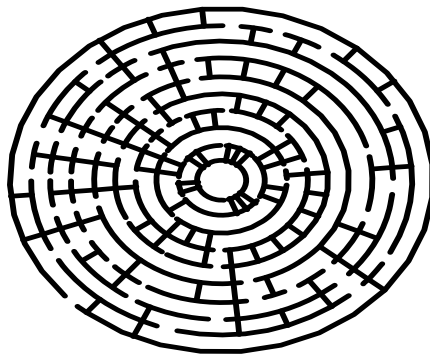


Tools

To download other “topics” or the entire Who Pays document go to:

<http://www.health.state.mn.us/mcysn>

Who Pays?



Taking the *MAZE* Out of Funding

Minnesota Children & Youth
with Special Health Needs



651-201-3650 OR 1-800-728-5420
www.health.state.mn.us/mcysn

Tools

How to Apply for Minnesota Health Care Programs (MHCP)

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Spenddown

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Medical Funding Summaries

MA

MA-EPD

MCRE

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TEFRA

HCBS

GAMC

Non-Citizens and MHCP

Non-Citizen Information

Minnesota Health Care Programs Covered/Non-Covered
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SSA Overview

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Additional Resources

How to apply for Minnesota Health Care Programs (MHCP)

There are three steps to apply for Minnesota Health Care Programs:

- Fill out the application
- Gather the required documents and proofs (see below for more information on these)
- Mail or take your application and proofs to your county office or if you are applying for MinnesotaCare the state office. County and MinnesotaCare addresses and phone numbers are listed in the application.

Where can I get an application?

- Print out an application at the Department of Human Services (DHS) website www.dhs.state.mn.us use search function to find application forms, scroll down to MHCP application. You cannot submit your application on-line.
- Call or go to your county human services office
- Call the Minnesota Health Care Programs Member Help Desk at (651) 431-2670 or (800) 657-3739 and ask to have one mailed to you.

Where can I get help filling out the application?

- Your county office or the MinnesotaCare office in St. Paul (651) 297-3862
- A community organization in your area – a list can be found at: <http://edocs.dhs.state.mn.us/lfserver/Public/DHS-5475-ENG>
- A family member or friend who can act on your behalf.

What if I am not sure what health care program I should apply for? You can apply even if you are not sure that you are eligible. If you or your child are not sure about your eligibility, you should apply for all programs. You can do this by checking the box “All health care programs” on page 1 of the application. If your child has a chronic health condition check that box on page 3 question #9. Also indicate in this same question if you need help paying for medical bills from the past three months.

Does it matter when I apply? Yes, get your application in as soon as you can or while you are working on the application write your county social service agency regarding your intent to apply, which could be used as the coverage start date. The date your application is received affects when your coverage can start. After you are approved, coverage may:

- Go back to the date your application is received, or
- For Medical Assistance, if you request, it can go back three months from the date your application is received, or
- Begin the month after you are approved, or pay your first premium, if you have one, for the MinnesotaCare program.

What documents and proofs will I need to provide?

- U.S. citizenship and identity
- Immigration status if you are not a U.S. citizen
- Income – pay stubs for all employed family members for the last 30 days and/or your most recent tax form
- Assets if you are applying for family members over age 21

- Other health insurance that you have or could get
- Pregnancy (DHS will give you a form for your doctor to fill out).

What happens after I turn in my application? A worker will review it. Sometimes they may need more information to decide if you are eligible and get coverage for MA or MinnesotaCare. You will get a notice in the mail asking for specific information. If your financial worker needs something be sure to respond as quickly as possible if a time limit is given in the letter.

