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Medical Assistance and MinnesotaCare Fee-For-Service Member Handbook

DEPARTMENT OF HUMAN SERVICES

Welcome!

Welcome to Minnesota Health Care Programs (MHCP). MHCP includes Medical Assistance (MA) and MinnesotaCare programs. This handbook is written specifically for members on fee-for-service MA and MinnesotaCare, which is sometimes referred to as “straight MA and MinnesotaCare.” We hope this member handbook makes it easier for you to get the health care you need. MHCP sent your member ID card to you as a separate item.

For a copy of this handbook in a different language or format, contact MHCP Health Care Consumer Support (HCCS) toll-free at 800-657-3672 or 651-297-3862.

This handbook gives you an overview of your health care coverage. It also describes how to find health care providers in the MHCP network, as you will need to use those providers. If you do not find the right kind of provider in our network that can give you the care you need, call Health Care Consumer Support.

Some kinds of health care require prior authorization. Health care from an emergency room or urgent care do not require this. Health care from your family doctor also does not require prior authorization, as long as your doctor is in the MHCP network.

The information in this handbook is a summary of your health care benefits, it is not a contract.

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Who to call with questions

The Minnesota Department of Human Services (DHS) is committed to getting you the information you need when you need it. **This handbook is designed to answer many questions members have about their MHCP benefits.** If you cannot find the answers to your questions in this handbook, or you need to speak to a live person, use this chart to find the organization that can best help you. If you need a spoken language interpreter, just say "interpreter" when you call.

I lost my MHCP card I need to report a change of address or phone number I need to report a change in employment or income I need to report a family change (pregnancy, divorce, marriage, etc.) I have questions about my case or my eligibility	If your household has Medical Assistance (MA), **OR** has both MA and MinnesotaCare call your county or tribe. If your household has **ONLY** MinnesotaCare, call HCCS.
I have questions about prescription drugs, such as coverage, claims, or prior authorizations	Call Prime Therapeutics at 844-575-7887
I need to find a doctor, clinic or other health care provider I need to know if a service is allowed I have questions about a claim, denial, payment or prior authorization (non-pharmacy only) I need to pay my MinnesotaCare premium	Call HCCS at 800-657-3672

Phone numbers for county servicing agencies

The following list of numbers is updated annually. Find the most current list online at mn.gov/dhs/health-care/county-tribal-state-offices/.

Aitkin: 800-328-3744
Anoka: 763-422-7200
Becker: 218-847-5628
Beltrami: 218-333-8300
Benton: 800-530-6254
Big Stone: 320-839-2555
Blue Earth: 507-304-4335
Brown: 800-450-8246
Carlton: 800-642-9082
Carver: 952-361-1600
Cass: 218-547-1340
Chippewa: 800-450-6401
Chisago: 651-213-5640
Clay: 800-757-3880
Clearwater: 800-245-6064
Cook: 218-387-3620
Cottonwood: 507-831-1891
Crow Wing: 888-772-8212
Dakota: 651-554-5611
Dodge: 888-850-9419
Douglas: 320-762-2302
Faribault: 507-526-2039
Fillmore: 507-765-2175
Freeborn: 507-377-5400
Goodhue: 651-385-3200
Grant: 800-291-2827
Hennepin: 612-596-1300
Houston: 507-725-5811
Hubbard: 877-450-1451
Isanti: 763-689-1711
Itasca: 800-422-0312
Jackson: 507-847-4000
Kanabec: 320-679-6350
Kandiyohi: 877-464-7800
Kittson: 800-672-8026
Koochiching: 800-950-4630
Lac Qui Parle: 320-598-7597
Lake: 800-450-8832
Lake of the Woods: 218-634-2642
Le Sueur: 507-357-8288
Lincoln: 800-657-3781
Lyon: 800-657-3760
Mahnomen: 218-935-2568
Marshall: 800-642-5444
Martin: 507-238-4757
McLeod: 800-247-1756
Meeker: 877-915-5300
Mille Lacs: 888-270-8208
Morrison: 800-269-1464
Mower: 507-437-9700
Murray: 800-657-3811
Nicollet: 507-387-4556
Nobles: 507-295-5213
Norman: 218-784-5400
Olmsted: 507-328-6500
Otter Tail: 218-998-8230
Pennington: 218-681-2880
Pine: 320-216-4100
Pipestone: 888-632-4325
Polk: 877-281-3127
Pope: 800-291-2827
Ramsey: 651-266-4444
Red Lake: 877-294-0846
Redwood: 888-234-1292
Renville: 320-523-2202
Rice: 507-332-6115
Rock: 507-283-5070
Roseau: 866-255-2932
Scott: 952-445-7751
Sherburne: 800-433-5239
Sibley: 507-237-4000
St. Louis: 800-450-9777
Stearns: 800-450-3663
Steele: 507-431-5600
Stevens: 800-950-4429
Swift: 320-843-4582
Todd: 320-732-4540
Traverse: 855-735-8916
Wabasha: 888-315-8815
Wadena: 888-662-2737
Waseca: 507-837-6600
Washington: 651-430-6455
Watonwan: 888-299-5941
Wilkin: 218-643-7161
Winona: 844-317-8960
Wright: 800-362-3667
Yellow Medicine: 320-564-2211

Phone numbers for tribal health care agencies

The following list of numbers is updated annually. Find the most current list online at mn.gov/dhs/health-care/county-tribal-state-offices/. Members of other tribes should contact their relevant county agency.

Circle of Health

Mille Lacs Band of Ojibwe
320-532-7741 or 800-491-6106
Fax: 320-532-4354

Oshkiimaajitahdah

Red Lake Nation
15525 Mendota Ave. PO Box 416
Redby, MN 56670
218-679-3350 or 888-404-0686
Fax: 218-679-4317

White Earth Financial Services

2531 310th Ave.
PO Box 100
Naytahwaush, MN 56566
218-935-2359 or 844-282-6580

Other resources

Prime Therapeutics (pharmacy help only)

844-575-7887
Open 24 hours a day, 365 days a year

DHS Health Care Consumer Support (HCCS)

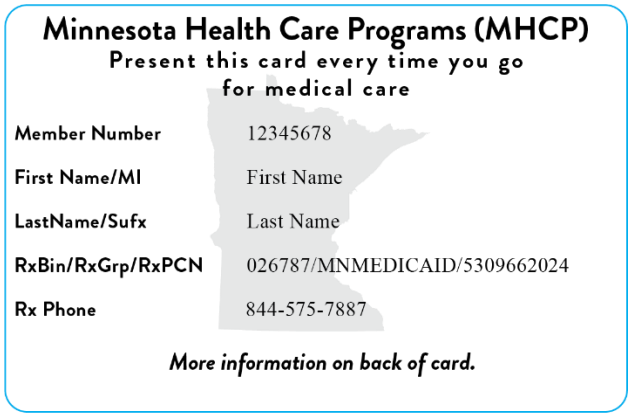
651-297-3862 or 800-657-3672
8:00 a.m. to 4:00 p.m., Monday through Friday

Getting Started

Your MCHP member identification (ID) card

Your member ID card will arrive by mail four to six weeks after you enroll in MHCP. You will need your card when you schedule and attend health care appointments. Always carry your member ID card with you.

To replace your card: If you lose or misplace your member ID card, contact your county or tribe if you have MA; or HCCS if you have MinnesotaCare (see page 4 for info).



The following can be found on your MHCP member card:

- Your MHCP member number. Also referred to as your MA or MinnesotaCare number, PMI number or recipient number
- Your name
- Rx BIN (tells pharmacies where to bill for prescriptions)
- The DHS Health Care Consumer Support phone numbers
- Phone number and website for your health care provider to ask questions about eligibility

Find a health care provider

You can use the MHCP online provider directory to find health care providers in your network. You can also call Health Care Consumer Support at 651-297-3862 or 800-657-3672 for names of health care providers or to confirm if a health care provider is enrolled with MHCP. If you have other insurance coverage in addition to your MHCP, it is very important you read the "Other insurance coverage" section on page 11 before choosing a health care provider.

Schedule your appointment

Preventive care is the best way to maintain good health. Each enrolled member can schedule the following preventative care visits every calendar year:

- Annual check-ups
- Dental exam and cleaning
- Routine screenings depending on age (e.g. colonoscopy, mammography)

Call to schedule an appointment today!

Plan a ride

MHCP offers non-emergency medical transportation (NEMT) services if you need help getting to and from medical appointments. NEMT services are available for MA members or MinnesotaCare members who are under the age of 19 or are pregnant.
Review our NEMT flyer (DHS-8573A) (PDF) to learn more. You can also go to page 49 in this handbook for more information.

Request an interpreter

If you need an interpreter, you can request one when scheduling your appointments. All health care providers are required to provide interpreter services for patients who are deaf, hard of hearing, or are not proficient speaking English at no cost to you.

What is covered

- Sign language interpreter services when needed to help deaf or hard of hearing members.
- Spoken language interpreter services to all patients with limited English proficiency (LEP). MHCP also covers language interpreter services for the parent or guardian when the patient is a minor.
- Interpreter services delivered at medical appointments or phone calls made while trying to access health care services.

What is not covered

- MHCP will not pay minor children who serve as interpreters for family members.
- MHCP will not pay for interpreter services to health care providers who are not enrolled with MHCP.

Maintain your eligibility

MHCP wants members to have access to the health care they need when they need it. Keeping eligibility current is an important way to ensure consistent healthcare. Eligibility is the term MHCP uses to describe members when they are enrolled and covered or insured by Medical Assistance (MA) or MinnesotaCare. Members are responsible for working with MHCP to avoid unnecessary gaps in eligibility.

Here are some important things you should do to help avoid gaps in your eligibility.

Eligibility

Eligibility for both MA and MinnesotaCare is determined by household income. MA members have lower income requirements than those on MinnesotaCare. Check the income limits (DHS-3461A) (PDF) for MA and MinnesotaCare to see the limits for family size. Both programs are managed by Minnesota Health Care Programs (MHCP). If you do not know whether you are covered under MA or MinnesotaCare, call Health Care Consumer Support at 651-297-3862 or 800-657-3672.

Renew each year

You must renew eligibility every year. Eligibility for MA and MinnesotaCare is not continuous. MHCP will send renewal materials to you in the mail two months before your renewal date. Complete and submit your renewal form as quickly as possible to avoid gaps in coverage. If you move or have an address change, you must notify your servicing agency (refer to page 4). If you are not sure of your renewal date, you can check it by using the lookup tool. **Children under age six on Medical Assistance (MA) are not required to complete an annual renewal to maintain MA eligibility.**

Tell us if something changes

You must report all the following “changes in circumstance” to your servicing agency (refer to page 4). MA members must report within 10 days of the change and MinnesotaCare members must report within 30 days of the change.

- Name or address change
- Email or phone number change
- Pregnancy

- Addition or loss of a household member (including members moving in or out, births, deaths, marriages, etc.)
- New job or changes in income
- Change in disability status
- Access to other health insurance, including Medicare

Respond to notices about periodic data matching

At least once during a MinnesotaCare member's 12-month period of eligibility, MHCP uses electronic data sources to confirm eligibility. This process is called periodic data matching (PDM) and helps us identify members who may no longer meet eligibility criteria. If PDM finds information to indicate you no longer qualify for MinnesotaCare, MHCP will send you a discrepancy notice by U.S. mail. You must respond to the discrepancy notice within 30 days. You can respond by mail, in person or by contacting your servicing agency. **Members can lose MinnesotaCare eligibility if they do not respond to the discrepancy notice.**

Call if you lose eligibility

If you lose eligibility, you must contact your servicing agency to begin the renewal process. MHCP does not initiate this process.

- If you have MA, your county or tribe is your servicing agency.
- If you have MinnesotaCare, DHS is your servicing agency, and you should contact Health Care Consumer Support at 651-297-3862 or 800-657-3672.
- If your household has both MA and MinnesotaCare, your county or tribe is your servicing agency.

Understanding Your Costs

Costs for MA

MA members do not have cost-sharing (such as copays) for covered services.

Costs for MinnesotaCare

MinnesotaCare members have cost-sharing for some covered services. MinnesotaCare members should pay copays directly to health care providers when they arrive for medical services. MinnesotaCare members also have a monthly premium based on their income and family size. Neither program requires members to meet a deductible.

Cost-sharing for MinnesotaCare members 21 years old and older is as follows:

- Preventative care visits: $0
- Non-preventative dental care: $0
- Ambulatory surgery: $0
- Mental health or substance use disorder services: $0
- Eyeglasses: $10/pair
- Prescription drugs:
  - $10 generic (and some brand name drugs)
  - $25 most brand name drugs (not to exceed $70/month)
- Non-preventative clinic visits: $28
- Radiology services: $45/visit
- Emergency Room (ER) visits: $100 (except when ER visit leads to an inpatient hospital stay)
- Inpatient Hospital stay: $250

The following MinnesotaCare members are exempt from cost-sharing:

- Children younger than 21 years old
- Pregnant adults
- American Indians enrolled in a federally recognized tribe

Spenddown payments

Members on MA may be eligible with a spenddown. Some people who have more income than the MA income limit allows may become eligible by spending down to the income limit. The spenddown dollar amount, similar to an insurance deductible, becomes the member's financial responsibility before MHCP payment can be made.

- **Medical spenddown:** Members pay for medical services, including prescriptions, generally on a monthly basis.
- **Institutional or long-term care (LTC) spenddown:** Members pay a portion or all of their institutional daily charges.
- **Elderly waiver (EW) obligation:** Members pay a portion or all their EW service costs. For members enrolled in a senior managed care program, MCOs pay providers minus the waiver obligation and the provider bills the member. Members cannot use a designated provider for waiver obligations.

Spenddown payment options

Members may pay spenddowns in different ways, depending on the program they are eligible for:

- **Potluck spenddown:** The health care provider (or providers) who bills first, has all or a part of the medical spenddown amount deducted from their claims. The health care provider then bills the member for the spenddown amount that was deducted from the claims.
- **Designated provider spenddown:** Fee-for-service members pay a specific health care provider, selecting the provider using the Request for Designated Provider Agreement (DHS-

3161) (PDF) form. Designated health care providers agree to make sure the member's spenddown is applied to the provider's claims for each month the provider renders services to the member.

Contact the county or tribal agency with any spenddown questions.

If you have other insurance

Other insurance coverage

If you are enrolled in Medical Assistance (MA) and have other insurance in addition to MA, and that insurance will pay for the cost of health care services that MA would pay for, then in general that insurance must be used to pay for your health care before MA does. Common examples of other insurance include:

- Medicare
- Insurance from an employer
- Workers' compensation
- No-fault car insurance

MA is often called "the payer of last resort." This means the other insurer is required to pay for the service first. If there is a remaining balance after the other insurer has paid their portion, MA will pay the remaining balance for covered services.

For MA to pay for the remainder of the balance, the following two conditions must be met:

- The service is something MA covers.
- The health care provider must be enrolled with MA.

When you become enrolled in MA, you agree to let MA:

- Send bills to your other insurance.
- Get information from your other insurance plan.
- Collect payments from your other insurance instead of having payments sent to you.

Subrogation

Subrogation is the state's right to collect money in your name from another person, group or insurance company. Subrogation applies if other sources of payment for your medical care are available. Examples include a spouse's employer-sponsored insurance plan, Medicare, workers compensation or another insurance program.

When you get medical coverage from MA, federal and state laws mandate that MA is the payer of last resort. This means MA only pays for benefits if no other source of payment exists.

If MA pays for a service that is subject to subrogation, MHCP will do the work to recover payment, however, state law requires you to help with the subrogation process, as needed.

Payment

In most cases, if you pay for a medical bill, MHCP will not be able to pay you back even if the service is covered. State and federal laws prevent us from paying you directly.

If there are health services or supplies that you need but they are not covered by MHCP, you can choose to pay for them. Health care providers must have you sign a form acknowledging that you will be responsible for the bill before providing the services.

When can health care providers bill you?

