.

Care coordination

- Q: How do I find out how care coordinators are assigned or what they do? A: Contact the specific SNBC plan to learn about that plan’s care coordination model and the role of care coordinators.

Common quick replies for Genesys

- Q: “How do I change my SNBC plan?” A: “If you want to change a non-integrated plan, submit the SNBC Choice Form online, by mail, or by fax; for integrated plans, call or let me warm transfer you to the health plan to complete enrollment.”
- Q: “I missed payments and my SNBC ended — how do I get back in?” A: “You’ll need to pay past due spenddowns in full within 90 days, confirm payment with DHS Billing, and ask DHS Billing to notify Managed Care Enrollment so the unpaid spenddown exclusion can be removed.”
- Q: “What if my needed doctor isn’t in the new plan?” A: “Ask the plan for transition services to continue care while they help you find an in-network provider; if the plan can’t help, we can refer you to the Managed Care Ombudsman.”

Resources and references

- Q: What resources should I use during SNBC counseling? A: Guide to SNBC Enrollment; SNBC Health Plan Choices by County map; SNBC Plan Directory (DHS); Managed Care Summary of Coverage; Rights and Responsibilities for SNBC; SNBC Choice Form; SNBC 6451 eDoc.

SNBC Basics & Eligibility

What is Special Needs Basic Care (SNBC) and do I qualify?

Purpose

Use when a caller asks what SNBC is, the difference between integrated and non-integrated plans, or whether they may be eligible.

Q & A

Q: What is Special Needs Basic Care (SNBC)?

A:

Special Needs Basic Care (SNBC) is a voluntary managed care program for people with disabilities ages 18–64 who have Medical Assistance (MA), with or without Medicare. It provides managed care plan options instead of **Fee for Service (FFS)**.

Q: What's the difference between integrated and non-integrated SNBC plans?

A:

- **Integrated SNBC (I-SNBC):**
Combines MA and Medicare (including Part D prescription coverage) into one health plan.
- **Non-Integrated SNBC (SNBC NI):**
Covers MA services only. Medicare stays separate if the person has it.

Q: Who is eligible for SNBC?

A: A person may be eligible if they:

- Are 18–64
- Are certified blind or disabled by SSA or SMRT
- Have MA

If they also have Medicare, they must have Parts A and B to choose an integrated plan.

Q: Can someone with a spenddown enroll in SNBC?

A:

- **New enrollment:** No. People with a spenddown cannot newly enroll in SNBC.
- **Already enrolled:** They may stay enrolled if the spenddown is met and paid every month.

If someone has questions about payments or lost coverage, see

“What happens to my SNBC if I have a spenddown or miss payments?”

Q: Can someone enroll if they have employer insurance or another HMO?

A:

No. SNBC enrollment is restricted if the person has **cost-effective third-party insurance** or another HMO. This is determined by the financial worker.

Referrals & Resources

- **DHS SNBC Webpage**
- **SNBC Health Plan Directory (DHS)** – Shows available plans and coverage

- **Guide to SNBC Enrollment**
- **Managed Care Summary of Coverage**

See also:

- **How do I choose an SNBC plan?**
 - **How do I enroll in, change, or leave an SNBC plan?**
 - **I missed spenddown payments and my SNBC ended — how do I get back in?**
-

Tags & Metadata (Genesys Only)

Parent Category: Health Care

Subcategory: Managed Care

Labels: SNBC, eligibility, managed care, MA

Alternate Search Phrases: what is SNBC, SNBC eligibility, special needs basic care

Enrollment, Changes & Timing

How do I enroll in, change, or leave an SNBC plan?

Purpose

Use when someone wants to enroll, disenroll, change plans, or asks about timing.

Q & A

Q: How do I enroll in or change a non-integrated SNBC plan?

A:

Use the **SNBC Choice Form** (online, mail, or fax) to enroll, disenroll, or opt out of SNBC NI.

Q: How do I enroll in an integrated SNBC plan?

A:

Warm transfer the person to their chosen I-SNBC health plan or instruct them to call the plan directly.

Q: How do I disenroll from an integrated SNBC plan?

A:

Warm transfer the person to their I-SNBC plan for disenrollment, or transfer to **MAP** to enroll in a Part D plan, which disenrolls them from SNBC and returns them to FFS.

Q: What signature or confirmation is required for the SNBC Choice Form?

A:

The person or their Authorized Representative must sign.
A confirmation appears after online submission.

Q: Where do people mail or fax the SNBC Choice Form?

A:

- **Mail:** MN Dept of Human Services, Managed Care Enrollment, PO Box 64838, St. Paul, MN 55164-0838
 - **Fax:** 651-431-7464
-

Q: What is the capitation (cutoff) date for managed care changes?

A:

The capitation date is **six working days from the last working day of the month**. Changes must be made by that date to take effect the following month.

Q: How often can SNBC plan changes be made?