How will I know if I can get coverage? You will get a notice in the mail telling you:

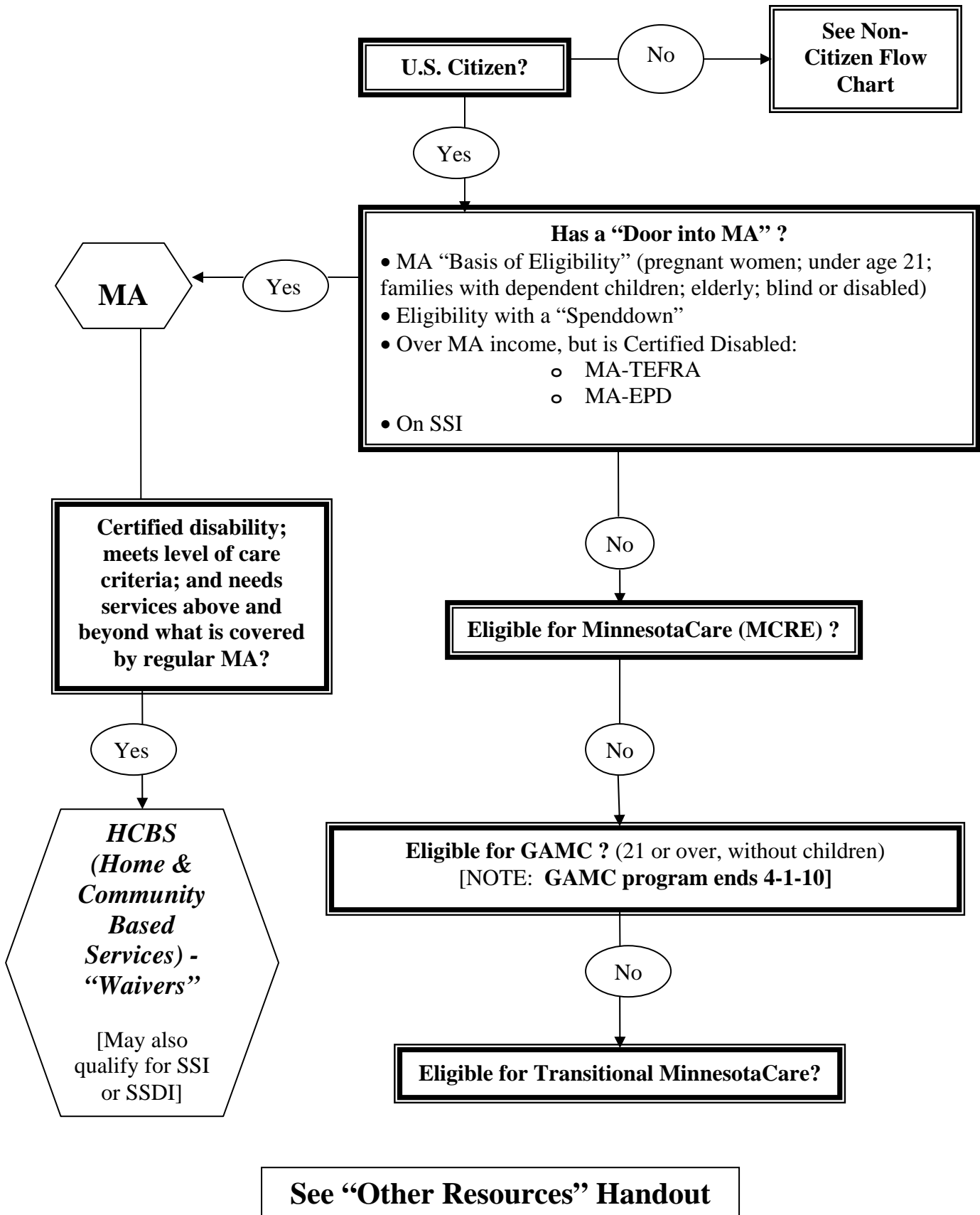
- If you can get coverage and if you will have to pay anything for it.
- If you or any household members cannot get coverage.
- How you can ask for a review of the decision(s) if you do not agree with it.
- If your application is for Medical Assistance (MA) your county agency will let you know if you are eligible for assistance within 45 days (60 days if they need a disability certification; 15 days for pregnant women). If a decision is not made in that time, the county agency will explain why in writing.