Health care providers may bill you for a service, item or prescription when, in general, all of the following conditions apply:

- The service is not covered (if any of the following is true):
    - It is never covered by MHCP.
    - MHCP does not cover the service under your MA or MinnesotaCare benefit set or the member does not meet MHCP criteria for the service.
    - It is being provided by a health care provider that is out of network and a single case agreement has not been established.
- The health care provider reviewed the following with you:
    - Service limits
    - Reasons the service, item or prescription is not covered
    - Available covered alternatives
- The health care provider informs you, before delivering the service, that you are responsible for payment.
- The health care provider obtains your signature (or your authorized health care representative's signature) on the appropriate forms (listed next).
- You (or your authorized health care representative) complete the following forms and the health care provider signs the forms:
    - Advance Recipient Notice of Noncovered Service/Item (DHS-3640) (PDF)
    - Advance Member Notice of Noncovered Prescription (DHS-3641) (PDF)

However, a provider may also bill you if you personally received payment from insurance other than MA to cover the cost of the service

Levels of Care

Sick or injured: Where should I go?

Primary Care

Get primary care for non-urgent issues, routine and preventative care, and treatment of ongoing health needs.

Examples:
Annual exams
Maternal health
Vaccinations
Referral to specialist
Cold, flu or sinus cold
Ear pain
Sore throat

Urgent Care

Get urgent care to evaluate and treat minor illnesses and injuries.

Examples:
Cold, flu or sinus pain
Sprain
Rashes and minor burning
Severe sore throat
Animal or insect bite
Sports injuries
Coughs or colds

Emergency Care

Get emergency care anytime a condition is life-threatening.

Examples:
Sudden shortness of breath
Intense chest pain
Serious head, neck or back injury
Severe and sudden stomach pain
Broken bone
Severe burn or bleeding
Open wounds
Seizures

These lists do not include all examples.
Remember, if you have a medical emergency, call 911.

Find a doctor you trust and keep going to them

If you find a family doctor who is easy to talk to and who you trust, it is usually best to go to them for all of your basic care year after year. Doctors can provide you with the best care if they know you, know your health, and know what is going on in your life. This is true for everyone. However, it is especially important if you have a complex medical condition as your doctor can make sense of and coordinate the care you get from your specialists.

Your family doctor can do your check-ups, make sure you get your immunizations and any necessary tests, and help you manage your chronic conditions.

Getting ready to meet with your doctor

At your first visit, your doctor will want to learn about you and your health. The doctor may ask for your full medical history and give you an exam. You can also ask questions. You can prepare for this visit by bringing:

- The names of your medications or the bottles themselves
- Any questions or concerns you want to ask the doctor
- Your MHCP member ID card (always bring this to health care appointments)

Getting care after hours

Some clinics provide "on-call" services. They can put you in touch with your doctor, or another doctor, when you have an urgent health concern, even when the clinic is closed. This doctor might advise you on what you can do at home, and they may suggest that you get care at an urgent care, an emergency room, or call 911. Ask your clinic if they provide on-call services.

If your doctor is far from your home, or if you need transportation for any reason, you can call your county and ask for help with transportation. This includes mileage reimbursement, a medical ride or something else.

Approvals for services (prior authorization)

Some services may require you to get a prior authorization from MHCP to make sure they are covered. This is sometimes called a prior approval (PA). This means that both MHCP and your doctor believe that the services are necessary. Medically necessary means a health service that is consistent with the recipient's diagnosis or condition and:

- is recognized as the prevailing standard or current practice by the provider's peer group; and
- is rendered in response to a life threatening condition or pain; or to treat an injury, illness, or infection; or to treat a condition that could result in physical or mental disability; or to care for the mother and child through the maternity period; or to achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition; or
- is a preventive health service under state law as described in part 9505.0355.

Refer to the Covered Services section on page 16 to learn what services need a PA.

MHCP may ask your health care provider for justification of why you need the service. MHCP will send you a letter telling you that the service was not approved, if this is the decision. You can appeal this decision. Filing an appeal does not guarantee coverage. Information on appeals can be found on the DHS Appeals website, by calling their office at 651-431-3600, or by referring to the appeals section starting on page 71.

If you get services from a non-MHCP health care provider before being approved, the provider may not receive payment from MHCP.

Specialty care and referrals

What if I need to see a special doctor (specialist)?

- MA and MinnesotaCare do not require a referral.
- It is always best practice to check with your doctor before making an appointment with a specialist.

Second opinions

If you have concerns about a diagnosis your doctor gave you, or the treatment plan that is recommended, you may want to get a second opinion. If this happens, check in with your doctor for suggestions of someone who works in the same network and can meet with you.

If you need help getting a second opinion, you can call Health Care Consumer Support.

Medical necessity

How is it decided what services are covered?

All covered services must be considered medically necessary. Additionally, each service area has its own criteria and policy that determines coverage.

Medical necessity describes services, supplies, or drugs you need to prevent, diagnose or treat your medical condition or to maintain your current health status. This includes care that keeps you from going into a hospital or nursing home. It also means the services, supplies or drugs meet accepted standards of medical practice.

Medically necessary care is appropriate for your condition. This includes the following:

- Care related to physical conditions and behavioral health (including mental health and substance use disorder).
- The kind and level of services.
- The number of treatments.
- Where you get the services and how long they continue.

For MA to pay for a medical service, it must be "medically necessary." Under current law, Minnesota defines a health care service as "medically necessary" if it does any of the following:

- The services, supplies and prescription drugs other health care providers would usually order.
- Helps you get better or stay as well as you are.
- Helps stop your condition from getting worse.
- Helps prevent or find health problems.

Covered Services

This handbook lists covered services for members with fee-for-service Medical Assistance (MA) and MinnesotaCare. These are often referred to as straight MA or straight MinnesotaCare.

Enrollment in these health care programs **does not** guarantee that all medical care is covered. Some prescription drugs, services or medical equipment may not be covered. This is true even if they were covered for you before.

Review each service listed for specific coverage information and if you have more questions, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.

There are a few exceptions where **MinnesotaCare members ages 19 and older are not eligible** for a covered service. These include:

- Individualized Education Program (IEP)
- Home care nursing
- Personal care attendants
- Non-emergency medical transportation
- Case management
- Nursing home care

Note: If you are enrolled in MA and also enrolled in other health insurance, like insurance through an employer or Medicare, then you must use that other insurance, too. This means first using health care providers that are in network with your other insurance and following any other requirements of that insurance. See page 11 of this handbook or contact your other insurance provider.

Acupuncture

Description

Acupuncture involves the insertion of very thin needles through your skin at strategic points on your body to treat a variety of health conditions.

What is covered

MHCP covers up to 20 units of acupuncture services per calendar year as a treatment for the following health conditions or needs:

- Acute and chronic pain
- Anxiety
- Depression
- Insomnia
- Menstrual disorders
- Post-traumatic stress disorder
- Restless legs syndrome
- Schizophrenia
- Smoking cessation
- Nausea and vomiting associated with:
  - Post-operative procedures
  - Pregnancy
  - Cancer care
- Dry mouth (Xerostomia) associated with:
  - Sjogren's syndrome
  - Radiation therapy

What is not covered

MHCP does not cover acupuncture to treat the following health conditions or needs:

- Acne
- Allergies or Asthma
- Cold or influenza
- Drug or alcohol dependence
- Fatigue
- High blood pressure
- Infertility or sexual dysfunctions
- Nausea due to conditions other than surgery, pregnancy, or cancer care
- Weight loss

Additional information and authorization requirements

MHCP allows up to 20 units of acupuncture per calendar year without prior authorization. If more services are needed, the MHCP acupuncture provider must request prior authorization on your behalf.

How to access this covered service

- You do not need a referral or doctor's order to receive acupuncture services.
- To find an acupuncture services supplier in network, search the MHCP provider directory. Under Type, choose 'Medical Specialties/Acupuncture.' Under Sub Type, choose 'Acupuncture.'
- Once you have found an acupuncture provider, call the office to ask if the service you are looking for is available.

Audiology Services and Hearing Aids

Description

Audiology services are assessments done by an audiologist or otolaryngologist to evaluate communication problems caused by hearing loss. Hearing aids are electronic devices that are worn in or behind the ear. They make some sounds louder so that a person with hearing loss can hear better in both quiet and noisy situations.

What is covered

- One hearing aid evaluation per calendar year is covered.
- Up to four hearing aid checks to address problems with the device are covered each year.
- Hearing aids that are on the contract are covered one set per five years.
- Hearing aids that are not on the contract are covered one per five years with prior authorization.

What is not covered

- Adapters for phones, TVs or radio
- Battery chargers
- Disposable hearing aids
- Ear care and comfort products
- Hearing aid maintenance
- Hearing aid remotes
- In the canal and completely in the canal hearing aids
- More than 36 batters in 90-day period
- Non-electric hearing aids
- Preventative, regularly scheduled maintenance, cleaning and checking of hearing aids
- Swim molds or ear plugs
- Warranty upgrades

Additional information and authorization requirements

MHCP partners with specific, approved vendors to supply hearing aids and devices to MHCP members. Visit the contract webpage for more information about what devices are covered under contract.

Hearing aids that are not on the contract require a prior authorization. It is your health care provider's responsibility to get a prior authorization on your behalf.

How to access this covered service

- Your health care provider must give a written order for the hearing aid. Ask your health care provider if they are going to send the order to the hearing aid supplier or if you need to find one on your own. To find an audiology services supplier in network, search the MHCP provider directory. Under Type, choose 'Medical Specialties/Audiology Services.' Under Sub Type, choose 'Audiology Services.'
- Once you have found an audiology services provider, call to schedule an appointment.

Autism Services for Children

Description

Early Intensive Developmental and Behavioral Intervention (EIDBI) services are available for members under the age of 21 who have an Autism Spectrum Disorder (ASD) or other health related condition. EIDBI services are to educate, train and support people with Autism Spectrum Disorder and their parents, families and caregivers. EIDBI services promote independence and participation in family, school and community, improving quality of life for people with ASD and related conditions.

What is covered

- The following services are covered:
- Comprehensive evaluation to establish medical necessity and eligibility for EIDBI services.
- Development of individual treatment plan (ITP) that is specific to the member's individual strengths and needs.
- Care coordination conferences.
- Training and counseling for family members and caregivers.
- Clinical direction and observation of intervention services to observe and make program adjustments.
- Intervention services provided through evidenced-based behavioral or developmental treatment approaches, offered in a one-on-one or small group setting, or in situations where the member requires two or more service providers at the same time. These services help eligible members learn relevant skills which can include, but are not limited to:
    - Communication
    - Social or interpersonal skills
    - Personal safety
    - Self-care and self-regulation
    - Cognitive functioning
    - Some of these services may be provided via telehealth when appropriate.

What is not covered

Non-covered services include but are not limited to:

- Services provided by a parent, legal guardian or another individual legally responsible for the member.
- Services provided when the member is asleep.
- Services that are conducted via mail or email.
- Recreational services (e.g., sports activities, crafts, meal and snack times, trips).
- Services that are not documented in the individual treatment plan (ITP).

Additional information and authorization requirements

A prior authorization (sometimes called a service authorization or service agreement) is required for some EIBDI services including the following. The health care provider is responsible for requesting the authorization before providing services.

- Family or caregiver training and counseling
- Intervention – individual, group and higher intensity
- Intervention observation and direction

If you have other insurance, EIDBI providers are not required to bill your other insurance carrier before billing MHCP for services.

How to access this covered service

- After receiving information on comprehensive multi-disciplinary evaluation (CMDE) and EIDBI provider agencies, call them to set up an appointment. You can also go to the MCHP provider directory. Search under "Type," select Early Intensive Developmental and Behavioral interventions." Then under "Subtype," select "EIDBI agencies."
- The CMDE provider will complete a comprehensive multi-disciplinary evaluation to determine eligibility and medical necessity for EIDBI services. Then the EIDBI agency will develop a treatment plan with you. It is the provider's responsibility to submit the treatment plan for approval and get required service authorizations.
- If you have a county case manager or some other type of case worker, let them know you are receiving EIDBI services.

Other resources

- EIDBI 101: Video for parents and families
- Minnesota Autism Resource Portal
- DHS EIDBI benefit webpage
- EIDBI Brochures (DHS-6751A):
    a. American Indian (PDF)
    b. English (PDF)
    c. Hmong (PDF)
    d. Karen (PDF)
    e. Oromo (PDF)
    f. Russian (PDF)
    g. Somali (PDF)
    h. Spanish (PDF)
    i. Vietnamese (PDF)

Child and Teen Checkups (C&TC)

Description

Child and Teen Checkups (C&TC) are regular, preventive care visits for children and youth under 21 years old. Checkups help keep kids healthy by identifying and treating health concerns or problems early. Preventive well-child checkups look at growth, development and overall health. Children should have child and teen checkups at these ages:

0-1 month	12 months
2 months	15 months
4 months	18 months
6 months	30 months
9 months	3 years and every year after until age 21

Establishing care with a pediatrician is recommended, when possible. Consistent care with one pediatrician has been shown to increase successful screenings at checkups and decrease how often the child needs to be seen in the emergency room. It is important to establish care with a pediatrician *before* children get sick or have health emergencies.

What is covered

MHCP covers age-related child and teen checkups and all recommended screenings for the child's age. Child and teen checkups are a robust covered service designed to assure that children receive early detection and care, so that health problems are averted, or diagnosed and treated as early as possible. A preventative C&TC visit may include:

- Evaluation of growth and development
- Fluoride treatment to keep teeth healthy and referral to dental care
- Head-to-toe exam
- Hearing and vision checks
- Immunizations and lab tests
- Education or information on good physical and mental health
- Time to ask questions and get answers about your child's health, behavior and development, and to talk about learning, feelings, relationships, parenting and caregiver well-being.

Additional information and authorization requirements

- Child and Teen Checkups do not require prior authorization if they are provided by an MHCP enrolled health care provider.
- Sometimes children need additional checkups. For example, children living in out-of-home placement or foster care should have checkups every six months. Extra child & teen checkups are covered and do not require prior authorization.

- If your child needs medical approval to enter childcare, sports, public school or Head Start, a C&TC visit meets that requirement. Be sure to bring any paperwork or forms, such as the Minnesota State High School League sports physical form, to the appointment for the doctor to complete.

How to access this covered service

- Schedule your child's C&TC visit when the child is well – do not wait until the child is sick.
- Tribes and counties have C&TC coordinators. Coordinators can help find doctors, schedule appointments, get transportation assistance and connect you with interpreters. To find your C&TC coordinator, visit www.freechildcheckups.com and go to the section called "Need help with your appointment?"
- For more information about Minnesota's Child and Teen Checkups program, visit the C&TC website.

Chiropractic Services

Description

Chiropractic services are therapies that use manipulation and adjustment of body structures to treat some health conditions. MHCP covers chiropractic services for the treatment of a general condition called spinal subluxation. Spinal subluxation is when vertebra is in abnormal positions or misaligned, causing loss of function and pressure on your spinal column. Chiropractic services must be provided by a licensed Doctor of Chiropractic who is enrolled in the MHCP network.

What is covered

- Chiropractic evaluation once per year
- Up to 24 spinal manipulation visits to treat spinal subluxation
- X-rays of cervical, thoracic, lumbar, lumbosacral, pelvis and sacroiliac joints for the purpose of making a diagnosis of spinal subluxation

What is not covered

- Chiropractic services to treat conditions other than spinal subluxation
- Acupressure
- Diathermy or ultrasound
- Laboratory services
- Vitamins, nutritional supplements or counseling
- X-rays (other than those needed to support a diagnosis of subluxation)

Additional information and authorization requirements

You do not need an order or referral to go to a chiropractor. There is no authorization required for chiropractic visits unless you need more than six visits per month or 24 per year. Your chiropractor is responsible for getting prior authorization on your behalf before providing services.

How to access this covered service

- To find a chiropractic services provider, search the MHCP provider directory. Under Type, choose 'Medical Specialties/Chiropractic Services.' Under Sub Type, choose 'Chiropractic Services.'
- When you find a chiropractor, call the office to make sure the services you need are available.

Cochlear Implants

Description

A cochlear implant is a small electronic device that can help provide hearing to individuals who have moderate to profound hearing loss and who would not benefit from hearing aids. Cochlear implants consist of two parts, an external portion that sits behind the ear and a second portion that is surgically placed under the skin.

What is covered

All FDA approved cochlear implants are covered for MHCP members ages one year and older who meet certain criteria. Your health care provider will evaluate you to determine if you meet the medical criteria.

Additional information and authorization requirements

All cochlear implants require a prior authorization to ensure members meet criteria for medical necessity. Your health care provider is responsible for requesting prior authorization for services before the procedure.