A:

- **SNBC NI:** Monthly via the SNBC Choice Form
 - **I-SNBC:** Monthly through the health plan
-

Q: What if an SNBC Choice Form is submitted on capitation day?

A:

Forms submitted on capitation day may not be processed in time for the next month's effective date.

Special situation: MA ended but Medicare still shows I-SNBC or MSHO active

Q: MN-ITS shows my MA ended, but the pharmacy says my I-SNBC or MSHO plan is still active. How can that be?

A:

This can happen when a person is in a **Medicare grace period**.

A Medicare grace period applies **only when a person leaves an Integrated SNBC or MSHO plan because their MA ends**.

During this time:

- MN-ITS and MMIS may show MA and SNBC ended
- Medicare may still show the integrated plan as active

Medicare is the **source of truth** during this transition.

Q: What should staff do to verify whether this is a grace period?

A:

1. Check MN-ITS to confirm MA or SNBC ended
2. Start a BLU chat to confirm:
 - End date of MA or SNBC
 - Disenrollment reason
 - If the reason is **EE**, a grace period may apply

3. If the pharmacy still sees active coverage, start a **MAP** chat to verify Medicare status
-

Q: What if Medicare shows the plan active but the pharmacy says claims are rejecting as terminated?

A:

Escalate to **MAP** and include:

- Confirmation Medicare shows the plan as active
 - Pharmacy report that claims are rejecting as terminated
-

Staff Quick Steps (Optional)

- Review MNITS and BLU
 - Confirm plan type (integrated vs non-integrated)
 - Review capitation timing
 - Complete warm transfers when appropriate
-

Referrals & Resources

- SNBC Choice Form
- SNBC Plan Directory (DHS)
- SNBC Health Plan Choices by County map
- MAP

See also:

- **What is SNBC and am I eligible?**
 - **I missed spenddown payments and my SNBC ended — how do I get back in?**
-

Tags & Metadata

Parent Category: Health Care

Subcategory: Managed Care

Labels (3–6):

- SNBC Enrollment
- SNBC Choice Form
- Plan Changes
- Disenrollment
- Capitation Date

Alternate Search Phrases (5–10):

- enroll in SNBC
- change SNBC plan
- SNBC choice form
- leave SNBC
- SNBC disenrollment
- SNBC capitation date
- integrated SNBC enrollment
- MA ended but SNBC active

Roles, Referrals & Options Counseling

Can you help me compare SNBC plans and figure out what to do next?

Purpose

Use when providing SNBC options counseling, explaining roles, or making referrals.

Q & A

Q: What is the Disability Hub OC role for SNBC?

A:

Options Counselors review current benefits, provide options counseling, explain how to enroll or opt out, and guide next steps, including warm transfers when needed.

Q: Who verifies system exclusions and benefit status?

A:

The **DSD team** verifies current benefits and informs the Hub of any exclusion codes in state systems.

Q: Who processes SNBC Choice Forms and enrollment decisions?

A:

DHS Managed Care processes SNBC Choice Forms and approves or denies enrollments.

Q: When should I refer someone to the Managed Care Ombudsman?

A:

Refer when someone needs help accessing healthcare services, addressing billing concerns, or when plan support is not resolving care issues.

Q: What steps should OCs follow for SNBC options counseling?

A:

1. Review current benefits using **MNITS Look Up** and **BLU**
 2. Explain **SNBC vs FFS** and **I-SNBC vs SNBC NI** if Medicare applies
 3. Review local plan options, provider networks, and formularies
 4. Support the person's decision and next steps (form submission or warm transfer)
-

Q: What should I check in MNITS or BLU during step one?

A:

- MA type
 - Spenddown type
 - Whether MA is ending
 - Exclusion codes
 - Current SNBC enrollment (MA 37 / MA 17)
 - Current or future integrated plan enrollment
 - Third-party cost-effective insurance
-

Q: What plan details should I verify when reviewing options?

A:

Provider network coverage for necessary providers and whether prescriptions are covered, including Part D interactions for Medicare enrollees.

Q: What are transition services if a provider is out of network after a plan change?

A:

All plans provide transition services to maintain continuity of care. Help the person contact their SNBC plan to request transition services.

Q: What should I do if the plan cannot resolve transition needs?

A:

Refer the person to the **Managed Care Ombudsman**.

Q: How do I find out how care coordinators are assigned or what they do?

A:

Contact the specific SNBC plan to learn about that plan's care coordination model.

Referrals & Resources

- SNBC Plan Directory (DHS)
- SNBC Health Plan Choices by County map
- Managed Care Summary of Coverage
- Managed Care Ombudsman
- Rights and Responsibilities for SNBC

See also:

- **How do I enroll in, change, or leave an SNBC plan?**
 - **I missed spenddown payments and my SNBC ended — how do I get back in?**
-

Tags & Metadata

Parent Category: Health Care

Subcategory: Managed Care

Labels (3–6):

- SNBC
- Special Needs Basic Care
- Eligibility
- Managed Care
- Medical Assistance

Alternate Search Phrases (5–10):

- what is SNBC
- SNBC eligibility
- special needs basic care
- SNBC integrated vs non integrated
- SNBC age limits
- disability managed care MN
- SNBC requirements

Spenddowns & Re-Enrollment

I missed spenddown payments and my SNBC ended — how do I get back in?