Do I need to reapply?

- If you are found eligible for MA the county financial worker will review your situation every six months to see if you are still eligible for health care assistance. You must complete, sign, date and return all forms sent to you by your county agency or you could lose your MA coverage.
- If you are found eligible for MinnesotaCare your eligibility must be renewed every 12 months. When you reapply you will need to account for any changes in circumstances that impact eligibility and premium amount such as income changes, pregnancy or change in the number in the household.

Information from the Minnesota DHS website regarding frequently asked questions about applying for MHCP

FUNDING FLOW CHART

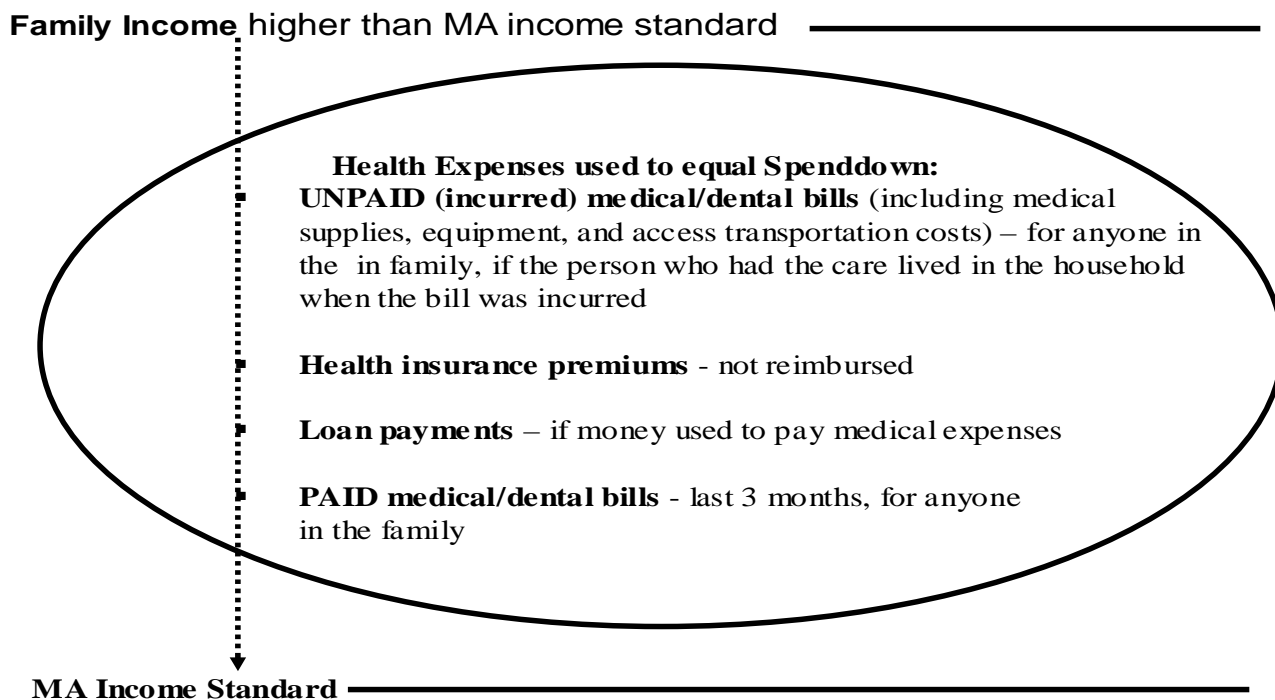


SPENDDOWN

A spenddown is a cost-sharing approach that allows MA (Medical Assistance) eligibility for people whose net income exceeds MA income standards, which are based on the Federal Poverty Guidelines (FPG). **The spenddown amount is the difference between the person's net income and the appropriate MA spenddown income standard.** People with a "families & children" MA basis of eligibility need to spend down to 100% of the FPG. People with a blind, disabled, or elderly basis of eligibility need to spend down to 75% FPG.

