

State: MINNESOTA

<u>Citation</u>	<u>Condition or Requirement</u>
42 CFR §438.50	<p>F. <u>List Other Eligible Groups (Not Previously Mentioned) Who Will Be Exempt From Mandatory Enrollment</u></p> <ul style="list-style-type: none"><li>i. AFDC-related medically needy and aged, blind, disabled medically needy individuals</li><li>ii. individuals under age 65 eligible as categorically needy blind or disabled and not receiving Medicare.</li><li>iii. adults under 65 with severe and persistent mental illness who receive case management services. These are adults who have a mental illness and meet the statutory criteria in Minnesota's Adult Mental Health Act.</li><li>iv. children with severe emotional disturbance who receive case management services. These are children with an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior and meet the statutory criteria in Minnesota's Children's Mental Health Act.</li><li>v. individuals described in item D, subitem 1 with cost-effective private health coverage or cost-effective employer-sponsored health coverage.</li><li>vi. enrollees described in item D, subitem 1 with private health coverage through a MCO.</li><li>vii. individuals residing in state institutions (not including state-operated foster care providers) at the time of enrollment.</li><li>viii. children receiving state-funded adoption assistance.</li><li>ix. optional categorically needy group of women in need of treatment for breast or cervical cancer.</li><li>x. individuals terminally ill whose primary care physician is not part of the MCO at the time of enrollment.</li><li>xi. individuals enrolled only in a Medicare Savings group (QMB, SLMB, QWD or QI).</li><li>xii. individuals who have a communicable disease with a terminal prognosis, a primary physician not participating in an MCO, and physician certification that disruption of the doctor-patient relationship would likely result in patient non-compliance.</li><li>xiii. noncitizens eligible for coverage of emergency medical conditions under §1903(b) of the Act.</li><li>xiv. individuals described in item D, subitem 1 for the months of retroactive coverage.</li></ul>

TN No. 11-07

Supersedes  
TN No. 05-03

Approval Date **AUG 16 2011**

Effective Date 04/01/11

State: MINNESOTA

Citation

Condition or Requirement

xv. a Medicaid-eligible person under item D, subitem 1 for the time period between application and MCO enrollment.

xvi. individuals who are participating in the Chemical Health Care Services Pilot Project authorized in Minnesota Statutes, section 254B.13.

42 CFR §438.50

G. List All Other Eligible Groups Who Will be Permitted to Enroll on a Voluntary Basis

- i. children with severe emotional disturbance who receive case management services. These are children with an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior and meet the statutory criteria in Minnesota's Children's Mental Health Act.
- ii. adults under 65 with severe and persistent mental illness who receive case management services. These are adults who have a mental illness and meet the statutory criteria in Minnesota's Adult Mental Health Act.
- iii. children receiving state-funded adoption assistance.
- iv. children receiving adoption assistance under Title IV-E.
- v. children under 19 receiving SSI who choose an AFDC-related categorically needy group.
- vi. individuals under age 65 who are receiving Medicare or are blind or disabled, who meet a basis of eligibility under item D, subitem 1.
- vii. enrollees described in item D, subitem 1 with private MCO health coverage that is not cost effective, as long as the MCO is the same as the MCO the enrollee chooses.

H. Enrollment Process

§1932(a)(4)(D)  
42 CFR §438.50(f)

1. Definitions

- i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient during the previous year. This may be established through state records of previous managed care enrollment or fee-for-service experience, or through contact with the recipient.
- ii. A provider is considered to have "traditionally served" Medicaid recipients if it has experience in serving the Medicaid population.

TN No. 11-07  
Supersedes  
TN No. 05-03

Approval Date **AUG 16 2011**

Effective Date 4/01/11