How to access this covered service

- You must get evaluated by and get a written order from a physician, physician assistant, advance practice nurse or audiologist.
- To find a physician, physician assistant, advance practice nurse or audiologist in network, search the MHCP provider directory. Under Type, choose 'Physician' or 'Physician Assistant' or 'Nursing Services' or 'Audiology Services.'
- Once you have found a provider, call the office to schedule an appointment.

Day Support Services

Description

Day support services are individualized, community-based training, supervision and support to help people with disabilities learn skills that enrich their lives. Understanding and accessing support services for people with disabilities can be challenging, which is why people with disabilities are also entitled to case managers. Case managers are advocates who help people with disabilities and their families access services with ease. Case managers are assigned by the member's county office. Counties must determine the need for day support services. Members must meet the following criteria:

- Are 18 years old or older and have a diagnosis of developmental disability or related condition.
- Receive a screening for Home and Community-Based Services or Developmental Disability waiver services or reside in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD).
- Have their health and safety in the community addressed in their plan of care.
- Make an informed choice to receive day support services as part of their coordinated service and support plan.

What is covered

Day support services can help members learn and improve many types of life skills. The following are examples but the list is not comprehensive:

- Communication
- Shopping and cooking
- Mobility -- getting around in the community
- Personal safety
- Independent living
- Money management and budgeting
- Personal health and wellness
- Positive behavior and mental health support
- Problem-solving and conflict resolution
- Personal self-care
- Relationship-building and socializing
- Therapeutic intervention activities or accommodations that increase the person's adaptive-skill functioning

What is not covered

- Employment support services are not considered a day support service benefit. However, members are likely eligible for both day support and employment support services. Talk to your case manager if you need more infomration about employment support services.
- Transportation to and from day support services is not usually considered a day support service benefit. However, members who recieve day support services are likely eligible for transportation

services. Talk to your case manager about this. You can also review this flyer (DHS-8573A) (PDF) about transportation benefits.

Additional information and authorization requirements

- To receive day support services, members must meet both of the following requirements:
- The case manager must include day support services in the member's support plan
- The member must meet eligibility criteria in one of the following programs:
    - Brain Injury (BI) Waiver
    - Community Access for Disability Inclusion (CADI) Waiver
    - Community Alternative Care (CAC) Waiver
    - Developmental Disabilities (DD) Waiver

How to access this covered service

- Contact the member's case manager. The case manager is responsible for writing a service plan and to get the service agreements with the service providers for the member.
- The case manager must also provide members with a list of potential service providers. Members are entitled to choose as long as service providers are enrolled with MHCP. To find a provider, search the MHCP provider directory.

Dental Services

Description

The Minnesota Health Care Programs (MHCP) dental program provides medically necessary, cost-effective oral health care for MHCP members.

What is covered

This is a general list of dental services covered by the MHCP. This is not a complete list, and this list doesn't guarantee coverage.

Covered services that do not require prior authorization from MHCP

- Dental check-ups and exams (two per year)
- Teeth cleaning (two per year, up to four if dentist recommended)
- Fluoride treatments (two per year)
- Sealants (one per five years per permanent molar)
- X-rays and other images (coverage varies by type)
- Fillings, root canals and removal of broken or infected teeth
- First full plate of dentures, denture adjustments and repairs
- Surgery or procedure to repair a mouth or jaw disease or injury
- Sedation or laughing gas

Covered services that require a prior authorization from MHCP

- Scaling and root planing treatments for gum disease
- Prefabricated crowns (varies by type)
- Partial dentures and all full dentures after first set
- Braces (Orthodontics)
- Wisdom tooth extraction

What is not covered

- Most dental implants
- Denture cleaning
- Bleaching and other cosmetic services
- Most night guards and sports guards
- Prescriptions dispensed in the office

Additional information and authorization requirements

Many dental services require prior authorization from MHCP. Your dental office is responsible for asking for the authorizations before providing services to you.

How to access this covered service

- **Choose a dentist.** Dentists often have very long wait lists, so it is best to get care with a dentist *before* you have urgent dental needs. Ask the dental office if they are accepting new patients on straight MA or straight MinnesotaCare (fee-for-service). If the dental office is not accepting new patients, search the MHCP provider network to find a dentist.
- **Schedule an appointment.** Have your MHCP insurance card ready when you call. If you need interpreter services, you can request those when you call the dental office.

- **Attend your appointment.** Bring your MHCP Member ID card. If you need help getting to and from your dental appointment, transportation services may be available. Read the NEMT flyer (DHS-8573A) (PDF) for information about transportation services.
- If you have a **dental emergency** such as an infected, broken or swollen tooth, call your dentist first. If you cannot get an urgent appointment with your dentist, call your primary care doctor. Emergency rooms (ER) are a last resort for dental infection or injury. ERs will treat the infection with medicine but cannot provide tooth repairs or extractions.
- For members with **special circumstances** such as a developmental or intellectual disability, severe mental illnesses, or traumatic brain injury**,** MHCP has special care dental clinics to provide covered services. Contact your servicing agency or the special care dental clinic in your region for information about how to access these services.

Dermatology

Description

Dermatology is a medical specialty that treats conditions related to skin, hair and fingernails. MHCP covers medically necessary care related to the prevention, diagnosis and treatment of non-cosmetic skin disorders.

What is covered

MHCP covers the following dermatology-related services when medically necessary:

- Preventative screenings and exams
- Skin biopsies
- Surgical excisions (removals) of warts, moles and port wine stain birthmarks
- Surgery (Mohs Micrographic) for the treatment of basal and squamous cell skin cancers
- Wound repair
- Photodynamic therapy to destroy cancerous or pre-cancerous lesions
- Medications on the DHS preferred drug list that are prescribed to treat dermatologic conditions

What is not covered

MHCP does not cover the following dermatology-related services:

- Care or treatment that does not meet the MHCP criteria for medical necessity
- Cosmetic procedures such as dermabrasion, chemical peels, injections, dermal fillers and liposuction
- Mole removal that is cosmetic and not medically necessary

Additional information and authorization requirements

Prior authorization is required for most dermatological treatments. Your health care provider is responsible for getting prior authorization for services before giving you the treatment.

How to access this covered service

- To find a health care provider in network, search the MHCP provider directory. Under Type, choose 'Physician Services.' Then under Sub Type, choose 'Dermatologist.'
- When you find Dermatologist from the DHS directory, call to schedule an initial appointment. Bring your MHCP member ID card with you to your appointment.

Dialysis for End Stage Renal Disease

Description

Dialysis is a process that removes waste products from the body when someone has end-stage renal disease (ESRD). MHCP members may choose to receive their dialysis at a facility or perform their own home dialysis after receiving self-dialysis training certification.

Who is covered

All MHCP members with end-stage renal disease are eligible for dialysis. However, end-stage renal disease is a condition that entitles people to Medicare coverage, regardless of age. So, MHCP members who need renal dialysis must first apply for Medicare benefits. Once the Medicare coverage is effective, MHCP will be the secondary payer and Medicare will be primary. This means, MHCP only covers dialysis services in the following instances:

- The member is waiting for approval for Medicare coverage.
- The member is under the age of 18 years and both parents are undocumented immigrants.

What is covered

- Services provided in a renal dialysis facility
- Dialysis machines and supplies for in home dialysis
- Services and medications related to dialysis (such as lab draws related to kidney function, heparin and many others)

Authorization requirements

Authorization is not required for dialysis services.

How to access this covered service

- You must first apply for Medicare. You can do this by contacting your local Social Security office or by calling Social Security at 800-772-1213. TTY users can call 800-325-0778.
- To find a dialysis center in the MHCP network, search the MHCP provider directory. Under Type, choose 'Renal Dialysis Services.' Under Sub Type, choose 'Renal Dialysis.'
- Once you have found a dialysis center, call them to schedule an appointment.
- Your health care provider may also set up an appointment for you when they determine you require dialysis services. Be sure to discuss if the dialysis services will be provided at a facility or at your home.

Family Planning

Description

Family planning is a general term to describe people's preferences and planning around the number of children they want to have and when they want to have them. Family planning also includes the choice not to have children.

MHCP covers many services to help members achieve their family planning goals. Family planning services are available to all members of child-bearing age, including minors. Minors do not need parental consent to receive family planning services. The following considerations apply:

- Members must be free of coercion and free to choose the method of family planning they want to use.
- Health care providers cannot require that an unmarried minor's parent or guardian consent to family planning services for the minor.
- Family planning services have no copays.

What is covered

- Birth control including:
  - Intrauterine devices (IUDs)
  - Implants
  - Shots
  - Patches
  - Condoms
  - Diaphragms
  - Birth control pills
- Family planning and reproductive health visits including:
  - Consultation, examination, testing and treatment as needed
  - Family planning counseling
  - Genetic screening
  - HIV screening and counseling
  - Limited infertility services (diagnosis and treatment of medical conditions causing infertility)
  - Telehealth visits
  - Testing and treatment of sexually transmitted infections (STIs)
- Sterilization (vasectomy and having tubes tied)
- Other services including:
  - Emergency contraception (morning after pill)
  - Abortions
  - Hysterectomy

What is not covered

- Artificial insemination (including in vitro fertilization)
- Fertility drugs and associated services
- Reversal of a voluntary sterilization

Additional Information and authorization requirements

There are several important things to know about MHCP's family planning services. They include the following:

- MHCP does not require a prior authorization for any covered family planning services.
- All MHCP members have freedom to choose health care providers for family planning and are not required to use a health care provider from the MHCP network.
- MHCP health care providers cannot coerce members into using family planning services of any type. MHCP members have the right to choose their family planning options.
- Parental consent is not required for minors receiving family planning services.
- Family planning services are confidential, and members may choose to receive mail and other communications at an address other than their home.
- Sterilization does not require a prior authorization, however, MHCP wants to ensure members are exercising their free will when choosing sterilization. Health care providers will request a Consent for Sterilization form before this procedure.

How to access this covered service

- Search the MHCP Provider Directory for a family planning provider. Under Type, choose 'Family Planning Services' and under Sub Type, choose 'Certified MFPP Provider.' You can also indicate your location as a search option.
- If you do not find a family planning provider in the MHCP Provider Directory, you can use a provider outside of the network. All members have free choice of family planning providers.

Home Care Services

Description

Home Care is a term to describe a range of medical care and support services provided in a person's home and community. Services range from assistance with basic activities of daily life to continual nursing care, like what is provided in a hospital. The basic levels of care under home care services include the following:

- Home health aide (HHA): Home health aides are not typically nurses. The services provided include medically oriented tasks a person needs to maintain health or to facilitate treatment of an illness or injury. Home health aides help with tasks such as help with doing exercises, getting around, bathing, dressing, grooming, feeding, toileting, routine catheter and colostomy care, etc.
- Home health therapies: Therapies provided in a person's home or community to help improve or maintain the person's functioning; includes physical therapy, occupational therapy, speech-language pathology, and respiratory therapies (also referenced on page 61).
- Skilled nursing visits (SNV): Regular home visits by a registered nurse or licensed practical Nurse to maintain or restore optimal health. Skilled nursing visits are for services that require substantial nursing skill, such as administration of intravenous therapy, intramuscular injections, sterile wound cares, etc.
- Home care nursing services (HCN): Professional nursing services for people who require more continuous medical care than provided in a skilled nursing visit, or beyond what can be provided by home health aides or personal care assistants. MinnesotaCare members are not eligible for home care nursing services unless they are pregnant or under the age of 19.

What is covered

There are many covered services under each of the levels of care described here. To be covered, services must be:

- Medically necessary
- Ordered by a physician, advanced practice registered nurse, or physician's assistant
- Provided in the member's residence or community
- Based on an assessed need specific to the patient
- Documented in the member's written care plan

What is not covered

MHCP does not cover home care services when:

- They are not ordered by the member's physician, APRN or PA.
- They are not specifically documented in the member's service plan or care plan.
- The provider has not obtained prior authorizations when required.

Additional Information and authorization requirements

Prior authorization is required for the following home care services:

- All services provided by home health aides
- All services provided by home care nurses
- Skilled nurse visits above nine visits in a calendar year (per member)

Home care providers must document all services in the member's written care plan. A written care plan is a description of the home care services the member needs as assessed to maintain or restore optimal health. It is your home care provider's responsibility to write this plan.

How to access this covered service

- Talk to your health care provider about your need for home care services. Your health care provider must "order" the services and document your needs in your written care plan.
- To find home care services providers in your area, search the MHCP provider directory. Under Type, choose 'Home Health Care' or 'Home Care Nursing.'

Additional Resources

- The Senior LinkAge Line, at 800-333-2433, is a place you can call for resources especially for seniors.
- The Minnesota Disability Hub™, 866-333-2466, is a place you can call for resources especially for those with disabilities.
- MinnesotaHelp is an online database of resources for seniors and people with disabilities.

Hospice Services

Description

Hospice services are specific services for members who have a terminal illness and need end-of-life care. Hospice care is an appropriate choice for people who no longer want curative treatments, but rather chose to pursue comfort and quality of life in the final stages of their illness. Hospice care is optional and members may revoke hospice election at any time

What is covered

The following hospice services are covered when provided directly in response to a terminal illness:

- Counseling or therapy
- Dietary and nutritional counseling
- Home health aide and homemaker services
- Medical social services
- Medical supplies and equipment
- Nursing services
- Outpatient drugs for symptom and pain control
- Physical, occupational and speech therapy
- Physician services
- Respite for caregivers
- Short-term inpatient care
- Volunteer support

What is not covered

Services that are for treating or curing the terminal illness are not covered under hospice care. For example, members cannot receive chemotherapy and hospice care at the same time. This restriction does not apply to members under the age of 22.

Additional Information and authorization requirements

MHCP does not require a prior authorization for hospice services, but instead, requires a Hospice Transaction Form (DHS-2868) (PDF). This form documents important steps that must occur before MHCP can pay for hospice services. The hospice or health care provider is responsible for submitting the Hospice Transaction Form to MHCP.

How to access this covered service

- If your health condition requires you to seek hospice or end-of-life care, talk to your doctor or health care team who will help you with the process.
- To find a hospice services provider, search the MHCP provider directory, choose 'Medical Specialties/Hospice Providers.' Under Sub Type, choose 'Hospice.'

Hospital Inpatient

Description

Inpatient service is care provided in a hospital or other type of inpatient facility, where you are admitted, and spend at least one night. Common reasons people may need an inpatient stay include childbirth, surgery and treatment after major injury or accident.

What is covered

- Semi-private room and meals
- Skilled nursing care, physician and other professional services provided during the inpatient stay
- Prescription drugs and other medications given during the inpatient hospital stay
- Medical supplies used during the inpatient stay
- Private room when medically necessary
- Surgical services (see page 66 for more information)
- Tests and X-rays given during the hospital stay
- Therapy services provided during the inpatient stay (i.e., respiratory or physical therapy)

What is not covered

Hospitals are required to inform you if a service is not covered. The following are some of the common non-covered inpatient services:

- Drugs, tests and procedures that have not been approved by MHCP.
- Personal comfort items that are not medically necessary such as movie rentals or barber services.

Additional information and authorization requirements

Inpatient hospital stays always require prior authorization to determine medical necessity. Your health care provider is responsible for getting an inpatient hospital authorization (IHA) prior authorization for you.

Outpatient observation services are different from inpatient hospital services. Outpatient observation services are common when an emergency department or hospital wants to observe you in a safe, medically managed environment to gather more information about your health condition. Observation services are covered for up to 48 hours. Observation does not require a prior authorization, but it does require a physician's order that must be documented in the patient's medical record.

How to access this covered service

- In non-emergency situations, a health care professional will refer you for inpatient hospital services. For example, if you need hip replacement, the orthopedic surgeon will recommend surgery. It is the health care provider's responsibility to get prior authorization for you.

- To confirm a hospital is part of the MHCP network, search the MHCP provider directory. Under Type, choose ‘Medical Specialties/Hospital.’ Under Sub Type, choose ‘Inpatient.’

Hospital Outpatient

Description

An outpatient hospital clinic provides nonemergency, diagnostic, preventive, curative and rehabilitative services on an appointment basis. Hospital outpatient services are treatments that are provided at a hospital but patients do not have to be admitted as inpatient to receive the services. It is common for these types of services to be available in clinics as well as hospitals.