The spenddown allows persons to deduct certain health care expenses from their income. A spenddown is like an insurance deductible. The enrollee is responsible to pay the spenddown amount (called the "Recipient amount") to the provider(s). However, **the enrollee does NOT have to have paid the spenddown amount before MA starts coverage.** MA starts to pay on the day the enrollee incurs health care expenses that are equal to or greater than their spenddown amount (called the "Satisfaction date").

Each member of the household may have a different spenddown amount, depending on that member's net income and their Federal Poverty Guideline (FPG) eligibility limit. Some of the same health care expenses may be used to meet each household member's spenddown.



Net health care expenses (not paid by a third party) are used to meet a spenddown. The expense may be used to meet a future spenddown if eligibility for the entire certification period was denied. Any health care expenses the provider writes off or absorbs can NOT be used.

Allowable health care expenses include:

1. **UNPAID health/dental bills** (old bills, including those in collection), past or present, for the client or other allowable family members. These include therapies and medical equipment/supplies, such as wheelchairs. Unpaid bills for services received outside a managed care health plan network, prior to the current MA certification period, are allowable expenses for a spenddown. "Allowable family members" include:
 - Client's spouse (if the spouse's income is used to determine the client's eligibility);

- Client's legal dependents (if they are included in the client's household size or would have been included when the bills were incurred).

Example: Susan applies for MA for herself and Sarah, her 16-year-old daughter. Susan still has a four-year-old unpaid medical bill for her other daughter (Mary, age 19), who has since moved out of the house. Susan can use Mary's unpaid bill toward meeting her spenddown because Mary lived in the household when the bill was incurred.

- Client's siblings, half-siblings, and step-siblings who are included in the client's household size.
- Parents/stepparents who live with the client if their income is used to determine the client's eligibility or they are included in the client's household size. The family members do not have to be applying or eligible for MA for the client to use their health care expenses to meet a spenddown.

2. **Health Insurance Expenses** (non-reimbursed), 3 months prior to the MA application, including: Private/employer health, dental & long-term care premiums; Indemnity policy premiums; Medicare premiums; MCRE premiums; MA-EPD premiums; deductibles and co-pays.
3. **Loan payments** (owed to a person, financial institution, or credit company) for bills in active collection, for which the money from the loan was specifically paid to a medical provider. [The client may have set up a credit card account only for payment of specific health care expenses.] Only the medical expense portion of the loan can be used (not accumulated interest, late fees, or other related charges).
4. **PAID health/dental bills**, for anyone in the family, incurred during the current certification period (including 3 months prior to application), including out-of-pocket targeted case management expenses and health care access expenses such as transportation to and from a covered MHCP service.
5. **Non covered MinnesotaCare (MCRE) expenses** may be applied to an MA spenddown, if either:
 - a) MCRE enrollee with a \$10,000 inpatient hospitalization limit, who has an MA basis of eligibility, may be eligible for MA with a spenddown. The amount not covered by MCRE can be applied to an MA spenddown. Or
 - b) Clients with an MA spenddown when another household member receives state-funded MCRE. The MCRE premium or managed care capitation amount and health care expenses not paid by MCRE can be used toward the MA spenddown. [State-funded MCRE is for legal guardians/foster parents, non-pregnant adults without children, and certain noncitizens.]

There are **2 types of spenddowns** (If persons are eligible for more than one type of spenddown, the county will determine which spenddown type allows for MA to pay for more of the household health care.)

1. **6-month spenddown type** – This is the difference between the client's net income for a 6-month period and the applicable FPG for a 6-month period. **The 6-month spenddown is used when both:**
 - a) the client's net 6-month income total exceeds the 6-month income standard; and
 - b) the client already has health care expenses that equal or exceed the 6-month spenddown amount.