Purpose

Use when someone has missed spenddown payments, was disenrolled, or needs re-enrollment steps.

Q & A

Q: What are the payment options for people with SNBC and a spenddown?

A:

- **Option 1:** Pay the spenddown directly to DHS (DHS invoices monthly)
 - **Option 2:** If receiving PCA, CFSS, or HCBS waiver services, pay a designated provider who bills monthly
-

Q: What happens if spenddowns go unpaid for three months?

A:

DHS will automatically disenroll the person from their SNBC plan and mail a notice that coverage is ending.

Q: How can someone re-enroll after being disenrolled for past-due spenddowns?

A:

Pay past-due spenddowns in full within **90 days**, contact **DHS Billing** to confirm payment, and request DHS Billing notify **Managed Care Enrollment** to remove the unpaid spenddown exclusion code.

DHS Managed Care then allows re-enrollment.

Q: Who can provide an account summary for spenddowns?

A:

DHS Billing can provide an account summary showing what is owed and what has been paid.

Referrals & Resources

- DHS Billing
- SNBC 6451 eDoc
- Guide to SNBC Enrollment

See also:

- **How do I enroll in, change, or leave an SNBC plan?**

Tags & Metadata

Parent Category: Health Care

Subcategory: Managed Care

Labels (3–6):

- SNBC Spenddown
- Missed Payments
- Disenrollment
- Re-enrollment
- DHS Billing

Alternate Search Phrases (5–10):

- SNBC spenddown
- missed spenddown payments
- SNBC ended
- re enroll SNBC
- SNBC disenrolled
- pay spenddown DHS
- SNBC unpaid spenddown

Supported Living Options

Purpose:

Provide Hub staff with clear, plain-language explanations of supervised and supported living settings available in Minnesota, along with links to trusted resources.

Q: What are supported living options?

A: Supported living options are housing settings where staff help people with daily living tasks. Support can range from occasional check-ins to 24-hour on-site assistance. These settings are designed for people who need help maintaining stability, safety, or independence.

Q: What types of supported living settings are available in Minnesota?

A: Common supported living options include:

• Housing Support (Group Settings)

For people with low income and a disability or disabling condition. Housing Support pays room and board in approved group settings and may pay for some additional services.

More information: <https://mn.gov/dhs/people-we-serve/adults/services/support/housing-support/>

• Waiver-funded residential services

People on disability waivers may access services in settings like:

- Adult foster care
- Community Residential Settings (CRS)
- Supervised living facilities

These services offer staffing for daily living, medication support, meals, and community access.

Learn more: <https://mn.gov/dhs/waiver-reimagine/>

• Assisted living

Primarily for older adults or people needing a higher level of support. Buildings must be licensed and provide services like meals, medication management, and staff on-site.

More information: <https://www.health.state.mn.us/facilities/regulation/assistedliving/>

• Board and Lodge or other supervised housing models

Some counties contract with supervised settings that offer meals, room, board, and varying levels of staff support.

Q: Who qualifies for supported living options?

A: Eligibility depends on the program. It may be based on income (Housing Support), disability status (waivers), age (assisted living), or assessed need (support levels). County or tribal agencies determine eligibility for most programs.

Q: How does someone apply for supported living options?

A:

- **For Housing Support:** Apply through the county or tribal human services office.
- **For Waiver residential services:** A MnCHOICES assessment is required. The county then works with the person to identify residential service options.
- **For Assisted Living:** People can apply directly to assisted living facilities.
- **For Board and Lodge:** Contact county human services for availability.

Additional guidance: <https://mn.hb101.org/housing/>

Q: How does a person decide which setting is right for them?

A: Encourage people to think about:

- How much support they need
- Whether they want a private room/apartment or shared space
- Their budget and program eligibility
- Location, community access, and personal preferences

Tools to help:

- **Housing Benefits 101 – Housing Overview:** <https://mn.hb101.org/housing/>
 - **Ways to Pay for Rent or Housing (PDF):**
<https://mn.hb101.org/documents/Ways%20to%20Pay%20for%20Rent%20and%20Housing.pdf>
-

Internal Notes (not visible to public)

- Clearly distinguish **housing** from **services**. Many supported settings involve a service provider delivering supports but do *not* guarantee housing itself.
- Do not tell callers which setting they “should” choose. Use person-centered questions to clarify what matters most to them.
- When callers request residential services, remind them that county/tribal agencies manage assessments, eligibility, and placement.