What is covered

- Dialysis
- Chemotherapy and other drug infusions
- Transfusions
- Cardiac rehabilitation
- Outpatient surgical centers
- Emergency room services
- Urgent care (for conditions that do not require emergency care)
- Mental health partial hospitalization
- Post-stabilization care (recovery room)
- Tests and X-rays
- Observation services (up to 48 hours)

What is not covered

- Services lasting 24 hours or more (except if patient is in observation status)
- Detoxification from a substance, when not medically necessary, to treat a medical emergency
- For the convenience of the member, the member's family, or the health care provider

Additional information and authorization requirements

Some tests and X-rays may require prior authorization. It is the hospital or clinic's responsibility to request prior authorization before providing the service to you.

Outpatient observations are different than hospital outpatient services or inpatient services. Observation services are common when an emergency department or hospital wants to observe people in a safe, medically managed environment to gather more information about their health condition. Observation services are covered for up to 48 hours. Observation does not require a prior authorization, but it does require a physician's order that must be documented in the patient's medical record.

How to access this covered service

- Your primary care provider or other specialists will diagnose and refer you for hospital-based outpatient services.

- To confirm that the hospital is enrolled as an MHCP provider, call Health Care Consumer Support between 8:00 a.m. and 5:00 p.m., Monday through Friday. Health Care Consumer Support can also confirm if the specific services are covered. The phone numbers for Health Care Consumer Support are 651-297-3862 or 800-657-3672 (TDD/TTY: 711).
- After you find a hospital outpatient service provider, call them to schedule your appointment. Bring your MHCP member card with you to your appointments.

Housing Stabilization Services

Description

Housing stabilization services help people with disabilities and seniors find and keep housing. To qualify members must meet all of the following requirements:

- Be on Medical Assistance (MA)
- Be 18 years of age or older
- Have a documented disability or disabling condition that meets one of the following:
    - A person who is aged, blind or has a disability as described under Title II of the Social Security Act.
    - A person with an injury or illness that is expected to cause long-term incapacitation.
    - A person with a learning, developmental disability or mental illness.
    - A person with a substance use disorder and is enrolled in a treatment program or is on a waiting list for a treatment program.
- Must require assist with communication, mobility, decision-making, or managing challenging behaviors.
- Be experiencing housing instability, such as being homeless, at risk of homelessness, or at risk of institutionalization.

What is covered

MHCP may pay for the following:

- Housing consultation services to do a person-centered plan for people without a case manager or care coordinator.
- Housing transition services to help you plan for, find and move into housing.
    - Housing transition moving expenses up to $3,000 per year for people leaving a Medical Assistance funded institution or provider-controlled setting who are moving into their own home. Moving expenses include:
    - Applications, security deposits and the cost of getting documents that are required to get a lease for an apartment or home.
    - Essential household furnishings including furniture, window coverings, food preparation items and bed or bath linens.
    - Set-up fees or deposits for utilities including telephone, electricity, heating and water.
    - Services necessary for the individual's health and safety such as pest removal and one time cleaning before moving in.
    - Necessary home accessibility adaptations.
- Housing sustaining services to help you keep your housing.
- Transportation for Housing Stabilization Services when a provider is discussing housing-related needs with the member while driving. This time is billed as transition or sustaining units. Mileage is not reimbursed.

What is not covered

- MHCP will not pay for the following:
- Rent or mortgage payments
- Food
- Clothing
- Recreational items, including streaming devices, computers, televisions, cable television access, speakers
- Any items, expenses or supports that duplicate any other service or are owned or leased by a provider

Refer to the Moving Expenses Covered/Not Covered document for more examples of allowable moving expenses.

Additional information and authorization requirements

You must have an assessment done to see if you qualify for Housing Stabilization Services. If you have a targeted case manager or waiver case manager, you can ask for the person's help to see if you qualify for Housing Stabilization Services. You can also contact a Housing Stabilization Services provider to help you.

The Department of Human Services (DHS) will review the assessment to decide whether you qualify for Housing Stabilization Services. DHS will send you a letter about whether you qualify or not. If you qualify, the letter will say services are approved. If you do not qualify, the letter will say services are denied.

If you are approved for moving expenses, your Housing Stabilization Services provider must send us the receipt for each moving expense. Work with your Housing Stabilization Services provider on how to access this benefit.

How to find a Housing Stabilization Services provider

- A searchable list of our providers may be found at MinnesotaHelp.info. In the "What are you looking for?" box, type "Housing Stabilization" and then include the city or county where you will receive services.
- You can find also find the most current list of our providers in the MHCP Provider Directory by selecting "Home and Community Based Services (general)" for provider type and then selecting "Housing Stabilization Services" as the subtype.

Immunizations and Vaccinations

Description

Immunization is the process of helping people become immune from infection, typically through vaccines. Vaccines are a simple, safe and effective way of protecting people against harmful diseases before they are exposed. Vaccines help the body learn how to defend itself from disease without the dangers of a full-blown infection.

Children and adults should get recommended vaccines to keep them healthy and prevent long-term health problems caused by illness and infection. Vaccinations help individuals stay healthy and protect the broader community from infection and disease.

What is covered

MHCP covers the following vaccines and immunization services:

- All vaccines according to the CDC's recommendations for ages birth to 18.
- All vaccines according to the CDC's recommendations for adults 19 and up.
- The administration of vaccines including those administered by a pharmacist (COVID-19 and flu vaccines).
- Office visits associated with administering vaccinations when the appointment is not solely to administer vaccines.

What is not covered

Immunizations administered while treating an emergency medical condition.

Additional information and authorization requirements

Covered vaccinations do not require prior authorization from MHCP.

How to access this covered service

- Health care providers are required to track and update your medical records with your vaccination history.
- It is best to talk to your pediatrician or primary care provider about any needed vaccinations.
- If you do not have a primary care provider or pediatrician, many other health care providers can administer vaccines, including minute clinics and dentists.

Individualized Education Program (IEP)

Description

Children who have an individualized education program (IEP) at school may be eligible for certain health-related services associated with the IEP. These services include medical care, services and equipment to help children achieve educational goals. School districts may bill MHCP for these IEP-related medical services. To be eligible for these covered services, the student must meet both of the following:

- Have a current IEP
- Under the age of 22 or not have graduated from grade 12

What is covered

- Assistive technology devices:
  - Hearing amplification devices
  - Speech generating devices
  - Communication picture books and boards
  - Mechanical and electronic devices
  - Communication software applications
  - Carrying cases or mounting devices
- Mobility devices such as wheelchairs or walkers
- Positioning devices such as standing boards
- Interpretation services (spoken language and sign language)
- Personal care assistance to assist with activities of daily living including dressing, grooming, bathing, eating, transfers, mobility, positioning, toileting
- Nursing services
- Audiology
- Transportation services:
  - To and from school and other IEP services
  - To and from a medical appointment during the school day when the appointment is related to the medical condition identified in the student's IEP
- Rehab therapies provided in person or via telehealth:
  - Occupational therapy
  - Physical therapy
  - Speech therapy
  - Mental and behavior health

What is not covered

- Services that are not medically necessary, authorized or documented in the member's IEP.
- Services provided by a teacher, teacher's aide, bus drivers and monitors (these are not medical services and therefore not covered by MHCP, but they may be covered by the school or district).
- Services provided as before or after school programs (i.e. sports, clubs, class projects, music, child care).
- Services that are not face-to-face with the member.

Additional information and authorization requirements

No prior authorizations are needed for IEP health-related services. However, the IEP team at the school must approve and document the need for health-related services in the student's IEP.

How to access this covered service

- The member's school must complete an individual education plan (IEP). To find a school district that offers these services, search the MHCP provider directory. Under Type, choose 'Individual Education Plan/School Districts.' Under 'Sub-Type', choose 'Individual Education Plan/School Districts.'
- After the school completes the individual education plan, they will ask your permission to release your child's IEP records so they can bill MHCP for any health-related services. You have the right to remove this permission at any time and if you do, the school must continue to provide all health-related service described in the IEP.

Helpful resources

- Visit the Individualized Education Program (IEP) resources webpage and click on 'Brochures for Parents' which includes brochures in English, Hmong, Russian, Somali, Spanish and Vietnamese.
- Visit the Minnesota Department of Education's website for more information about parent and student rights related to IEPs.

Labs and Diagnostic Tests

Description

Diagnostic services are used to help detect, diagnose, treat and manage illness and disease. There is a wide range of diagnostic services that include labs, tests, screenings and scans.

What is covered

MHCP covers an extensive set of diagnostic services. MHCP has some basic requirements before covering diagnostic services:

- Your health care provider must determine a diagnostic service is medically necessary to detect, diagnose, treat or manage a health condition.
- Your health care provider must write an order for the diagnostic service. An order provides documentation in the medical record about why the diagnostic service is needed.
- To confirm if a specific diagnostic service is covered, you can call Health Care Consumer Support at 651-297-3862 or 800-657-3672 from 8:00 a.m. to 4:00 p.m., Monday through Friday. Have the name and procedure code of the diagnostic service when you call.

What is not covered

- Tests that are not medically necessary.
- Tests that are not ordered by a health care provider.

Additional information and authorization requirements

Some diagnostic services require prior authorization. It is your health care provider's responsibility to get a prior authorization before providing you with a service.

How to access this covered service

- Your doctor or health care provider will determine if a diagnostic service is medically necessary and will start the process by sending an order. If required by MHCP, your health care provider needs to obtain prior authorization before giving the service.

Medical Equipment (DME) and Supplies

Description

Durable medical equipment (DME) is an umbrella term to describe devices and supplies that serve a medical purpose. MHCP covers a wide range of DME when medically necessary to maintain bodily functions, support activities of daily life, or to prevent physical disability.

What is covered

MHCP covers the following items when certain criteria are met (list is not all inclusive):

- Airway clearance devices to treat sleep apnea (i.e., CPAP or BiPAP)
- Devices to assist communication (augmented communication device)
- Bath and toilet equipment
- Breast pumps and supplies
- Electrical stimulation and bone growth devices
- Diabetic equipment and supplies
- Gloves and wound care supplies
- Hospital beds
- Incontinence products
- Nutritional products, such as:
    - Pasteurized donor human milk and amino acid infant formula
    - Oral and parenteral nutrition products
    - Food thickeners, electrolyte-containing fluids
    - Nasogastric, gastrostomy, or jejunostomy tubes (feeding tubes)
    - Enteral supply kits and infusion pumps
- Oxygen and respiratory equipment
- Prosthetics and orthotics
- Seizure detection devices
- Standers and patient lifts
- Urological and bowel supplies
- Walkers, crutches, canes, wheelchairs

What is not covered

MHCP does not cover the following items (list is not all inclusive):

- Air conditioners
- Clothing
- Dehumidifiers and humidifiers
- Disposable wipes
- Environmental or home modifications
- Exercise equipment, toys
- Furniture
- Hygiene supplies, toothbrushes
- Isolation gowns, surgical gowns and masks
- Medical alert bracelets or response systems
- Medication box or dispensing equipment
- Reading glasses
- Personal computers, printers, food blenders, telephones
- Reachers and grabbers
- Saline or other solutions for contact lenses
- Standard car seats
- Washable or reusable incontinence undergarments
- Oscillating, lounge or water beds

Additional information and authorization requirements

Equipment and supplies are covered with a prescription (order) from a doctor, physician assistant, nurse practitioner or clinical nurse specialist. Some equipment and supplies also requires a prior authorization. It is your health care provider's responsibility to get a prior authorization on your behalf.

How to access this covered service

- Your health care provider must give a written order or prescription for DME. Ask your health care provider if they are going to send the order to the DME supplier or if you need to contact the supplier.
- To find a DME supplier in network, search the MHCP provider directory. Under Type, choose 'Medical Specialties/Durable Medical Equipment.' Under Sub Type, choose 'Durable Medical Equipment.'
- Once you have found a DME supplier, call to verify they have the equipment you need.

Mental and Behavioral Health

Description

Mental and behavioral health services provide treatment options for members to help manage psychological and behavioral health concerns. Services can be provided in the home, clinic or via telehealth.

What is covered

To view a comprehensive list of covered services, visit the Mental Health Services section:

- Crisis services
- Outpatient mental health services
- Rehabilitative mental health services
- Residential treatment
- Physician mental health services

What is not covered

This list is not all inclusive:

- Recreational services, including sports activities, exercise groups, craft hours, leisure time, social hours, meal or snack times, trips to community activities, etc.
- Telephone calls that do not follow all Telehealth Delivery of Mental Health Services requirements.
- Court-ordered services for legal purposes only.

How to access this covered service

- To find a mental health provider in network, search the MHCP provider directory. Under Type, choose 'Mental Health.' Under Sub Type, choose the specialty you are looking for.
- Once you have found a mental health provider, call to schedule an appointment. Be sure to bring your MHCP member card to your appointment.

Nonemergency Medical Transportation (NEMT) Services

Description

Non-emergency medical transportation (NEMT) benefits provide reimbursement for mileage and many travel-related expenses MHCP members have getting to and from medical appointments. When members do not have their own vehicle or are not able to drive, MA benefits may also cover other transportation services. Medical necessity determines the type of transportation services members receive.

What is covered

- Mileage reimbursement driving to and from your medical appointments for you or a friend or family member who drives you.
- Volunteer ride programs for members who do not have access to private transportation (availability varies by county).
- Reimbursement for fares incurred while using public transit when travelling to and from medical appointments.
- Taxi service for those who meet eligibility criteria.
- Medically assisted transportation services depending on specific medical needs including:
    - Assistance getting in and out of buildings
    - Lift assisted vehicles for wheelchairs and scooters
    - Protected transport for people who are at risk to themselves or others
    - Stretcher transport
- Other travel-related expenses getting to and from medical visits, including parking, meals and lodging.

What is not covered

- Transportation to and from non-medical services, or services MHCP doesn't cover (i.e. transportation to a cosmetic surgery appointment).
- Transportation to and from Day Training and Habilitation (DT&H) programs.
- Extra charges for personal care assistants (PCAs) accompanying members to appointments.
- Transportation to the emergency room, unless it is for a scheduled appointment, or the emergency room is the entrance of an urgent care clinic.
- Transportation to an additional stop to pick up a parent, guardian, PCA or additional passenger.
- Transportation to a destination that is different from the originally scheduled drop off.

Additional information and authorization requirements

NEMT services **always** require prior authorization or approval. For more information about this covered service, review the NEMT flyer (DHS-8573A) (PDF).

How to access this covered service

- The county where you live determines what type of NEMT service is most appropriate to meet your needs. Before using any NEMT service, you must contact the NEMT liaison for your tribe or the county where you live.
- If you need medically assisted transportation services, the county will also ask you to call Acentra Health at 844-681-8144. MCHP contracts with Acentra to determine the “level” of medical necessity for certain services. Acentra will complete a brief level of service assessment by asking you a few questions.

Both Acentra and your county NEMT coordinator can give you a list of approved transportation providers that meet the service you need.

Optical Services (Vision)

Description

MHCP members who need vision correction are eligible for basic optical services, including vision care, corrective lenses and contacts.

What is covered

Medical Assistance covers the following items:

- Vision screening – 1 per year (usually included in Child & Teen check-up)
- Eyeglass frames and lenses (glass, plastic, or polycarbonate) – 1 pair every 2 years
- Contact lenses - 30 sets per month for disposable contact lenses
- Comprehensive eye exams - 1 every 2 years (more frequently if vision is suspected to have changed)
- Deluxe eyeglass frames for adults with cognitive disabilities and seizure conditions
- One eyeglass fitting with every new pair of glasses
- Repairs to frames and lenses
- Tinted, ultraviolet (UV), polarized, or photochromatic lenses
- Vision therapy (but not to treat a learning disability)
- Lasik surgery – 1 per lifetime

What is not covered

Medical Assistance does not cover the following items:

- Backup eyeglasses
- Cosmetic services (tinted contacts or replacement of frames due to desire for change of style or color
- Edge and anti-reflective coating of lenses
- Fashion tints or polarized lenses unless medically necessary
- Protective coating for plastic lenses
- Reading glasses that do not require a prescription
- Saline or other solutions for contact lenses
- Vision therapy for learning disabilities

Additional information and authorization requirements

A prior authorization is required for Lasik surgery. Prior authorization is also required for contact lenses (unless the member has a diagnosis of aphakia, keratoconus, or aniseikonia). It is your eye doctor's responsibility to get prior authorizations before providing you a service.