Applicants must meet the spenddown amount by the end of the application month or the date the application is processed, whichever is later. After the client meets the 6-month spenddown amount, MA can cover care for the remaining portion of the 6-month certification period. If MA covers care 3 months prior to the application date, the coverage goes forward 3 months past the application date, for a total of 6 months (the certification period).

Example: Joan applies for MA in November. Her income is \$100 over the 6-month FPG spenddown standard. To become MA income eligible, Joan will need to have at least \$100 in health care expenses

to meet the spenddown. Joan submits the following medical expenses: July 12th - \$10 pharmacy; November 2 - \$40 physical therapy (PT) visit; November 3rd - \$45 pharmacy; November 5th - \$50 PT visit; November 6th - \$200 doctor visit. Joan's medical bills total \$345 (more than enough health care expenses to meet her \$100 spenddown). Joan's expenses equaled (exceeded) her spenddown amount at her November 5th PT visit. Joan would be responsible for the following: July 12th pharmacy bill (\$10), the November 2nd PT bill (\$40), the November 3rd pharmacy bill (\$45) and only \$5 of the PT visit on November 5th. MA will pay the remaining amount (\$45) of the November 5th PT visit, the \$200 clinic visit on November 6th, and any other MA covered benefits for the remainder of her 6 month certification period. At the end of the 6 month certification period, Joan will need to reapply.

2. **Monthly spenddown type** – This is the difference between the total net income a client receives in a month and the applicable FPG standard for a single month. This spenddown amount is applied to each month of the certification period when the monthly income exceeds the FPG standard in a given month. **The monthly spenddown is used when both:**

- a) the client can't meet a 6-month spenddown or chooses not to use a 6-month spenddown; and
- b) the client can meet the spenddown in at least one month during the application processing period, including any retroactive month, the application month, or a subsequent month that falls within the processing period.

There is no "Satisfaction date" for a monthly spenddown. MA will pay all other claims for that month, submitted by providers, once the recipient amount is met for that month. [If the client does not have anticipated medical bills to meet the monthly spenddown in the next certification period consider MinnesotaCare eligibility.]

***Example:** Jerome is on RSDI due to a disability. His medical expenses include a 4-month old unpaid doctor bill (\$50), a monthly health insurance premium (\$50), monthly prescription cost (\$200/month), and a prescription cost of \$175 every other month. Jerome's monthly spenddown amount is \$400 (he doesn't have enough allowable health care expenses to meet a 6-month spenddown, but he does have enough in recurring health care expenses to meet his monthly spenddown, for at least one month of the certification period). Jerome will have a recipient amount (what he is responsible for) of \$200 for the 1st month of the certification period and \$250 for the remainder of the certification period. He will be responsible for the \$50 health insurance premiums monthly, and the 4-month old unpaid (\$50) doctor bill. He meets the spenddown in the months he fills the \$175 prescription (every other month).*

A form ("Medical Expenses Request", DHS #1844) is available from your county financial worker to help you organize the required health care expenses. You will need to verify the expenses reported on the form, using copies of bills from your provider(s), or copies of your Explanation of Benefits (EOB) from third party payors, or in some cases, the county financial worker can contact the provider directly. Once persons have met their spenddown amount, the county financial worker sends an Explanation of Medical Benefits (EOMB) to the enrollee. The EOMB lists health care expenses submitted by providers, which medical bills were used to meet the spenddown amount and which bills the enrollee is responsible to pay.

Some programs DO NOT have a spenddown option, including, but are not limited to:

- 1) MA-EPD (MA for Employed Persons with Disabilities);
- 2) MA for "automatic newborns" (they have no income limit);
- 3) MinnesotaCare (MCRE);
- 4) GAMC (General Assistance Medical Care).