- Refer legal or landlord issues to HOME Line or legal aid resources.
 - If the person is currently homeless or at risk, follow Hub homelessness procedures.
-

Tags

housing; supported living; supervised living; Housing Support; waivers; CRS; adult foster care; assisted living; MnCHOICES; disability services; residential services; long-term services and supports

Below is your **Tax Referrals and Resources Job Aid** rewritten into a clear, structured **Question & Answer format**—ready for turning into **Genesys knowledge articles**.

Citations from your uploaded document are included as required.

You can copy/paste each Q&A into separate articles or group them by topic (General Tax Questions, HCBS Income, Program Eligibility, Tax Resources, etc.).

TAX REFERRALS & RESOURCES — Q&A FORMAT

(Source: Tax Referrals and Resources Job Aid)

General Guidance

Q: What is the purpose of the Tax Referrals and Resources Job Aid?

A: It helps Hub staff know **where to refer people with tax-related questions**, especially when questions involve employment, income, or Home and Community-Based Services (HCBS) programs. Neither the Hub nor DHS can answer specific tax-impact questions.

Q: Who is the intended audience for this job aid?

A:

- Hub Options Counselors (including Seniors, Experts, CCBs, Leads)
 - Hub Operations Supervisors and Directors
-

Q: Why can't Hub staff answer tax questions for individuals?

A: Only **tax professionals**, the **IRS**, or **eligibility workers** can give guidance on how income impacts taxes or benefits. Hub staff must not provide individual tax advice.

Q: What general reminder should be given when someone has complex tax questions?

A: Always encourage them to seek help from a **qualified tax professional** for accurate, reliable guidance.

General Tax Questions

Q: What should I do if someone has questions about their taxes?

A:

1. Inform them the Hub **cannot answer specific tax questions** or provide tax preparation advice.
 2. Refer them to:
 - A **tax professional**, or
 - The **Minnesota Department of Revenue**
 3. Provide **IRS Notice 2014-7** (Difficulty of Care Payments) if relevant.
-

HCBS Income Questions (PCA/CFSS, CDCS, CSG)

Q: What if someone has questions about income they received for providing HCBS services to a spouse or minor child?

A: Refer them to their **Fiscal Management Services (FMS) provider**, who may answer specific payroll or tax-related questions.

Q: What if the person already has an FMS provider?

A: Guide them back to their **FMS provider** for assistance, especially with employer taxes or payroll questions.

Program-Specific Tax and Benefits Concerns

Q: Does HCBS income affect eligibility for other county benefits programs?

A: Refer the person to their **County or Tribal Office** for accurate, program-specific eligibility guidance.

Q: What should I do if someone has tax questions about a Minnesota Health Care Program or cash program?

A: Direct them to:

- The **Eligibility Policy Manual** (for MN health care programs), or
 - The **Combined Manual** (for cash and food programs), or
 - Their **County/Tribal Office** for detailed guidance.
-

Tax Preparation Resources

Q: Where can I refer someone who needs free or low-cost help filing taxes?

A: Several programs offer free tax preparation:

Q: What is the Volunteer Income Tax Assistance (VITA) program?

A: IRS-certified volunteers offer **free tax help** to:

- People with disabilities
 - Individuals earning **\$60,000 or less**
 - Limited-English speakers
-

Q: What is AARP Tax-Aide?

A: Provides **free tax preparation**, focused on low- to moderate-income taxpayers—especially those **age 50+**.

Q: What does the National Disability Institute (NDI) offer?

A: Resources and guidance on **free tax preparation** for people with disabilities, including information about:

- Tax credits
 - Deductions
 - Income exclusions
-

Q: Where can someone find Minnesota Department of Revenue free tax preparation sites?

A: Direct them to the **Minnesota Department of Revenue** website for locations and details.

Q: What is MyFreeTaxes?

A: A United Way/211-supported program offering **free tax preparation** for individuals and families with an **AGI of \$73,000 or less**.

Q: What is Prepare + Prosper?

A: A nonprofit providing:

- Free tax preparation
- Financial coaching

Below is your **Unemployment Insurance Job Aid** converted into a clean, structured **Question & Answer format**—optimized for loading into **Genesys knowledge articles**.

Each Q&A can be used as its own article or grouped into categories like *Eligibility, COVID-19 Situations, Filing Questions, Impact on Other Benefits*, etc.

Citations from your uploaded file are included where required.

Unemployment Insurance – Full Q&A Breakdown

(Source: *Unemployment Insurance Job Aid*)

unemployment_job_aid

)

PURPOSE

Q: What is the purpose of the Unemployment Insurance Job Aid?

A: It helps Hub staff provide accurate information to individuals about **Unemployment Insurance (UI)**, including eligibility, filing, benefits, and common scenarios.

GENERAL ELIGIBILITY

Q: Who is eligible for Unemployment Insurance benefits?

To qualify for UI, a person must:

- Have sufficient earnings in their base period
 - Be legally authorized to work in the U.S.
 - Be unemployed or working substantially reduced hours **through no fault of their own**
 - Actively seek suitable employment each week
 - Be able and willing to start work immediately when offered
-

Q: How does someone apply for UI?