MHCP partners with a company called Classic Optical to supply glasses to MHCP members. Your eye doctor will give you options from Classic Optical when you select eyeglass frames.

How to access this covered service

- To find an optical services provider (eye-doctor) in network, search the MHCP provider directory. Under Type, choose 'Medical Specialties/Optical Services.' Under Sub Type, choose 'Optical Services.'
- Once you have found an eye doctor, call to schedule an appointment. Be sure to bring your MHCP member card to your appointment.

Pharmacy Benefits

Description

MHCP pays for pharmacy benefits that include prescriptions and over-the-counter medications. Your health care provider and pharmacist are responsible for working with MHCP to ensure the medicines they prescribe fall within plan restrictions.

What is covered

MHCP covers many prescriptions and over-the-counter medications. Generally, covered prescription and pharmacy benefits include:

- Prescription drugs
- Medication therapy management (MTM) services
- Limited over-the-counter drugs and diabetic testing supplies (when prescribed by a qualified health care provider with authority to prescribe)

Most drugs and certain diabetic testing supplies are available up to 34-day supply. Certain drugs you take on a regular basis for a chronic or long-term condition are available up to a 90-day supply and are listed on the 90-Day Supply Prescription Drug List (mn.gov).

What is not covered

MHCP does not cover the following medications and services:

- Drugs prescribed for sexual or erectile dysfunction
- Drugs used to enhance fertility
- Drugs used for cosmetic purposes including drugs to treat hair loss
- Experimental drugs, investigational drugs or drugs not approved or authorized by the FDA
- Medical cannabis
- Drugs excluded from coverage by federal or state law
- Medications prescribed by clinicians who are not licensed to prescribe or the medication is not within their scope of practice

Additional information and authorization requirements

Some covered drugs may have additional requirements or limits on coverage which may include any of the following:

- **Prior authorization (PA):** MHCP requires your doctor or health care provider to get prior authorization for certain drugs. It is the prescriber or pharmacy's responsibility to seek a prior authorization for you. MHCP may not pay for the prescription if prior authorization is not granted.
- **Quantity limits:** For certain drugs, MHCP limits the amount of the drug that is covered. Most drugs and certain diabetic testing supplies are available up to 34-day supply. Drugs you take on a regular basis for a chronic or long-term condition are available up to a 90-day supply and are listed on the 90-Day Supply Prescription Drug List (mn.gov).

- **Preferred and non-preferred:** For some groups of drugs (drug classes), MHCP requires you to try the preferred drugs before MHCP may pay for the non-preferred drugs. If you need a non-preferred drug, your doctor or health care provider must submit a prior authorization.
- **Age requirements:** Sometimes there are age parameters for certain drugs. In these cases, a prior authorization is required when a person does not fall within the age range, but needs the drug.
- **Brand-name drugs:** MHCP covers brand-name version of the drug only when any of the following happen:
    - Your prescriber informs MHCP in writing that the brand name version of the drug is medically necessary.
    - MHCP prefers the dispensing of the brand-name version over the generic version of the drug.
    - Minnesota law requires the dispensing of the brand-name version of the drug.

You can find out if your drug requires prior authorization, has quantity limits, has preferred or non-preferred status, or has an age requirement by contacting the pharmacy help desk at 844-575-7887 or visiting our website.

If MHCP does not cover your drug, or has restrictions or limits on your drug, that you don't think will work for you, you can do one of these things:

- You can ask your health care provider if there is another covered drug that will work for you.
- You or your health care provider can ask MHCP to make an "exception" and cover the drug for you or remove the restrictions or limits. If your exception request is approved, the drug may be covered.

If pharmacy staff tells you the drug is not covered and asks you to pay, ask them to call your doctor or health care provider. MHCP cannot pay you back if you pay for it. There may be another drug that will work that is covered by MHCP. If the pharmacy won't call your doctor or health care provider, you can. You can also call the pharmacy help desk at 844-575-7887 for help.

Members with Medicare

Medicare pays for most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). **You must enroll in a Medicare prescription drug plan** to receive most of your prescription drug services. You will get your prescription drug services through your Medicare prescription drug plan – not through MHCP. You may have to pay a copay for prescriptions covered by your Medicare prescription drug plan. Some over-the-counter products, some prescription cough and cold products, and some vitamins that are not covered under the Medicare Prescription Drug Program (Medicare Part D) may be covered by MHCP.

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Members who have another insurance plan

If you have health care coverage through a private insurance plan and MHCP, your private insurance plan is your primary insurance and MHCP is secondary insurance. Because MHCP is your secondary insurance, you must **first** fully use the private insurance's benefits by following all the requirements of your private insurance, including but not limited to:

- Obtain prior authorization for products and services as required by the private insurance plan.
- Use the providers who are in the private insurance plan's network.
- Follow rules of the private insurance plan.

Pharmacy help desk for MHCP members: 844-575-7887

The pharmacy help desk for MHCP members answers questions specifically about pharmacy benefits. They are open seven days a week, 24 hours a day, 365 days a year. They are available to answer questions about the following topics:

- Medications that are preferred and covered by MHCP
- Assistance with claims questions
- Information about completing a prior authorization (PA) request

How to access this covered service

Most pharmacy benefits require a prescription from your health care provider. If you have questions or difficulties accessing your pharmacy benefit, here are some resources to help:

- Get coverage information about specific prescription medications by using the MHCP Drug Search tool. You can search drugs by specific name, NDC code or by drug type.
- Visit the MCHP Pharmacy Benefit website FAQ page.
- Contact the pharmacy help desk for MHCP members at **844-575-7887**.
- If MHCP does not cover a prescription drug or has restrictions or limits that you don't think will work for you, you can:
    - Ask your health care provider if there is another covered drug that will work for you.
    - Work with your health care provider to request an exception from MHCP.

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Physician Services

Description

Physicians may provide services in the MHCP member's home, nursing home, outpatient hospital, inpatient hospital or other facility. A health service must be medically necessary to be a covered service. Services listed as provided by a physician in this chapter may be provided by other health care professionals if the service is within the scope of their practice as defined in Minnesota Statutes.

What is covered

Doctor visits, including but not limited to the following:

- Care for pregnant women and delivery, including anesthesia when medically necessary
- Family planning (open-access service)
- Lab tests and X-rays (certain tests or scans may require authorization)
- Physical exams
- Preventative exams
- Telehealth consultation
- Vaccines, immunizations and drugs administered in a doctor's office
- Specialists
- Visits for illness or injury
- Visits in the hospital or nursing home
- Other health services, including but not limited to the following:
    - Acupuncture for chronic pain management provided by a licensed acupuncturist or within the scope of practice by a licensed provider with acupuncture training or credentialing
    - Allergy immunotherapy and allergy testing
    - Blood and blood products
- Cancer screenings, including the following:
    - Mammography
    - Pap test
    - Prostate cancer screening
    - Colorectal cancer screening
- Casting in a physician's office
- Circumcision (male) **only** when medically necessary with prior authorization
- Clinical trial coverage: routine care that meets the following:
    - Is provided as part of the protocol treatment of a cancer clinic trial
    - Is usual, customary and appropriate to your condition
    - Would be typically provided outside of a clinical trial. This care includes services and items needed for the treatment of effects and complications of the protocol treatment.
- Community certified emergency medical technician (CEMT) services
- Community health worker care coordination and patient education services
- Community paramedic services
- Counseling and testing for sexually transmitted diseases (STDs) and AIDS and other HIV-related conditions (open-access service)

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- Health education and counseling, including the following:
    - Diabetes education
    - Nutrition counseling
    - Services provided by an advanced practice nurse (nurse-practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist)
    - Smoking cessation
    - In-reach community-based service coordination (to reduce emergency room use)
- Podiatry services (Removal of toenails, infected corns and calluses, and other nonroutine foot care)
- Respiratory therapy
- Services provided by a certified public health nurse or a registered nurse practicing in a public health nursing clinic under a governmental unit.
- Surgical services (some surgeries require prior authorizations)
- Treatment for AIDS and other HIV-related conditions (**not** an open-access service)
- Treatment for STDs (open-access service)
- Tuberculosis care management and direct observation of drug intake

What is not covered

This list is not all encompassing:

- Services that are only for vocational or educational purposes that are not health related or any service that does not directly address your physical or mental health
- Surrogate pregnancies
- Routine physician office supplies that are sent home with you
- Investigative allergy testing
- Pancreatic islet cell allograft transplant
- Unattended home sleep tests are not covered for the diagnosis of obstructive sleep apnea (OSA) in members with significant comorbid medical conditions or comorbid sleep disorders that may degrade the accuracy of the test. This includes, but is not limited to, moderate to severe pulmonary disease, neuromuscular disease or congestive heart failure.
- Sleep testing is not covered as a general screening for members who are asymptomatic and is considered not medically necessary
- Unattended sleep studies are not covered when the member has a negative or inconclusive home sleep apnea test. If the member continues to have clinical symptoms of OSA, the member should have an attended in-laboratory polysomnography.
- Repeat home sleep testing is considered not medically necessary
- Several podiatry services including but not limited to:
    - Surgical assistant services (differing from assisting surgeons)
    - Local anesthetics that are billed as a separate procedure
    - Operating room facility charges
    - Routine foot care:
        - Foot hygiene (cleaning and soaking the feet to maintain a clean condition)
        - Cutting or removal of corns and calluses (except as noted previously)

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        - Trimming, cutting, clipping or debriding of nails (except as noted previously)
        - Use of skin creams to maintain skin toner
        - Any other service performed in the absence of localized illness, injury or symptoms involving the foot
    - Services not covered by Medicare, or services denied by Medicare:
        - Subluxation of the foot
        - Treatment of flat feet
        - Routine foot care
        - Stock orthopedic shoes, except when attached to a leg brace
- Routine supplies provided in the office. Refer to list of routine physician office supplies section.

Additional information and authorization requirements

Some services may require prior authorization.

How to access this covered service

- To find a health care provider in network, search the MHCP provider directory.
- Once you have found a health care provider, call to verify if they have the service you are looking for.

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Pregnancy (Obstetrics)

Description

Early and regular pregnancy care improves the chances of a healthy pregnancy and is also the best way to ensure a healthy birth. MHCP covers many health care services for pregnant members during pregnancy, labor, delivery and for one-year after delivery (post-partum).

What is covered

MHCP covers the following services when provided by an enrolled health care provider:

- Prenatal visits
- Telehealth visits
- Mental health visits
- One screening ultrasound (more if medically needed)
- Laboratory tests
- Extra visits and classes for "high-risk" pregnancies
- HIV counseling and testing
- Testing and treatment for sexually transmitted infections (STIs)
- Nutrition counseling
- Dental care
- Substance use treatment
- Postpartum visits
- Mental health, substance use and medical visits for one year after giving birth
- Pregnancy and birth education including those offered by community health workers, doulas and birth workers
- Group prenatal classes
- Lactation classes
- One-on-one lactation support
- Peer recovery specialists
- Breast pumps, replacement parts and bags for storing breast milk
- Prescriptions and medications
- Supplies and equipment to manage gestational diabetes
- Labor and delivery in a hospital setting
- Labor and delivery at free-standing birth centers (excludes high-risk pregnancies)
- Midwives and midwifery services

What is not covered

- Surrogate pregnancies

Additional information and authorization requirements

There is no authorization required for the pregnancy and obstetrics covered services.

How to access this covered service

- To find an OB-GYN provider in network, search the MHCP provider directory. Under Type, choose 'Physician Services.' Under Sub-Type, choose 'Obstetrics/Gynecology.'
- To find a certified nurse midwife, search the MHCP provider directory. Under Type, choose 'Nursing Services.' Under Sub-Type, choose 'Nurse Midwife.' This directory does not include traditional nurse midwives, so if you have a traditional nurse midwife in mind, confirm the person is part of

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the MHCP network by calling Health Care Consumer Support at 651-297-3862 or 800-657-3672, Monday through Friday, 8:00 a.m. to 4:00 p.m.

- To find a Doula, check the Minnesota directory of Registered Doulas. Not all registered doulas in Minnesota are part of the MHCP network so you should confirm by calling Health Care Consumer Support at 651-297-3862 or 800-657-3672, Monday through Friday, 8:00 a.m. to 4:00 p.m.

Other resources

National Maternal Mental Health Hotline: 833-853-6262

Rehabilitation Services (physical therapy, occupational therapy, speech therapy)

Description

Rehabilitation services are therapies to restore movement and function after injury or disease. There are three types of covered rehabilitation services:

- Physical therapy (PT): Treatment to help improve physical movement and mobility.
- Occupational therapy (OT): Treatment to help improve your ability to perform daily tasks.
- Speech language pathology (SLP): Treatment of communication, speech and swallowing disorders.

What is covered

- Evaluations to assess physical, occupational and speech disorders
- Treatment visits for physical, occupational and speech language therapies
- Rehabilitation services can be provided in outpatient settings like clinics, and inpatient settings like hospitals and skilled nursing facilities
- Physical therapy, Occupational therapy, and speech language pathology conducted via telehealth

What is not covered

- Rehabilitation services that are not medically necessary
- Rehabilitation services provided by a therapy aide

Additional information and authorization requirements

Authorization is not required for rehabilitation services. However, a written order from a physician, physician assistant or advance practice nurse is required. The purpose of the order is to provide documentation in your medical record that the services are medically necessary.

How to access this covered service

- You must first get a written order from a physician, physician assistant, advance practice nurse or podiatrist. Ask the health care provider writing the order if the health care provider is sending the order to the rehabilitation service provider for you, or if you need to schedule the visit for yourself.
- To find a provider in network, search the MHCP provider directory. Under Type, choose 'Physical Therapy' or 'Occupational Therapy' or 'Speech Therapy.'
- Once you have found a therapist who is part of the MHCP network, call the office to schedule an appointment. Bring your MHCP member card with you to the appointment.

Substance Use Disorder (SUD)

Description

Substance use disorder (SUD) is a disease that causes uncontrolled use of a substance despite harmful or negative consequences. People with substance use disorder have an intense focus, sometimes called an addiction, on using a certain substance such as alcohol, prescription and illicit drugs, marijuana and tobacco. Substance use can impair a person's ability to function in day-to-day life. Repeated substance use causes changes in how the brain functions and these changes can last long after the immediate intoxication wears off.

What is covered

MHCP generally covers the following services when provided by an eligible health care provider:

- Substance use assessments, known as "comprehensive assessments."
- Substance use disorder treatment, including residential, outpatient and hospital-based treatment programs.
- Individual services and group services, provided by a program or private practice.
- Room and board when associated with residential treatment.
- Withdrawal management services.
- Recovery and peer support provided by MHCP approved health care providers.
- Medications for opioid use disorder (MOUD), such as methadone, buprenorphine and naltrexone.
- Emergency medical services related to an overdose.
- Tobacco and nicotine cessation support.

What is not covered

MHCP does not cover the following services:

- Room-and-board only without corresponding substance use disorder treatment.
- Detoxification services. MHCP only covers withdrawal management services, not detoxification. More information on the difference can be found on the DHS licensing website.

How to get help for a substance use disorder

There are no "wrong doors" for people seeking services for a substance use disorder. You can consider any of the following options when you are ready to seek SUD services. However, not all treatment programs are part of the MHCP provider network, **so it is very important to check the MHCP Provider Directory before choosing a program.**

Emergency care

Emergency rooms are an important resource if you have a medical emergency related to overdose, poisoning or withdrawal from a substance. Most emergency rooms can refer you to community resources for treatment of a substance use disorder. Some may also have care navigators who can help connect you to other treatment resources.

Withdrawal management

Many people need support to safely stop using substances *before* beginning treatment. Withdrawal management clinics help people safely stop using drugs or alcohol. They have doctors and nurses who can give you medicine and care to keep you safe while addictive substances leave your body. Withdrawal management clinics also provide other SUD treatment services such as comprehensive assessment, counseling, peer support and referrals to other services.