Minnesota Department of Human Services

Minnesota Health Care Programs Income and Asset Guidelines Effective 4/1/10 through 6/30/11

MAXIS Standard					****				K*****		G***		E		E		C*		E**	
	MinnesotaCare \$48 Annual Premium		MinnesotaCare Adults without Children		MinnesotaCare Children to Age 21 and Families with Children		MinnesotaCare Covered Services No \$10,000 Inpatient Cap for Parents		MA Infants under Age 2		MA Children – Age 2 through 18		MA Children – Age 19 and 20		MA Adults with Children		MA Pregnant Woman		MA Elderly, Blind, Disabled (No spenddown)	
Family Size	150% FPG		250% FPG		275% FPG		215% FPG		280% FPG		150% FPG		100% FPG		100% FPG		275% FPG		100% FPG	
	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually
1	1,354	16,248	2,257	27,084	2,482	29,784	1,941	23,292	2,527	30,324	1,354	16,248	903	10,836	903	10,836	NA	NA	903	10,836
2	1,822	21,864	3,037	36,444	3,340	40,080	2,612	31,344	3,400	40,800	1,822	21,864	1,215	14,580	1,215	14,580	3,340	40,080	1,215	14,580
3	2,290	27,480	Not Eligible		4,198	50,376	3,283	39,396	4,273	51,276	2,290	27,480	1,527	18,324	1,527	18,324	4,198	50,376	1,527	18,324
4	2,758	33,096	Not Eligible		5,056	60,672	3,954	47,448	5,146	61,752	2,758	33,096	1,839	22,068	1,839	22,068	5,056	60,672	1,839	22,068
5	3,226	38,712	Not Eligible		5,914	70,968	4,625	55,500	6,019	72,228	3,226	38,712	2,151	25,812	2,151	25,812	5,914	70,968	2,151	25,812
6	3,694	44,328	Not Eligible		6,772	81,264	5,296	63,552	6,892	82,704	3,694	44,328	2,463	29,556	2,463	29,556	6,772	81,264	2,463	29,556
7	4,162	49,944	Not Eligible		7,630	91,560	5,967	71,604	7,765	93,180	4,162	49,944	2,775	33,300	2,775	33,300	7,630	91,560	2,775	33,300
8	4,630	55,560	Not Eligible		8,488	101,856	6,638	79,656	8,638	103,656	4,630	55,560	3,087	37,044	3,087	37,044	8,488	101,856	3,087	37,044
9	5,098	61,176	Not Eligible		9,346	112,152	7,309	87,708	9,511	114,132	5,098	61,176	3,399	40,788	3,399	40,788	9,346	112,152	3,399	40,788
10	5,566	66,792	Not Eligible		10,204	122,448	7,980	95,760	10,384	124,608	5,566	66,792	3,711	44,532	3,711	44,532	10,204	122,448	3,711	44,532
Add'l	468	5,616	Not Eligible		858	10,296	671	8,052	873	10,476	468	5,616	312	3,744	312	3,744	858	10,296	312	3,744
Asset Test	No asset test for children.		No asset test for pregnant women and children. \$10,000 for household of one. \$20,000 for household of more than one.				None		None		None		<ul style="list-style-type: none"> Adults with children: \$10,000 for hh of 1 \$20,000 for hh of more than 1 		None		<ul style="list-style-type: none"> \$3,000 for a single person \$6,000 for hh of 2, plus \$200 for each dependent 			

FPG = Federal Poverty Guidelines
 * Pregnant Woman – Minimum household size of 2.
 ** Persons with income over 100% FPG must spend down to 75% FPG.
 *** Children 2–18 with income over 150% FPG must spend down to 100% FPG.
 **** Parents with income over \$50,000 are ineligible for MinnesotaCare.
 ***** Infants under age 2 with income over 280% must spenddown to 100% FPG.

Note: Income and asset guidelines change. Use this chart for general reference only. Refer to the Minnesota Health Care Programs Manual for the most current information.