A:

- Apply online at www.uimn.org.
 - For help applying, call **651-296-3644** or **1-877-898-9080** (TTY: 1-866-814-1252), Monday–Friday, 8 a.m.–4:30 p.m.
-

Q: How long must someone have worked to qualify for UI?

A: They must have earned **at least \$3,000 in one quarter** during the past 18 months.

Q: Are certain types of jobs automatically ineligible for UI?

A: No. There are **no specific types of employment** that automatically do not qualify.

UI RESOURCES

Q: What resources are available for learning about UI?

A:

- **Information Handbook** (UI overview, applications, eligibility)
- **COVID-19 FAQ**

COVID-19 RELATED QUESTIONS

Q: My employer reduced my hours because of COVID-19. Am I eligible?

A: You **may** be eligible if your hours or pay rate were substantially reduced. All workers affected by COVID-19 are encouraged to apply.

Q: My employer temporarily or permanently laid me off due to COVID-19. Am I eligible?

A: Most likely yes. UI benefits are available to people unemployed through no fault of their own, as long as other requirements are met.

Q: I took a voluntary layoff due to COVID-19. Can I receive UI?

A: It's possible. You should apply, and UI will determine eligibility.

Q: I took a voluntary unpaid leave because of COVID-19. Can I get UI?

A: Apply to find out—UI will review your situation and decide.

Q: My employer required me to take a leave due to COVID-19. Am I eligible?

A:

- If you are receiving paid leave (vacation, sick, PTO), you are **not eligible**.
- If the leave is **unpaid**, you **may** be eligible.

Q: I can't work because my child's school or daycare is closed due to COVID-19. Can I receive UI?

A: Possibly. If childcare is unavailable, you requested accommodation from your employer, and it was denied, you may be eligible (if all other requirements are met).

Q: I'm self-employed. Can I get UI?

A: Maybe—guidance depends on federal rules.

FILING & ACCOUNT QUESTIONS

Q: Can I call UI customer service with general questions?

A:

- Yes—call during normal business hours for password issues.
- For account-specific questions, call **Monday–Friday, 8 a.m.–4:30 p.m.**

Q: Should I file for UI or take PTO?

Answer: If your employer is paying out PTO, you may want to take it because it can affect your UI account. File for UI to find out how it impacts you.

Q: Will I be required to look for work while receiving UI?

A:

- **Temporarily laid off:** Stay in contact with your employer.
- **Permanently laid off:** You must actively seek work.
- General work search requirements are available under *Seeking Suitable Employment*.

Q: What is the expected wait time between applying and receiving the first payment?

A: After submitting a request, wait **48 hours** before calling with payment questions.

Q: How long does UI pay benefits?

A: Under normal circumstances, UI pays up to 26 weeks.

Q: What payment options are available?

A:

- Direct deposit to checking or savings
- U.S. Bank ReliaCard (unemployment debit card)

Q: What are the minimum and maximum UI benefit amounts?

A: Use the **benefit estimator** at www.uimn.org to estimate your eligibility.

IMPACT ON OTHER BENEFITS

Q: Can I file for UI while receiving SSDI?

A: Yes. File, and UI will determine how SSDI impacts eligibility.

Q: How does UI affect SSI benefits?

A: UI **may** affect SSI. Contact SSI to find out how it impacts your case.

Q: Will UI or stimulus payments affect SSDI?

A: No—neither UI nor stimulus payments affect SSDI.

Q: Does UI count as earned income?

A:

- For many programs, UI does **not** count as earned income.
- But each program may treat UI differently—check with that specific program.
- UI benefits are **taxable income**.

Ways to Pay for Housing

Purpose:

Help Hub staff explain the main programs and resources that can make housing more affordable, including rent assistance, income-based housing, vouchers, and disability-related supports.

Q&A

Q: What are the main ways someone can pay for housing if they need help?

A: People may use income-based housing, rental assistance programs, housing vouchers, or disability-related supports. Eligibility depends on income, age, disability status, and available funding.

A helpful overview chart:

Ways to Pay for Rent or Housing (PDF):

<https://mn.hb101.org/documents/Ways%20to%20Pay%20for%20Rent%20and%20Housing.pdf>

Q: What is income-based housing?

A: Rent is based on a person's income—usually 30% of what they earn. Programs include:

- **Public Housing**
- **Project-Based Section 8**
- **Subsidized nonprofit housing**

These programs are managed by public housing authorities or nonprofit agencies.

Search options at **HousingLink**: <https://housinglink.org/>

<https://www.housinglink.org/files/big%203%20-%20subsidized%20housing.pdf>

Q: What are Housing Choice Vouchers (Section 8)?

A: Vouchers help pay a portion of someone's rent in the private market. A person can choose where they want to live, as long as the landlord accepts vouchers and the unit meets program rules.