Withdrawal management may be provided by licensed withdrawal management programs. To find a health care provider who can provide withdrawal management, go to the MHCP Provider Directory. In the drop-down menus, select Type as "Chemical Dependency Treatment Services" and Sub-type as "Treatment" and any other desired fields. After selecting "Search," choose the check-box options for the following filters:

- CLINIC MANAGED WITHDRAWAL MGMT
- MED MONITORED WITHDRAWAL MGMT

Substance use "comprehensive assessment"

If you want to get treatment for a substance use disorder, but do not need help with withdrawal, you can get a comprehensive assessment. A comprehensive assessment is a conversation with a trained assessor who specializes in substance use disorders. The assessor might ask questions about the following:

- Your substance use history
- Medical issues related to substance use
- Mental health concerns
- Behaviors associated with substance use
- Supports in your environment
- Your perspective and needs, as well as your desire to change substance use

The goal is for you and the assessor to use the information from the assessment to determine an appropriate level of care. The assessor may also provide recommendations for other resources and include how to access those resources. You have the right to express that the assessor's recommendation may not work for you. The assessor is required to provide resources for the recommended level of care and the desired services that work for you and your life. If you already know of a treatment program you are interested in attending, you may be able to reach out and begin treatment before the completion of a comprehensive assessment.

Assessments may be done by licensed SUD treatment programs, hospitals, tribal licensed SUD programs, a licensed professional in private practice, or a county. To find a health care provider who can provide a comprehensive assessment, go to the MHCP Provider Directory. In the drop-down menu under 'Type,' select "Chemical Dependency Treatment Services." Under 'Sub-type.' select "Treatment." After selecting Search, choose the check-box options for "Model of Care, Assessments."

Substance use treatment

Treatment for substance use disorders generally consists of counseling, education and support services provided by licensed professionals. There are several different types of substance use treatment, known as

"levels of care" and many options within each level. If you don't know what type of treatment to get or where to go, a comprehensive assessment can help inform what option is a good fit for you. Length of time in a treatment program depends on your individual needs and progress towards your treatment goals. You may move from one level of care to another as your needs change. Covered levels of care for MCHP members include the following:

- **Outpatient treatment –** Outpatient SUD treatment consists of regularly scheduled group sessions or individual appointments provided in a clinic or office setting. Outpatient treatment may also be provided by telehealth if appropriate. This type of treatment is appropriate for people with less acute substance use challenges and usually gives people the opportunity to work, parent and reside at home while receiving SUD services. There are three outpatient SUD levels of care:
    - Outpatient: This level is scheduled up to 9 hours a week for adults, and 5 hours a week for adolescents.
    - Intensive outpatient program (IOP): This level is scheduled for 9 to 20 hours per week for adults, and 6 or more hours for adolescents. These programs may include medical care.
    - Partial hospitalization: This level is scheduled for at least 20 hours a week for adults and provides structure and significant oversight for people who do not require 24-hour care. These programs typically include medical care.
- **Residential treatment –** Residential SUD treatment consists of 24-hour a day structure and support provided in a group living setting. It includes group and individual sessions, tasks of daily living, socialization, and room and board. This type of treatment is appropriate for people with more acute substance use challenges. There are two residential SUD levels of care for adults:
    - Low-intensity residential treatment: This level provides at least five hours of group or individual (or both) treatment services a week. The less intense schedule offers individuals an opportunity to develop and practice their interpersonal and group living skills, strengthen recovery skills, find or return to work, enroll in school, and generally reenter their community. This level of care is often used for individuals seeking reintegration into the community after high-intensity residential treatment.
    - High-intensity residential treatment: This level provides treatment that is highly structured and comprehensive and includes daily group or individual (or both) treatment services. The goals of high-intensity residential care are to treat complex issues, stabilize high acuity needs, begin the recovery process, and then transition to a lower level of care.

SUD treatment may be provided by licensed SUD treatment programs, hospitals, tribal licensed SUD programs, or a licensed professional in private practice. To find a health care provider who can provide SUD treatment, go to the MHCP Provider Directory. In the drop-down menus, select Type as "Chemical Dependency Treatment Services" and Sub-type as "Treatment" and any other desired fields. After selecting "Search," choose the check-box options for one or more of the following filters:

- CD NON-RESIDENTIAL TREATMENT
- CD RESIDENTIAL TREATMENT-HIGH
- CD RESIDENTIAL TREATMENT-LOW

Opioid treatment programs (OTPs)

Opioid treatment programs are designed specifically to provide medications for opioid use disorder (MOUD), specifically methadone and buprenorphine, and usually include other services such as counseling and peer support. OTPs are very structured and require varying levels of in-person attendance based on several factors. People who use OTPs typically reside at home and work and participate in their typical activities of daily life. The state of Minnesota provides transportation for people who are not able to get to and from OTPs.

Medication-assisted opioid treatment may be provided by licensed SUD treatment programs approved as an OTP. To find an OTP, go to the MHCP Provider Directory. In the drop-down menus, select Type as "Chemical Dependency Treatment Services" and Sub-type as "Treatment" and any other desired fields. After selecting "Search," choose the check-box option for CD MEDICATION ASST THER-METH (note: in this case, METH is short for methadone).

Recovery peer support

A recovery peer is someone who has the lived experience of recovering from a substance use disorder. Peers provide support to other people experiencing similar challenges through non-clinical, strengths-based support. Recovery peer and support services may be part of SUD treatment services or separate. This service can be helpful if you do not feel ready to start a formal treatment program when you have completed an assessment and are waiting to begin treatment, or when you have completed a treatment program and want continued support. Recovery peer services may be provided by Recovery Community Organizations (RCOs), licensed SUD treatment programs, or a county. To find a health care provider who can provide peer services, go to the MHCP Provider Directory. In the drop-down menu under 'Type,' select "Chemical Dependency Treatment Services." Under 'Sub-type,' select "Treatment." After selecting Search, choose the check-box option for "Model of Care, Peer Services."

Additional resources

SUD service providers offer a wide variety of types of services and specialties, including gender-specific and culturally-specific programming, mental health assistance, and medical services. Make sure to find out about a program's services to see if it is a good fit for you. Resources for information on SUD service providers include the following:

- DHS Licensing Information Look-up: Database of all treatment programs licensed by the state of Minnesota. Select the type of services you need under 'License type.'
- FastTracker: Website to help find substance use disorder services near you. FastTracker includes tribal providers and treatment options outside of Minnesota.
- Findtreatment.gov: National locator tool that includes tribally licensed programs, DHS licensed program, and substance use disorder professionals in private practice.
- Minnesota Alliance for Recovery Community Organizations: Website with information on Recovery Community Organizations in Minnesota.
- SAMHSA Opioid Treatment Program Directory: Website with a list of opioid treatment programs by state.

If you do not have transportation to or from your treatment program, MHCP offers transportation assistance. Refer to this flyer or page 49 in this handbook for more information.

Surgery

Description

Surgery is the treatment of injuries and other conditions by physically removing or repairing bones, organs and tissue. Surgery often involves cutting into the body. MHCP covers a wide range of medically necessary surgical procedures and related services.

What is covered

- Medically necessary surgeries
- Anesthesia, prescription drugs and other medications needed for the surgical procedure
- Pre-operative and post-operative visits and care
- Inpatient hospital stay that includes semi-private room and meals
- Outpatient surgical services (at a surgery center)
- Tests, X-rays and medical supplies needed for the surgical procedure
- Therapy services associated with the surgery (i.e. physical or respiratory therapies)
- Gender reassignment surgery
- Bariatric (weight loss surgery) services
    - Bariatric services are a covered service with authorization, doctor's orders and a mental health evaluation.
    - You may need to meet other specific conditions. Talk to your doctor about whether you meet the required conditions for this service.
- Circumcision when medically necessary (prior authorization required)
- Medically necessary reconstructive surgery after an injury, illness, disease or birth defects

What is not covered

- Surgery for cosmetic services
- Surgery that is not medically necessary (i.e. an elective hysterectomy)

Additional information and authorization requirements

Most surgeries require prior authorization. It is the surgeon's or clinic's responsibility to request prior authorization for you before your surgery.

How to access this covered service

- You must first obtain an order from a physician, physician assistant, advance practice nurse or podiatrist. The purpose of the order is to provide documentation in your medical record that the services are medically necessary.
- To find a surgeon, search the MHCP provider directory. Under Type, choose 'Medical Specialties/Surgery.

Transplants

Description

Organ transplant is when a healthy organ is removed from one person and transplanted to another person whose organ has failed or is injured. Organ transplant is often a life-saving measure that involves major surgery.

What is covered

MHCP covers the following organ and tissue transplants when they are done at a Medicare-certified transplant facility:

- Kidney
- Liver
- Lung
- Heart (excludes artificial hearts)
- Pancreas
- Cornea
- Intestine
- Stem cell
- Heart and lung
- Intestine and liver
- Pancreas and kidney
- These benefits are for the member and the live donor:
    - Pre-operative and post-operative visits necessary for transplant
    - Follow-up care related to transplant
    - Inpatient hospital services as described on page 36
    - Surgery services as described on page 67

Additional information and authorization requirements

Organ and tissue transplants require prior authorization. It is the physician's responsibility to get prior authorization before providing transplant care. MHCP members who require a transplant will most likely have a care coordinator at the clinic or hospital who can help them navigate the entire transplant process. If members have questions about transplant services, they should contact Health Care Consumer Support at 800-657-3672.

Waiver Programs

Description

MHCP covers waiver and alternative care programs for people with disabilities and older adults. For eligible people, these service options are available in addition to services covered by MHCP.

What is covered

The following programs are available to people who meet eligibility criteria:

- Alternative Care (AC): For older adults who require the level of care provided in a nursing facility and who are not yet eligible for MA.
- Brain Injury (BI) Waiver: For people with a traumatic, acquired, or degenerative BI who require the level of care provided in a nursing facility that provides specialized services for people with BI, or who require the level of care provided in a neurobehavioral hospital.
- Community Access for Disability Inclusion (CADI) Waiver: For people with disabilities who require the level of care provided in a nursing facility.
- Community Alternative Care (CAC) Waiver: For people who are chronically ill or medically fragile and require the level of care provided in a hospital.
- Developmental Disabilities (DD) Waiver: For people with developmental disabilities or related conditions who require the level of care provided in an intermediate care facility for persons with developmental disabilities (ICF/DD).
- Elderly Waiver (EW): For older adults who require the level of care provided in a nursing facility.

How to access this covered service

- To learn more about waiver services, call Health Care Consumer Support at 800-657-3672 or visit the waiver and alternative care webpage.

Member Rights and Responsibilities

Civil Rights

Discrimination is against the law. You have a right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human service agency. DHS must follow state and federal laws that protect your civil rights. Civil rights laws protect your access to medically necessary covered benefits. For example, if you have hearing loss, or if you don't speak English, DHS and your health care providers must make sure you have an interpreter at no cost to you. DHS does not discriminate on the basis of any of the following: race, color, national origin, creed, religion, disability, sex (including sexual orientation or gender identity) or public assistance status.

You have the right to file a complaint with DHS if you believe you have been discriminated against because of your:

- Race
- Color
- National origin
- Religion (in some cases)
- Age
- Disability (physical or mental)
- Public assistance status
- Sex (including sexual orientation and gender identity)

How to file a civil rights concern with DHS

You must mail your complaint to DHS within one year (12 months) from the day that incident took place. Your complaint must include:

- your name
- your address
- a description of what occurred

Mail written complains to:

Civil Rights Coordinator
Minnesota Dept. of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997

If you have questions about how to file a complaint with DHS, you can call the DHS Civil Rights coordinator at 651-431-3040.

Civil rights resources for all Minnesotans

The Minnesota Department of Human Rights addresses civil rights complaints for *all* Minnesotans, not just those who receive health care from DHS. For example, if you experienced a civil rights violation of employment, housing, public accommodations, public services, education, credit, and business, based on protected class, you can contact the Minnesota Department of Human Rights using the following information.

Minnesota Dept. of Human Rights
M540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
Voice: 651-539-1100
Toll free: 800-657-3704
MN Relay: 711 or 800-627-3529
Fax: 651-296-9042
Email: Info.MDHR@state.mn.us
https://mn.gov/mdhr/intake/consultationinquiryform/

U.S. Department of Health and Human Services' Office for Civil Rights

To file a complaint with Office for Civil Rights (OCR), you can fill out a form online at U.S. Department of Health & Human Services - Office for Civil Rights.

If you prefer, you can print and complete paper forms and mail them to:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

You may submit a written complaint in your own format and mail it to this address or email it to: OCRComplaint@hhs.gov. Be sure to include:

- Your name
- Full address
- Telephone numbers (include area code)
- Email address (if available)
- Name, full address and telephone number of the person, agency or organization you believe discriminated against you
- A brief description of what happened, including how, why, and when you believe your (or someone else's) civil rights were violated
- Any other relevant information
- Your signature and date of complaint
- The name of the person on whose behalf you are filing if you are filing a complaint for someone else

You may also include:

- Any special accommodations for us to communicate with you about this complaint
- Contact information for someone who can help us reach you if we cannot reach you directly
- If you have filed your complaint somewhere else and where you've filed

Complaints and grievances

A grievance is when a member has a complaint or concern about health care services the person received. Grievances can be related to any of the following situations:

- Quality of care or services provided
- Failure to protect your rights
- Being treated with rudeness or disrespect
- Delay in appropriate treatment or care

Members who are covered by MinnesotaCare or Medical Assistance should call Health Care Consumer Support to report a grievance. Depending on the nature of the complaint, you may be redirected to another department, but Health Care Consumer Support should be your first call at 651-297-3862 or 800-657-3672. Hours are 8:00 a.m. – 4:00 p.m., Monday through Friday.

Privacy rights

Your health care privacy rights are protected under federal law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) sets rules for health care providers and health insurance companies about who can see, access or receive your health information. The law also gives you rights over your health information, including the right to get a copy of your information, make sure it is correct, and know who has seen it. The U. S. Department of Health and Human Services has complete information and additional resources about HIPAA on their website.

Information about your Medical Assistance or MinnesotaCare health coverage is also protected under the state law, Minnesota Data Practices Act. For information about what and how DHS can use your private health care data, you can review DHS' Notice of Privacy Practices and Notice of Rights and Responsibilities.

Appeals and hearings

If you believe MHCP has unjustly or unlawfully reduced or denied your access to covered services, you have a right to appeal the decision. An appeal simply means that you have the right to ask MHCP to review their decision. The appeal process ensures MHCP members can:

- Get a clear explanation from MHCP about why a service is not covered or why it may have been reduced.

- Show why MHCP's decision to reduce or deny a particular covered service is wrong.
- Get help completing appeals, including assistance with gathering your medical records or a statement from your treating health care provider.
- Get an independent review of the dispute by a state official who must demonstrate DHS was legally correct to reduce or deny a health care service.

You can appeal denials, reductions and denials of prior authorization requests.

Denials

A denial happens when MHCP decides it will not pay for a service, medication, device or piece of equipment. Usually, denials happen because the treatment does not meet criteria for medical necessity (see page 15 for more information about medical necessity).

Example of a denial

Michael has difficulty hearing. His audiologists suggest hearing aids and Michael would like to get the same brand his spouse has. MHCP approves hearing aids, but the model must be listed on the MHCP Hearing Aid Contract. The model Michael wants is not listed on the MHCP hearing aid contract, but Michael requests these anyway. Michael's provider submits a claim with MHCP, however since the aids are not on the approved contract Michael receives a denial.

Reductions

A reduction in benefits is when a member receives a covered service, but MHCP decides the frequency or duration of the service should be decreased or reduced.

Example of a reduction

Tonya fell on the ice last winter and injured her back. Since her fall, MHCP has been paying for Tonya to get physical therapy for her back three times per week. Recently, MHCP reviewed Tonya's medical records and determined that it was not likely that three physical therapy sessions per week will produce different or improved benefits, compared to once physical therapy session per week. MHCP mailed Tonya a letter stating they will only pay for one physical therapy appointment per week.

Denial of prior authorization (PA)

Denials are also closely linked to prior authorization (PA) requests. A PA is when MHCP approves a service or treatment *before* it happens. For example, many surgeries require a PA from MHCP. For more information about PAs, see page 14. Sometimes, MHCP denies prior authorization requests because a treatment does not meet the criteria for medical necessity (defined on page 16). Sometimes, MHCP denies PAs because the provider did not give MHCP the necessary information. You have the legal right to appeal when MHCP denies a PA. DHS will notify you in writing when they deny a PA and the notice will also include information about how to appeal the decision.

