



Instructions for Current HCBS Waiver Enrollees Completing the Asset Assessment for Medical Assistance for Long-Term-Care Services (MA-LTC) (DHS-3340) Form

1. Answer all questions on the form considering the assets you or your spouse owned on **June 1, 2016**.
2. Attach proofs of those assets as of **June 1, 2016**. See Page A for a list of the proofs.
3. Send the form and proofs to your county or tribal agency **as soon as possible** so both you and your worker have time to complete the process. If you do not return your asset assessment form by January 3, 2017, you and your worker may not have time to complete the process by February 28, 2017. If you return the form after January 3, 2017, and all the steps of the process have not been completed by February 28, 2017, your MA-LTC eligibility and your waiver services may close effective March 1, 2017, and you may have to reapply.

What happens after I return the asset assessment form?

Your county or tribal agency will process the asset assessment and send you a notice telling you one of these two things:

- Your assets are within the MA asset limit for June 1, 2016. If your notice says this, you will remain eligible without taking any further action.
- You have assets above the MA asset limit for June 1, 2016. If your notice says this, the agency will tell you how many assets your spouse can keep and whether you must provide proof that you reduced excess assets to remain eligible for MA-LTC. You may need to tell your county or tribal agency which assets your spouse will keep. You can keep up to \$3,000 in countable assets in your name. Your spouse can keep up to \$119,220 in countable assets in his or her name.

If your county or tribal agency tells you that you have too many assets to remain eligible for MA-LTC, you have until February 28, 2017, to send proof to the agency that your and your spouse's assets are within the MA limits. Once you have sent the proof to the agency, your worker will send you a notice telling you whether you will remain eligible. If you do not complete the process for determining whether the assets of you and your spouse are within MA limits by February 28, 2017, we will close your MA-LTC eligibility effective March 1, 2017.

The notice will tell you how to appeal if you disagree with your county or tribal agency's assessment.

What if my spouse doesn't have enough income to meet his or her monthly maintenance needs?

If your spouse has gross income that is less than \$2,005 per month, the amount of assets your spouse can keep may be higher than \$119,220. The extra assets must produce income to raise your spouse's monthly income. You will need to provide proof of your spouse's shelter and utility costs and income. Contact your worker if you want more information about this.

What if my spouse won't make certain assets available to me so that I can remain eligible for MA-LTC?

If your spouse does not want to make certain assets available to you, ask your county or tribal agency to grant you a hardship waiver. If your county or tribal agency grants the hardship waiver, you may continue to be eligible for MA-LTC. To be granted a waiver, you must request a hardship waiver and provide evidence that you have a hardship because either:

1. you would have an imminent threat to your health and well-being if you are no longer eligible for MA-LTC; or
2. the assets your spouse must make available to you are in a retirement account that will charge a penalty for early withdrawal or in a college savings plan under section 529 of the Internal Revenue Code for your or your spouse's child under age 25.

If a hardship waiver is granted under item 1 above, your county or tribal agency may file a legal action against your spouse to get the excess assets. When a hardship waiver is granted under item 2 above, the county or tribal agency cannot file a legal action against your spouse for the excess assets.

866-333-2466

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

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໄປອតຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທສູນໄປທີ່ໜ້າຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feefe, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

1B3-0001 (9-13)



For accessible formats of this publication or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service. (ADA1 [9-15])



Minnesota Department of Human Services

Minnesota Department of Human Services
Notice of Privacy Practices
 (Effective date: August 2016)

This notice tells how private or confidential information about you may be used and disclosed and how you can get this information. Please review it carefully.

Why do we ask for this information?

- To tell you apart from other people with the same or similar name
- To decide what you are eligible for
- To help you get medical and mental health services and decide whether you can pay for some services
- To make reports, do research, do audits, and evaluate our programs
- To investigate reports of people that may lie about the help they need
- To decide about out-of-home care and in-home care for you or your children
- To collect money from other agencies, like insurance companies, if they should pay for your care
- To decide whether you or your family need protective services
- To collect money from the state or federal government for help we give you

Why do we ask you for your Social Security number?

We need your Social Security number (SSN) to give you Medical Assistance (MA), some kinds of financial help, and child support enforcement services (42 CFR 435.910 [2012]; Minn. Stat. 256L.04, subd. 1a; 42 USC 666).

We also need your SSN to verify identity and prevent duplication of state and federal benefits. Additionally, your SSN is used to conduct computer data matches with our partner nonprofit and private agencies to verify income, resources, and other information that may affect your eligibility or benefits.

You do not have to give us the SSN for people in your home who are not applying for coverage. You also do not have to give us your SSN:

- If you have religious objections
- If you are not a U.S. citizen and are applying for Emergency Medical Assistance only
- If you are from another country, are in the U.S. on a temporary basis, and do not have permission from the U.S. Citizenship and Immigration Services (USCIS) to live in the U.S. permanently
- If you are living in the U.S. without the knowledge or approval of the USCIS

Why do we ask you for your asset information?

We ask for asset information to determine your eligibility for MA. We will use this information only for the purposes authorized by law. We will not share this information with any other person or entity.

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

With whom may we share information?

We will share information about you only as needed and as allowed or required by law. We may share your information with the following agencies or people that need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, and partner nonprofit and private agencies
- Researchers, auditors, investigators, and others that do quality-of-care reviews and studies or to begin prosecutions or legal actions related to managing the human services programs
- Court officials, county attorneys, attorneys general, other law enforcement officials, child support officials, child protection and fraud investigators, and fraud prevention investigators
- Human services offices, including child support enforcement offices
- Governmental agencies in other states administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others that pay for your care
- Guardians, conservators or people with power of attorney who are authorized representatives
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services, in limited situations
- Certified application counselors, in-person assisters, navigators and anyone else to whom we must or can give the information under law

What are your rights regarding the information we have about you?

- You and people to whom you give permission may see and copy private information we have about you. You may have to pay for the copies.
- You may question whether the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us in writing to share health information with you in a certain way or in a certain place.
For example, you may ask us to send health information to your work address instead of your home address. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- You have the right to get a record of some of the people or organizations with whom we have shared your information. This record was started on April 14, 2003. You must ask for a copy of this record in writing to our Privacy Official.
- If you do not understand the information, ask your worker to explain it to you. You may ask the Minnesota Department of Human Services for another copy of this notice.

What are our responsibilities?

- We must protect the privacy of your personal, health care, and other private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can.
- We will not sell any data collected, created, or maintained as part of this application.
- We must follow the terms of this notice, but we may change our privacy policy because privacy laws change.

What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will be provided to parents only when the medical provider believes that your health is at risk if the information is not shared. Parents may see other information about you and let others see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your medical privacy was violated by your doctor or clinic, a health insurer, a health plan, or a pharmacy, you may send a written complaint either to the county agency, the organization or to the federal civil rights office at:

- U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (Voice) or
toll free 800-368-1019
800-537-7697 (TTY)
312-886-1807 (Fax)

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services at the address above or to:

- Minnesota Department of Human Services
Attn: Privacy Official
PO Box 64998
St. Paul, MN 55164-0998