More information:

https://www.hud.gov/topics/housing_choice_voucher_program_section_8

Search for open waiting lists: <https://www.housinglink.org/Lists>

Q: What is Housing Support?

A: Housing Support (formerly Group Residential Housing) helps people with low income and a disability or disabling condition pay for room and board in approved settings. Some sites also provide supportive services.

Details: <https://mn.gov/dhs/people-we-serve/adults/services/support/housing-support/>

Q: How can disability waiver services help with housing?

A: Disability waivers don't pay for rent, but they can cover services that help someone live in the community, such as:

- Supportive services in their home
- Help planning and finding housing
- Moving assistance

Learn more: <https://mn.gov/dhs/waiver-reimagine/>

Q: What short-term help is available for emergencies?

A: Options vary by county and may include:

- Emergency General Assistance (EGA)
- Local shelter placement
- Emergency rental help through community agencies

Staff should use the Hub's homelessness and eviction prevention guidance to identify appropriate referrals.

Q: Where can someone search for affordable units?

A:

- **HousingLink:** <https://housinglink.org/>

- **Affordable Housing Search Tools (PDF):**
<https://mn.hb101.org/documents/Housing%20Search%20Tools.pdf>
 - **HB101 – Housing Overview:** <https://mn.hb101.org/housing/>
-

Internal Notes (not visible to public)

- Clarify the difference between housing **programs** (pay rent or reduce cost) and housing **services** (help find/keep housing but do not pay rent).
 - Avoid promising availability—waiting lists and openings vary widely.
 - For Housing Support or waiver residential programs, follow Hub routing to county/tribal offices.
 - For emergencies or homelessness, follow Hub homelessness protocol.
 - Legal eviction questions should be referred to **HOME Line** or legal aid.
-

Tags

housing; rent assistance; affordable housing; subsidies; vouchers; Section 8; Housing Support; Housing Stabilization Services; waivers; paying for housing; financial help; emergency assistance

What Changes When I Start Working?

"If I start working or work more hours, what happens to my benefits?"

When people start working:

- Some benefits **go down gradually** (SNAP, GA, MSA, MFIP, housing)
- Some benefits **do not count most earnings** (SSI)
- Some benefits **aren't affected at all** (VA disability without IU)
- Some benefits **have strict earnings limits** (UI, Railroad Disability)
- Health insurance (MA/MinnesotaCare) may stay open through work programs like **MA-EPD**

Cash Assistance Programs

General Assistance (GA)

GA counts part of your earned income. They subtract \$65, then count half of the rest. If countable income stays below the GA limit, you keep GA at a reduced amount.

Minnesota Supplemental Aid (MSA)

MSA uses the same earned income rules as GA. If you're on SSI, MSA usually stays the same. If SSI stops, earnings may reduce your MSA.

MFIP (Minnesota Family Investment Program)

MFIP ignores part of your earnings (\$65 + half of the rest). If someone in your household receives **SSI or MSA**, their income is **never counted**.

SNAP (Food Assistance)

SNAP counts **80% of gross earnings**. Higher earnings usually mean a lower SNAP amount.

Unemployment Insurance (UI)

If you work 32+ hours or your weekly earnings equal your benefit amount, you cannot receive UI for that week. Otherwise, UI is reduced by 50% of your earnings.

Private Disability (STD/LTD)

Every policy is different. Some reduce benefits based on work, others do not allow working at all. Staff should advise the caller to check with their insurer.

VA Disability Compensation

Earnings do **not** affect VA Disability unless the person has an **Individual Unemployability (IU)** rating.

VA Pension

A low-income benefit. Higher earnings reduce or eliminate the pension.

Railroad Retirement (Disability & Survivor Benefits)

Disability benefits stop in any month earnings exceed the set limit. Survivor benefits may be reduced if the person is under full retirement age.

Housing Programs

Housing Support (GRH)

Counts earnings the same way as GA/MSA. Your share of room and board may increase slightly, but earnings usually lead to more total income.

Section 8 – Housing Choice Voucher

You typically pay **about 30% of adjusted income**. Higher earnings increase your portion of rent gradually.

Public Housing

Same rule: tenants usually pay **around 30% of income**.

Project-Based Section 8

Rent is based on income. If income rises, rent rises. If the housing authority participates in **Family Self-Sufficiency (FSS)**, increased rent may go into an escrow savings account.

Social Security Benefits

SSI (Supplemental Security Income)

SSI counts less than half of earnings:

- First \$20 unearned income deduction
- First \$65 earned income deduction
- Half of the remainder

Special rules may apply:

- **SEIE** (students)
- **IRWE/BWE**
- **PASS**
- **In-kind support & maintenance (ISM)**

Social Security Dependent Benefits

If income exceeds the annual earnings limit, benefits are reduced by \$1 for every \$2 earned.

Early Retirement Benefits

Same annual limit applies. After full retirement age, earnings do not reduce benefits.