Example of PA denial

A few months ago, Carlos injured his back from a fall. He has been managing the pain on his own and recently hasn't been able to participate in his hobbies such as biking and fishing. He met with an orthopedic surgeon who suggested he needed a spinal fusion. His surgeon sent in paperwork to get a prior authorization for the spinal fusion approved, however, after MHCP reviewed the medical documentation Carlos does not meet the criteria for a spinal fusion as he hasn't tried less costly alternatives, such as physical therapy. Carlos can appeal the decision that he does did not meet criteria for medical necessity.

How to file an appeal

The table on the next page has more details and helpful resources about appeals. If you need to file an appeal, there are three important steps:

1. **Request a fair hearing.** To begin the appeal process, you need to send MHCP a written request for a 'fair hearing.' A fair hearing is basically a telephone conversation with an MHCP official who will seek more information about your appeal. See the table in the next section for information about where to send your request. **You must request the hearing within 30-days** after receiving written notice of the decision to deny or reduce a covered service.

2. **Attend your hearing.** After the Appeals Division gets your request, they will set a date for a hearing. You will be given the exact date and time of the hearing. Most hearings take place over the phone or video conference. You can request an in-person hearing if you prefer. You also have the option to reschedule, if needed.

3. **Watch the mail.** After your hearing, a human services judge writes a 'recommendation order.' The recommendation order includes the human services judge's decision, findings of fact, relevant law, and analysis and conclusions. The commissioner of DHS then reviews the order. When the commissioner approves the fair hearing decision, you will be notified by U.S. mail. The general timeline between the date of the request and the date of the notice is 90 days.

If you disagree with commissioner's decision on your appeal

If you do not agree with the commissioner's decision about your appeal, you have two options.

1. **Reconsideration:** You can ask the DHS Appeals Office to review or reconsider their decision. This is called reconsideration. A reconsideration request must include the following:

    - Submit in writing. Note, there is no form so you will need to write your own letter asking for reconsideration.
    - Send to the director of appeals.

- Send to all the agencies listed in the order.
- Send within 30 days of the date on the decision or order.

Your reconsideration letter should include the reasons why you think your case should be looked at again. If you have legal arguments, put them in the letter. If you have new evidence, say why it wasn't presented at the hearing and attach it to your letter.

The DHS decision papers have all the information you need to submit your request. The decision paper also lists each agency that needs a copy of your letter.

2. **Appeal in district court:** This option is complex and generally requires legal expertise. Members who pursue this option are encouraged to seek legal advice. If you do not have an attorney, you can reach out to legal aid resources in your county to get assistance with a district court appeal.

   If you want to appeal in district court, you do not have to do a reconsideration first. However, you cannot do a reconsideration and a district court appeal at the same time. DO NOT file an appeal in district court if your reconsideration process is pending (or vice versa).

There is help available to people who need help with this process. If you would like assistance with filing an appeal to state district court, you can contact a Legal Services Office or refer to LawHelpMN.org and the publication, Public Benefits Appeals to District Court.

Keep your covered benefits while your appeal is pending

To keep your MHCP-covered benefits while your appeal is pending, you must do one of the following:

- **Within 10 days of the date of the denial or termination notice:** State clearly in your written appeal, "I want to keep my MHCP-covered benefits while my appeal is pending."
- **Prior to the termination date or reduction of covered services:** State clearly in your written appeal, "I want to keep my MHCP-covered benefits while my appeal is pending."

If you lose your appeal, you could be required to pay back the value of the covered benefits you received while your appeal was pending.

Important Information about Appeals

	**You can begin an appeal by phone.** DHS Appeals phone number: 651-431-3600 or 800-657-3510
	**You can file an appeal in writing.** **Deliver in person:** 444 Lafayette Road N. St. Paul, MN 55155-3801 **By Mail**: Minnesota Department of Human Services Appeals Division PO Box 64941 St. Paul, MN 55164-0941
	**You can file an appeal by fax.** DHS Appeals fax number: 651- 437-7523
	**Deadline for filing an appeal.** • You must file an appeal in writing within **30 days** after receiving written notice of DHS' decision to deny or reduce a MHCP-covered benefit. • If you meet one of the "*good cause*" exceptions listed in Minn. Stat. 256.0451, subdivision 13, you may file an appeal in writing within **90 days** after receiving written notice of DHS' decision to deny or reduce a MHCP-covered benefit.
	**Information to include in an appeal.** • Your name, address, phone number and date of birth. • Your Minnesota Health Care Programs ID number. • Explain why you disagree with DHS' decision. • Copies of any medical records, letters from doctors, or other items you think shows that DHS was wrong. ***Make sure to keep the original for yourself***. You can submit this documentation online (DHS-8272) (PDF).
	**Get help filing an appeal.** • Ask your county or tribal human services agency (DHS-5207) (PDF) for assistance. • You may qualify for free legal advice or representation from Legal Aid. Call 877-696-6529 or visit https://www.lawhelpmn.org/.
	**Other appeal resources.** • Visit the DHS Appeals website. • Watch a video about the appeals process (available in English, Hmong, Somali and Spanish). • Find answers to common questions about appeals.

Member rights

MHCP members have the right to the following:

- Be treated with respect, dignity and consideration for privacy.
- Get the services you need 24 hours a day, seven days a week. This includes emergencies.
- Get accurate and timely information about your health.
- Get information about treatments, your treatment choices, and how treatments will help or harm you.
- Participate with health care providers in making decisions about your health care.
- Refuse treatment and get information about what might happen if you refuse treatment.
- Refuse care from specific health care providers.
- Have health care providers keep your records private according to law.
- Ask for and receive copies of your medical records. You also have the right to ask to correct the records.
- Get notice of our decision if MHCP denies, reduces or stops a service, or denies a payment for a service.
- File an appeal.
- Get a clear explanation of covered nursing home and home care services.
- Give written instructions that tell others your wishes about your health care. These instructions are called a "health care directive." A health care directive allows you to name a person to decide for you if you are not able to decide or if you want someone else to decide for you.
- Choose where you will get family planning services.
- Get a second opinion for medical, mental health and chemical dependency services.
- Be free of restraints or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Exercise the rights listed here.

Member responsibilities

MHCP members are expected to do the following:

- Review this handbook to understand what services are and are not covered.
- Show your MHCP member ID card each time you get health care services.
- Only use health care providers who are enrolled with MHCP. If you choose to get services from a health care provider who is not enrolled with MHCP, you will be responsible for the cost of the services.
- Be an advocate for your health.
    - Establish care with a primary care doctor before you get sick. This helps you and your primary care doctor understand your total health condition.

    - Share information with your doctor, including your health history.
    - Follow your doctor's instructions. Ask your doctor if you are unsure about the instructions.
    - Work with your doctor to understand your total health condition.
    - Practice preventive health care. Have the tests, exams and shots that are recommended for you based on your age and gender.
- If you have other health care coverage such as Medicare, VA or private insurance, you must do the following:
    - Notify your county worker if you have other health or dental insurance.
    - Show cards for any other health coverage you have when you are at medical appointments.
    - Tell your health care provider about other insurance, so they know to bill the other insurance before MHCP.
- Report suspected fraud or abuse if you think a health care provider or another member is misusing MHCP benefits, MHCP payments or the system in general.
    - Visit our How to report fraud webpage. Call the Office of Inspector General at 651-431-2650 or 800-657-3750.

Submit a Minnesota Fraud Hotline Form. You do not have to share your name or contact information when reporting.

Helpful Resources for Your Health and Wellbeing

The following is a list of health-related resources organized by topic. Many of these programs are managed by other state agencies or departments, not MHCP. MHCP members may or may not be eligible for these services. If you think you need these resources, MHCP encourages you to call and learn more.

More information about MA and MinnesotaCare

MA:

- View a flyer (DHS-8573) (PDF)about MA.
- Visit the MA website.
- For questions, call your county or tribal agency.

MinnesotaCare:

- View a flyer (DHS-8573C) (PDF) about MinnesotaCare.
- Visit the MinnesotaCare Coverage website.
- For questions, call Health Care Consumer Support at 651-297-3862 or 800-657-3672.
- To pay premiums:
  - MinnesotaCare premium payment options
  - Online at https://payments.dhs.state.mn.us
  - By phone at 800-657-3672
  - By mail at MinnesotaCare, PO Box 64834, St. Paul, MN 55164-0834
- In person at DHS Elmer L. Anderson building, 540 Cedar Street, St. Paul, MN

Addiction and Substance Use

National Helpline
A free, confidential, 24/7, 365-day-a-year treatment referral and information service for individuals and families facing mental or substance use disorders.
Call: 800-662-HELP (4357)
Text: 435748 (HELP4U) to find help near you
Visit the online treatment locator

FastTracker
A website to help find substance use disorder providers and treatment options in Minnesota.
Text: "MN" to 741741 if in crisis.

Findtreatment.gov
A national locator tool that includes tribally licensed programs, DHS licensed programs, and substance use disorder professionals in private practice.

AIDS/HIV

DHS Program HH

Program HH provides access to crucial medications and care services for people with HIV in Minnesota.
Call: 651-431-2414 or 651-431-2398

Minnesota AIDS Line

Statewide information and referral system for people living with AIDS/HIV.
Call: 612-373-2437
Email: aidsline@aliveness.org

Children and Youth

Child & Teen Check-ups

A program to ensure Minnesotan children receive preventative health care. This resource is here to answer questions you have about Child and Teen Check Ups.
Call: 651-201-3650
Email: health.childteencheckups@state.mn.us

Children's Mental Health

The Minnesota Behavioral Health line can connect you to places to help with your child's mental health.
Call: 651-431-2321
Text: 988 for crisis
Visit: Crisis Response Directory

Women, Infants and Children (WIC)

A food, nutrition and breastfeeding program that helps eligible pregnant women, new mothers, babies and young children.
Call: 800-657-3942 or 651-201-4444
Find your WIC Clinic: https://www.health.state.mn.us/forms/cfh/wicdirectory

Infants and toddlers with disabilities

DHS Disability Services Division has resources for children with disabilities.
Call: 651-431-2400, 8:30 a.m. through 4:00 p.m., Monday through Friday

Disability Services

DHS Disability Services Division

Programs that support people with a variety of disabilities, including developmental disabilities, chronic medical conditions, acquired or traumatic brain injuries and physical disabilities.
Call: 651-431-4300 or 866-267-7655

Disability Hub™
A free, statewide resource that helps people with disabilities solve problems and navigate the system.
Call: 866-333-2466
Email: Disability Hub MN - Contact us
Live chat available online

DHS Deaf, Blind and Hard of Hearing Services
Comprehensive services for persons who are deaf, blind or hard of hearing.
Call: 800-657-3663
TTY and video conference: 651-964-1514

DHS Continuing Care for Persons with Disabilities
Provides long-term support programs that help people with disabilities as they live in the community.
Call: 651-431-2400
Email: dsd.responsecenter@state.mn.us

Community Support Services
Offers adult mental health support services to those living with a serious mental illness.
Call: 651-431-5188

Special Needs BasicCare (SNBC)
Program for people with disabilities who are 18-64 years old and have Medicaid.
Call: 651-431-2516
Review brochure

Infants and toddlers with disabilities
DHS Disability Services Division has resources for children with disabilities.
Call: 651-431-2400
Review brochure

Housing Support
Provides funds for room and board for seniors and adults with disabilities who have low incomes.
Call: 651-431-3941
Contact: your county of residence

MN Access to Communication Technology
Provides a variety of adaptive phone devices to people who have difficulty using the phone, including people who are deaf, deafblind, hard of hearing or who have a physical or speech disability.
Call: 651-431-5945 or 800-657-3663 (toll free)

Food, Housing and Other Basic Needs

211

Provides free and confidential health and human services information for people in Minnesota. Available 24 hours a day, 7 days a week.
Call: 211
Text: your zip code to 898-211

DHS Economic Assistance

Offers a variety of economic assistance programs to help individuals and families with low income to achieve financial stability.
Call DHS: 651-431-4000 DHS
Call: your county of residence

EBT/SNAP: Supplemental Nutrition Assistance Program

A federal program that helps Minnesotan's buy food.
Call: 651-431-4050 or 888-711-1151.

Minnesota Food HelpLine

Provides information about food shelfs and additional programs for Minnesotans needing food support.
Call: 888-711-1151

Non-Emergency Medical Transportation (NEMT)

Provides Medical Assistance members with the safe, cost-effective transportation to and from medical visits.
Call: Your county of residence to get services

Housing Benefits 101 (H101)

Helps people who need affordable housing and supports to maintain that housing. Also, can help people understand the range of housing options and support services available.
Call: 651-297-1216

Minnesota Supplemental Aid (MSA)

Provides cash assistance to adults who get Supplemental Security Income (SSI) pay for their basic needs. Some people who are blind, have a disability or are older than 65 who do not get SSI because their other income is too high may also be eligible for MSA.
Call: 651-431-4049 or 651-431-5644

Telephone Assistance Plan (TAP)

Offers monthly discounts on landline telephone, cell phone and broadband internet service.
Call: 651-296-0406 or 800-657-3782
Video phone: 651-964-1514
Email: consumer.puc.@state.mn.us

Commodity Supplemental Food Program (CSFP)
A federal food and nutrition program that is designed to provide healthy and nutritious food each month at no cost to eligible seniors.
Call: 651-201-4404 or 800-657-3942

Indian Health Services

DHS Office of Indian Policy
Providing American Indian participants who are eligible for public assistance full access to the benefits of DHS programs.
Call: 651-200-7669
Email: dhs.oip@state.mn.us

Minnesota Department of Health Office of American Indian Health
Promoting health in American Indian communities through partnerships, targeted initiatives and public investments.
Email: Health.OAIH@state.mn.us

Mental Health

Suicide & Crisis Helpline: 988 (call or text)
Deaf, Hard of Hearing, Hearing Loss: 988 with a VP number or connecting through the web portal.

Mother and Baby Resources

Minnesota Family Planning Program
Covers only family planning services and transportation to and from providers for family planning. This is for people who are not enrolled in Medical Assistance.
Call: 651-431-3480 or 888-702-9968

WIC
Supplemental nutrition program for Women, Infants and Children (WIC). WIC provides nutrition education and counseling, nutritious foods, and referrals to health and other social services.
Call: 800-657-3942 or 651-201-4444
Find your WIC Clinic Phone Number

National Maternal Mental Health Hotline
Provides free, confidential, 24/7 mental health support for moms and their families before, during and after pregnancy. There are English and Spanish-speaking counselors as well as interpreters who can support 60 other languages.
Call or text: 1-833-TLC-MAMA (1-833-852-6262)

Pharmacy and Drugs

MHCP Pharmacy Services
Provides help to MHCP members who have questions about their pharmacy benefits.
Call: 844-575-7887
Visit: the MHCP Drug Search tool

Prescription Drug Assistance
Helps Minnesotans of all ages and income levels find ways to reduce their prescription drug costs.
Call: 800-333-2433

Seniors and Aging

Senior LinkAge Line
The Senior LinkAge Line is a free, statewide service of the Minnesota Board on Aging in partnership with Minnesota's Area Agencies on Aging. The Senior LinkAge Line helps older Minnesotans and caregivers find answers and connect to the services and support they need.
Call: 800-333-2433, Monday through Friday, 8:00 a.m. to 4:30 p.m.
Online referral: complete this brief form and someone will contact you with resources
Live chat: available online

Office of Ombudsman for Long-Term Care
Advocates for quality of care and quality of life. Responds to concerns people have about nursing homes, home care services and other long-term care services and supports. The Office of the Ombudsman for Long-Term Care can provide information, advocacy and investigative services.
Call: 651-431-2555 or 800-657-3591

Minnesota Senior Health Options
Offers care coordinators for older Minnesotan's who or eligible for both Medical Assistance and Medicare Parts A and B and who helps them get their health care and related support services.
Call: your county of residence or Senior LinkAge Line at 800-333-2433

Minnesota Adult Abuse Reporting Center
Responds to reports of abuse, neglect or financial exploitation directed towards vulnerable adults including seniors and those with disabilities.
Call: 844-880-1574

MinnesotaHelp.info®
Online directory that helps connect older Minnesotans to resources they need to remain independent.

Veteran Services

Minnesota Department of Veterans Affairs (MDVA)

Offers support seven days a week for Minnesota veterans and their families.
Veterans crisis hotline: Dial 988 then press 1
Toll-free: 888-546-5838 (888-LINKVET)
International: +1-651-556-8462
TTY: 800-627-3529

Definitions

Here are some of the terms used in this handbook.

Appeal is a request to review a denial or a grievance again.
Approval by MHCP means you got an OK from MHCP for services as explained in Part 4: Levels of Care.
Benefits are the health care services and drugs ordered by your doctor covered under Medical Assistance and MinnesotaCare health-care programs.
Child is a member under age 18.
Clinical Trial is qualified medical study test that is: subject to a defined peer review; sponsored by a clinical research program that meets federal and state rules and approved standards; and whose true results are reported.
Copay is a fixed amount (for example, $10) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.
Cosmetic Surgery is done to change or reshape normal body parts to improve how people look and feel about themselves.
Covered Services are health care services that are eligible for payment.
Durable Medical Equipment (DME) is equipment ordered by a health care provider for everyday or extended use. Coverage for DME may include but is not limited to: oxygen equipment, wheelchairs, crutches or diabetic supplies.
Emergency is a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

- Placing the patient's health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part
- Serious disfigurement
- In the case of a pregnant member, serious jeopardy to the health of that person or the unborn child

Emergency Medical Condition is an illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid harm.
Emergency Medical Transportation is ambulance services for an emergency medical condition.
Enrolled Provider is a health care provider who chooses to participate in MHCP and meets professional certification and licensure requirements according to applicable state and federal laws and regulations specific to the services they wish to provide. After individual providers or organizations meet professional certification and licensure requirements, they can apply to be an enrolled MHCP provider using the Minnesota Provider Screening and Enrollment (MPSE) portal or by submitting the application materials required for enrollment by fax.
Excluded means health care services that your health insurance or plan doesn't pay for or cover.
Experimental is a service that has not been proven to be safe and effective.
Fee-for-service (FFS) is a method of payment for health services. The medical provider bills the Minnesota Department of Human Services (DHS) directly. DHS pays the provider for the medical services.

Free-Standing Birth Centers are places you can go for your visits and birth that is not a clinic or hospital. It is a home-like place where you are more likely to see a midwife as your provider.

Health-care Program is a benefit, like Medical Assistance or MinnesotaCare, which provides and pays for your health-care services.

High-risk pregnancy: High-risk means the birthing person has medical conditions that put them at higher risk of having the baby too early, for the baby to weigh too little at birth, or other factors. A person with a high risk pregnancy is eligible for more services to help promote a health pregnancy and birth.

Home Health Care is health care service a person receives in a home.

Hospice Services provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospital is a place for inpatient and outpatient care from doctors and nurses.

Hospitalization is care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

Hospital Outpatient Care is care in a hospital that usually doesn't require an overnight stay.

Inpatient Care is when you have to stay in a hospital or other place overnight for the medical care you need.

Low-risk pregnancy means the birthing person does not have any known risks that would complicate pregnancy or birth.

Medically Necessary describes services, supplies or drugs you need to prevent, diagnose or treat your medical condition or to maintain your current health status. This includes care that keeps you from going into a hospital or nursing home. It also means the services, supplies or drugs meet accepted standards of medical practice. Medically necessary care is appropriate for your condition. This includes care related to physical conditions and behavioral health (including mental health and substance use disorder). It includes the kind and level of services. It includes the number of treatments. It also includes where you get the services and how long they continue. Medically necessary services must:

- Be the services, supplies and prescription drugs other providers would usually order.
- Help you get better or stay as well as you are.
- Help stop your condition from getting worse.
- Help prevent or find health problems.

Order is medical documentation generated by a physician, physician assistant or advance practice register nurse that commands the execution of specific activities to be performed or delivered as part of a diagnostic or therapeutic regimen of a patient.

Outpatient is when you do not have to stay overnight in a hospital or other place for the medical care you need.

Physician Services are health-care services a licensed medical physician (M.D. -Medical Doctor or D.O. -Doctor of Osteopathic Medicine) provides or coordinates.

Prior Authorization (PA) is a decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment that you or your health care provider has requested, is medically necessary. This decision or approval, sometimes called prior authorization, prior approval or pre-certification, must be obtained before receiving the requested service. Prior authorization isn't a promise your health insurance or plan will cover the cost.

Prescription Drugs are drugs and medications that by law require a prescription.

Primary Care Provider (PCP) is the provider you have chosen for most of your health care. This person helps you get the care you need. Your PCP must approve some types of care ahead of time. Your PCP does not have to approve emergency care.

Provider is a physician (M.D. -Medical Doctor or D.O. -Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Some types of health care providers include:

- **Audiologist –** health care professional who identifies and manages disorders of hearing, balance and other neural systems.
- **Certified Nurse Midwife -** registered nurse certified to care for you during pregnancy and childbirth.
- **Certified Registered Nurse Anesthesiologist (CRNA) -** registered nurse certified who administers anesthesia and other medications.
- **Chiropractor -** provider who treats musculoskeletal conditions, especially the spine.
- **Dentist -** doctor who takes care of your teeth and mouth.
- **Doula/Birth Worker -** someone who is trained to give you informational, emotional and physical support during your pregnancy, labor, delivery and after you have the baby. It is helpful to choose a doula who is a good fit for you and who can provide understanding and support.
- **Family Practitioner** - doctor who treats general medical conditions.
- **General Practitioner** - doctor who treats general medical conditions.
- **Licensed Vocational Nurse** - licensed nurse who provides basic nursing care to patients under the supervision of registered nurses and physicians.
- **Licensed Professional Counselor** - person who is trained to treat mental and emotional conditions.
- **Licensed Social Worker -** trained therapist who assess, diagnose and treat mental and emotional conditions and addictions.
- **Marriage, Family and Child Counselor -** person who helps assess, diagnose and treat mental illness within the context of the marriage and family systems.
- **Midwife -** is a health care professional who is trained in pregnancy, childbirth and other reproductive care for birthing people.
- **Nurse Practitioner -** clinicians with advanced clinical training who provide direct patient care.
- **Obstetrician/Gynecologist (OB/GYN) –** medical doctor who specializes in caring for women during preconception, pregnancy, childbirth and postpartum.
- **Occupational Therapist -** provider who helps you regain daily life skills and activities for individuals with disabilities, illnesses or injuries.
- **Optometrist -** provider who takes care of your eyes and vision.
- **Orthotist -** doctor who provides a range of splints, braces and special footwear to aid movement, fix a deformity and relieve discomfort.
- **Pediatrician -** doctor who treats children from birth to the teen years.
- **Physical Therapist -** provider who helps you build your physical strength after an illness or injury.
- **Physician Assistant** – provider who practices medicine in partnership with doctors.
- **Podiatrist –** specialized in treating issues related to the foot, ankle and lower leg.
- **Psychiatrist -** doctor who specializes in mental, emotional and behavioral health conditions and prescribes medicine.
- **Psychologist -** provider who studies the mind and behavior.

- **Registered Nurse -** nurse with more training than a licensed vocational nurse and who is licensed to perform certain complex duties with your doctor.
- **Respiratory Therapist -** provider who specializes in assessing, treating and caring for patients with breathing and cardiopulmonary conditions.
- **Speech Pathologist -** provider who specializes in communication and swallowing problems.
- **Surgeon –** medical doctor who specializes in performing surgical procedures.

Reconstructive Surgery is done when there is something wrong with a part of your body. This problem could be caused by a birth defect, disease or injury. It is medically necessary to make that part look or work better.

Rehabilitation Services are health-care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Skilled Nursing Care is care from licensed nurses in your own home or in a nursing home.

Skilled Nursing Facility is a place that gives you 24-hours-a-day nursing services that only trained health professionals may give.

Specialist is a health care provider who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Urgent Care is care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care. Typically requires medical care within 24 hours.

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following: race, color, national origin, creed, religion, public assistance status, marital status, age, disability, sex (including sexual orientation and gender identity) or political beliefs.

Free Services

Auxiliary aids

If you have a disability and need aids and services to have an equal opportunity to participate in our health care programs, MNsure and DHS will provide them timely and free of charge. These aids and services include qualified interpreters and information in accessible formats.

Language assistance

If you have difficulty understanding English and need language help to access information and services, DHS will provide language assistance services timely and free of charge. These services include translated documents and interpreting spoken language.

To request these free services from DHS, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. Or use your preferred relay service.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

You may contact any of the following three agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have a right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following: race, color, national origin, age, disability, or sex (including sexual orientation and gender identity).

Contact the **OCR** directly to file a complaint:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201
800-368-1019 (voice), 800-537-7697 (TDD)
202-619-3818 (fax)
OCRComplaint@hhs.gov (email) https://ocrportal.hhs.gov/

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following: race, color, national origin, religion, creed, sex, sexual orientation, marital status, public assistance status, or disability.

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights 540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice) or 800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email) https://mn.gov/mdhr/intake/consultationinquiryform/

DHS

You have a right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following: race, color, national origin, creed, religion, public assistance status, marital status, age, disability, sex (including sexual orientation and gender identity), or political beliefs.

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint: Civil Rights Coordinator

Minnesota Department of Human Services
Equal Opportunity and Access Division PO Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service.

For accessible formats of this information or assistance with additional equal access to human services, email us at dhs.info@state.mn.us, call 800-657-3672, or use your preferred relay service. ADA1 (3-24)

NO ENGLISH  **800-657-3672**

Attention. If you need free help interpreting this document, call the number in the box above.

ማሳሰቢያ፦ ስለ ዶክሜንቱ ነፃ ገለፃ ከፈለጉ፣ ሠራተኛዎን ያነጋግሩ። Amharic

انتباه. إذا احتجت الى مساعدة مجانية في ترجمة هذه الوثيقة، اتصل بالرقم الموجود في المربع أعلاه. Arabic

মেনাযোগ দিন। যিদ আপিন বিনামূলেয এই নিথটির বযাযার জেনয সহায় চান তাহেল উপেরাকত বাকেস থাকা নমবরটিতে কল করুন। Bengali

သတိပြုရန်။ ကျွန်ုတော်တို့ဘာသာပြန်ဆိုရန်အတွက် အခမဲ့အကူအညီ လိုအပ်ပါက, အထက်ဖော်ပြပါ အကွက်ရှိ နံပါတ်ကို ခေါ်ဆိုပါ။ Burmese

ការយកចិត្តទុកដាក់។ ប្រសិនបើអ្នកត្រូវការជំនួយឥតគិតថ្លៃក្នុងការបកស្រាយឯកសារនេះ សូ មេហៅទូរសព្ទទៅលេខក្នុងប្រអប់ខាងលើ។ Cambodian

注意！如果您需要免費的口譯支持，請撥打上方方框中的電話號碼。
Cantonese (Traditional Chinese)

wáŋ. héčiŋhaŋ niyé wačhíŋyAŋ wayúiyeska ki de wówapi sutá, ečíyA kiŋ wóiyawa ed ophíye waŋ. Dakota

Paunawa. Kung kailangan mo ng libreng tulong sa pag-unawa sa kahulugan ng dokumentong ito, tawagan ang numero sa kahon sa itaas. Filipino (Tagalog)

Attention. Si vous avez besoin d’aide gratuite pour interpréter ce document, appelez le numéro indiqué dans la case ci-dessus. French

સાવધાન. જો તમને આ દસ્તાવેજને સમજવા માટે નિ:શુલ્ક મદદની જરૂર હોય, તો ઉપરના બોક્સ પૈકીના નંબર પર કોલ કરો. Gujarati

ध्यान दें। यदि आपको इस दस्तावेज़ की व्याख्या में निशुल्क सहायता की आवश्यकता है, तो ऊपर बॉक्स में दिए गए नंबर पर कॉल करें। Hindi

NO ENGLISH  **800-657-3672**

Lus Ceeb Toom. Yog tias koj xav tau kev pab txhais lus dawb ntawm cov ntaub ntawv no, ces hu rau tus nab npawb xov tooj nyob hauv lub npov plaub fab saum toj no. Hmong

ဟ်သူဉ်ဟ်သး. နမ့ၢ်လိဉ်ဘဉ် တၢ်မၤစၢၤကလီလၢ ကကျိုးထံလံာ်တီလံာ်မီတဖဉ်အဃိ, ကိးနီဉ်ဂံၢ်လၢ အအိဉ်ဖဲတၢ်လွံၢ်နၢဉ် လၢတၢ်ဖိခိဉ်အပူၤတက့ၢ်. Karen

이 문서의 내용을 이해하는 데 도움이 필요하시면 위에 있는 전화번호로 연락해 무료 통역 서비스를 받으실 수 있습니다. Korean

تکایە سەرنج بدە. ئەگەر بۆ وەرگێڕانی ئەم بەڵگەنامەیە پێویستت بە یارمەتی بێبەرامبەرە، ئەوا پەیوەندی بەو ژمارەیەوە بکە کە لە بۆکسەکەی سەرەوەدایە. Kurdish Sorani

Baldarî. Ger ji bo wergerandina vê belgeyê hewcedariya we bi alîkariya belaş hebe, ji kerema xwe bi hejmara li qutiya jorîn re telefon bikin. Kurdish Kurmanji

Hoȟpíŋ. Tóháŋ waŋží thí wíyukčaŋpi kiŋ yuhá níyuŋspe héčha čhéya, lé tkíčhuŋ kiŋ k'é náŋpa opáwiŋyaŋ. Lakota

ເອົາໃຈໃສ່. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອຟຣີໃນການຕີຄວາມເອກະສານນີ້, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນປ່ອງຂ້າງເທິງ. Lao

注意！如果您需要免费的口译帮助，请拨打上方方框中的电话号码。
Mandarin (Simplified Chinese)

Pa̱lɛ rɔ piny: Mi gööri luäk lɔrä kɛ luɔ̱c kä mɛmɛ, yɔtni nämbär ɛmɔ tëë nhial guäth ɛmɛ. Nuer

Mah Biz'sin'dan.
Keesh'pin nan'deh'dam'mun chi'wee'chi'goo'yan chi'nis'too'ta'man oo'weh ooshii'be'kan.
Ishi'kidoon ah'kin'das'soon ka'ooshi'bee'kadehk ish'peh'mik ka'shi ka'ka'kak. Ojibwe

NO ENGLISH  **800-657-3672**

Hubachiisa:-Yoo barreeffama kana hiikuuf gargaarsa bilisaa barbaaddan, lakkoofsa saanduqa armaan olii keessa jirun bilbilaa Oromo

Atenção. Se você precisar de ajuda gratuita para interpretar este documento, ligue para o número na caixa acima. Portuguese

Внимание! Если Вам нужна бесплатная помощь в переводе этого документа, позвоните по телефону, указанному в рамке выше. Russian

Pažnja. Ukoliko vam je potrebna besplatna pomoć u tumačenju ovog dokumenta, pozovite broj naveden u kvadratu iznad. Serbian

Fiiro gaar ah. Haddii aad u baahan tahay caawimo bilaash si laguugu turjumo dukumiintigan, wac lambarka ku jira sanduuqa sare. Somali

Atención. Si necesita ayuda gratuita para interpretar este documento, llame al número que aparece en el recuadro superior. Spanish

Zingatia. Iwapo unahitaji msaada usio na malipo wa kutafsiri hati hii, piga simu kwa namba iliyo kwenye kisanduku hapo juu. Swahili

ልቢ በሉ፡ ነዚ ሰነድ ንምትርጓም ነፃ ሓገዝ እንተ ደልዮም፣ በቲ ኣብ ላዕሊ ኣብ ውሽጢ ሰደቓ ተቐሚጡ ዘሎ ቁጽሪ ይደውሉ። Tigrinya

Увага! Якщо Вам потрібна безкоштовна допомога в перекладі цього документа, зателефонуйте за номером, вказаним у рамці вище. Ukrainian

Xin lưu ý: Hãy liên hệ theo số điện thoại trong ô trên nếu bạn cần bất kỳ sự hỗ trợ miễn phí nào để hiểu rõ về tài liệu này. Vietnamese

Àkíyèsí. Tí o bá nílò ìrànlówọ́ pẹ̀lú tí tú mọ̀ àkọ̀ọ́lẹ̀ yìí, pe nọ́mbà tó wà nínú àpótí tí wà ló kè. Yoruba