Cross References

- **Working & Health Coverage**
- **Social Security & Work Incentives**
- **Employment Supports**
- **Overpayments & Reporting Income Changes**

Tags

work; earnings; benefits; SSI; housing; SNAP; MFIP; GA; Section 8; MA; MinnesotaCare

Working & Health Coverage: What Changes When I Start Working?

CALLER QUESTION

"If I get a job or work more hours, what will happen to my health insurance?"

ANSWER

Medical Assistance (MA)

How work affects MA depends on why someone qualifies for MA:

MA due to disability (MA-DX)

MA counts **less than half** of earned income:

- First \$65 of earnings ignored
- Half of the rest ignored

If countable income stays below the MA limit, the person keeps MA.

If MA closes due to earnings, **MA-EPD** or **1619(b)** may keep them eligible.

MA with a spenddown

Earnings can increase the spenddown amount, but MA still counts less than half of earnings.

MA under 138% FPG (MA-AX or MA-AA)

Earnings that raise household income above 138% FPG may end MA.

People may transition to **MinnesotaCare** or **MNSure APTC**.

MA through MSA or SSI

If SSI or MSA continues, MA continues automatically.

2. MA-EPD (Medical Assistance for Employed Persons with Disabilities)

- Work is **required** to qualify.
- There is **no income limit** and **no asset limit (other than retirement cap)**.
- The person pays a **monthly premium**.
- MA-EPD often keeps coverage **even if work ends temporarily**.

Useful when someone earns "too much" for other types of MA.

3. MinnesotaCare

MinnesotaCare continues as long as:

- Household income stays **below 200% FPG**, and
- The person does **not** have affordable employer coverage available.

Higher earnings may increase the **monthly premium**.

If employer insurance becomes available and is considered affordable, MinnesotaCare ends.

4. MNsure (Private Insurance) & APTC

Working does **not** affect eligibility for private insurance, but it **does affect the tax credit** (APTC).

- If income goes **up**, the APTC usually goes **down**, meaning higher premiums.
- If employer insurance becomes available and affordable, the person **cannot** get APTC.

5. Employer-Sponsored Health Coverage

Work affects whether employer coverage is available based on:

- Required work hours
- Waiting period (up to 90 days)
- Enrollment rules
- Employee premium costs

If employer insurance meets affordability standards, the person **cannot** stay on:

- MinnesotaCare
- MNsure APTC

6. Medicare

If the person gets Medicare based on disability:

- Working does **not** end Medicare right away.
- After SSDI cash payments stop due to earnings, Medicare can continue for **at least 7 years and 9 months** (Extended Period of Medicare Coverage).
- After that, they can buy Medicare at a premium.

If age-based Medicare:

- Working does **not** affect Medicare at all.

7. VA Health Coverage

Work does **not** affect basic eligibility for VA health care.

Some veterans may pay income-based copays for **non-service-connected** care. If income changes, they should notify the VA to update their records.

CROSS-REFERENCES

- Working & Benefits (Cash, Housing, SNAP)
- Social Security & Work Rules
- Employment Supports
- Overpayments & Reporting

TAGS

MA; MA-EPD; MinnesotaCare; MNsure; Medicare; VA; health insurance; work and benefits

Social Security Programs & Work: What Changes When I Work?

CALLER QUESTION

"If I work, how do Social Security benefits change?"

ANSWER

1. Supplemental Security Income (SSI)

How earnings are counted

SSI counts **less than half** of earnings:

- First \$20 unearned deduction
- First \$65 earned deduction
- Half of the rest

SSI payment gradually goes down as earnings go up, but working always means **more total income**.

Key SSI work incentives

- **SEIE**: Students under 22 can exclude up to a monthly and yearly limit.
- **IRWE**: Disability-related work expenses reduce countable income.
- **BWE**: Blind individuals can deduct work expenses.
- **PASS**: Allows saving for a work goal without affecting SSI.

In-Kind Support and Maintenance (ISM)

Help with shelter or food may reduce SSI.

Working does not change ISM rules but staff should note if living situation changes.

Age-18 Redetermination

At age 18, SSI uses the adult disability standard. Work history may be reviewed.

Financial Aid & SSI

Most financial aid does **not** count toward SSI.

Scholarships used for tuition/fees are also excluded.

Social Security Dependent Benefits

For people getting benefits from a parent/spouse's work record:

- Benefits stay the same unless earnings exceed the **annual earnings limit**.
- If earnings exceed that limit, benefits are reduced by **\$1 for every \$2** earned above it.

Does **not** apply after full retirement age.

Social Security Early Retirement

If receiving retirement before full retirement age:

- Benefits stay the same if earnings stay below the annual earnings limit.
 - Above that limit: benefits reduced by **\$1 for every \$2** earned.
 - In the year of full retirement age, the reduction is smaller.
 - After full retirement age: no reduction.
-

SSDI-related Work Rules (even when person does not get SSDI cash)

Substantial Gainful Activity (SGA)

For disability-based programs (1619(b), DAC, Pickle), SSA may still consider SGA when evaluating disability status.

1619(b)

If SSI stops due to earnings, Medicaid can continue if earnings stay below the state limit and other conditions are met.

DAC / CDB Disregard

People who lost SSI due to Disabled Adult Child benefits may keep MA if income after deductions stays below MA limits.

Pickle

People who lost SSI due to COLA increases may keep MA if adjusted income stays below the FPG limit.

CROSS-REFERENCES

- Working & Health Coverage
- Employment Supports
- Overpayments
- Working & Benefits (Cash & Housing)

TAGS

SSI; dependent benefits; retirement; SGA; SSDI; work incentives; Social Security

KBA 4 of 6

Employment Supports: Help with Job Search, Working and Earnings

CALLER QUESTION

"What help can I get with finding or keeping a job?"

ANSWER

1. Vocational Rehabilitation Services (VRS)

VRS helps people with disabilities prepare for, find, and keep jobs. Supports may include:

- Job counseling
- Training
- Job placement
- Assistive technology
- Support for job retention

2. CareerForce (Workforce Centers)

CareerForce provides:

- Job search workshops
- Resume help
- Computer access
- Job posting resources
- Information about local employers

Available to anyone; free.

3. Ticket to Work

A Social Security program for people on SSI or SSDI-related benefits.

Benefits include:

- Free help from an Employment Network (EN)
- No medical Continuing Disability Reviews while making “timely progress”

People can use:

- **VRS** as their EN, or
- Another Employment Network after VRS closes their case

4. PASS (Plan to Achieve Self-Support)

PASS allows people to set aside income or resources to pay for things needed to reach a work goal.

For people not currently getting SSI, PASS may allow them to **become eligible** for SSI while working toward a goal.

5. Work Incentives

Programs that help people keep benefits while working:

- **SEIE**
- **IRWE**
- **BWE**
- **1619(b)**
- **MA-EPD**

- **PESS** (Property Essential to Self-Support)

CROSS-REFERENCES

- Working & Benefits
- Working & Health Coverage
- Social Security & Work
- Overpayments

TAGS

employment; job search; VRS; CareerForce; Ticket to Work; PASS; work incentives

KBA 5 of 6

TITLE: Overpayments & Reporting Income Changes

CALLER QUESTION

"I got a letter saying I was overpaid. What do I do?"

ANSWER

1. What is an overpayment?

An overpayment happens when a person receives benefits they were not eligible for. Common causes:

- Income increases not reported
- Changes in household size
- Changes in living arrangement
- Agency error

2. Minnesota Cash Assistance Overpayments

Programs include:

- MFIP
- GA
- MSA
- SNAP

People can:

- Work out a **repayment plan**
- Appeal if they disagree
- Request hardship arrangements

3. Social Security Overpayments

SSA sends a notice explaining:

- Why the overpayment happened

- How much is owed
- When repayment will begin

Options for people:

- **Payment plan**
- **Appeal** if they disagree
- **Waiver request** if it wasn't their fault and repayment creates hardship

4. Preventing Future Overpayments

Encourage people to:

- Report earnings and hours every month if required
- Report changes in household, housing costs, school status, or marital status
- Keep copies of everything submitted

CROSS-REFERENCES

- Working & Benefits
- Social Security & Work
- Working & Health Coverage

TAGS

overpayment; reporting; appeals; repayment; SSA; MFIP; SNAP

KBA 6 of 6

TITLE: Savings, Tax Credits & Other Programs: Does This Affect My Benefits?

PURPOSE

Explain programs that help people save money or reduce taxes **without losing benefits**.

CALLER QUESTION

"If I save money or get tax credits, will it affect my benefits?"

ANSWER

1. ABLE Accounts

People who became disabled before age 26 (moving to 46 in 2026) can use ABLE accounts to save money without affecting:

- SSI
- MA
- Most public benefits

Family and friends can contribute. Annual contribution limits apply.

2. Individual Development Accounts (IDAs)

Matched savings programs used for:

- Buying a home
- Paying for school
- Starting a small business

IDA savings usually **do not count** for MA or SSI.

3. Renter's Credit

Minnesota tax refund for people who pay rent and have household income below the set limit.

Does **not** affect eligibility for MA, SSI, SNAP, or MFIP.

4. Federal Tax Credits

May help lower taxes or give refunds:

- Earned Income Tax Credit (EITC)
- Child Tax Credit (CTC)
- Child and Dependent Care Tax Credit

Refunds do **not** count against MA or SSI resource limits immediately.

5. Student Financial Aid & SSI

Most financial aid does **not count** as income or resources.
Aid used for tuition/fees is excluded for at least 9 months.

CROSS-REFERENCES

- Social Security & Work
- Working & Benefits
- Employment Supports

TAGS

ABLE; tax credits; renters credit; IDA; savings; SSI; MA; resources