Minnesota Health Care Programs Income and Asset Guidelines Effective 4/1/10 through 6/30/11

MAXIS Standard	F		U*****		Q*****		W*****		S*****		H		H				
	Transition Year MA		MA Qualifying Individuals (QI)		MA Qualified Medicare Beneficiaries (QMB)		MA Qualified Working Disabled Individuals (QWD)		MA Service Limited Medicare Beneficiaries (SLMB)		MA Elderly, Blind, Disabled (with a Spenddown)		GAMC		Family Planning Program		MA for Employed Person with Disabilities (MA-EPD)
Family Size	185% FPG		135% FPG		100% FPG		200% FPG		120% FPG		75% FPG		75% FPG		200% FPG		To qualify for MA-EPD, an individual must: <ul style="list-style-type: none"> • Be certified disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT). • Be 16 to 65 years of age. • Be employed and have required taxes withheld or paid from earned income. • Have monthly earnings of more than \$65. • Meet the MA-EPD asset limit of \$20,000 per enrollee. • Pay a premium and • Pay an unearned income obligation, if required.
	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	
1	1,670	20,040	1,239	14,868	923	11,076	1,825	21,900	1,103	13,236	677	8,124	677	8,124	1,805	21,660	
2	2,247	26,964	1,660	19,920	1,235	14,820	2,449	29,388	1,477	17,724	911	10,932	911	10,932	2,429	29,148	
3	2,824	33,888	2,081	24,972	1,547	18,564	3,073	36,876	1,851	22,212	1,145	13,740	1,145	13,740	3,053	36,636	
4	3,401	40,812	2,502	30,024	1,859	22,308	3,697	44,364	2,225	26,700	1,379	16,548	1,379	16,548	3,677	44,124	
5	3,978	47,736	2,923	35,076	2,171	26,052	4,321	51,852	2,599	31,188	1,613	19,356	1,613	19,356	4,301	51,612	
6	4,555	54,660	3,344	40,128	2,483	29,796	4,945	59,340	2,973	35,676	1,847	22,164	1,847	22,164	4,925	59,100	
7	5,132	61,584	3,765	45,180	2,795	33,540	5,569	66,828	3,347	40,164	2,081	24,972	2,081	24,972	5,549	66,588	
8	5,709	68,508	4,186	50,232	3,107	37,284	6,193	74,316	3,721	44,652	2,315	27,780	2,315	27,780	6,173	74,076	
9	6,286	75,432	4,607	55,284	3,419	41,028	6,817	81,804	4,095	49,140	2,549	30,588	2,549	30,588	6,797	81,564	
10	6,863	82,356	5,028	60,336	3,731	44,772	7,441	89,292	4,469	53,628	2,783	33,396	2,783	33,396	7,421	89,052	
Add'l	577	6,924	421	5,052	312	3,744	624	7,488	374	4,488	234	2,808	234	2,808	624	7,488	
Asset Test	None		<ul style="list-style-type: none"> • \$10,000 for a single person • \$18,000 for hh of 2 		<ul style="list-style-type: none"> • \$10,000 for a single person • \$18,000 for hh of 2 		<ul style="list-style-type: none"> • \$4,000 for a single person • \$6,000 for hh of 2 		<ul style="list-style-type: none"> • \$10,000 for a single person • \$18,000 for hh of 2 		<ul style="list-style-type: none"> • \$3,000 for a single person • \$6,000 for hh of 2, plus \$200 for each dependent 		<ul style="list-style-type: none"> • \$1,000 per household 		None		<ul style="list-style-type: none"> • \$20,000 per enrollee

This information is available in alternative formats to individuals with disabilities by calling (651) 431-2670 or (800) 657-3739. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

***** \$20 disregard is included in totals

MEDICAL FUNDING SUMMARY – Medical Assistance (MA)

Age	<ul style="list-style-type: none"> • Must meet an MA “basis of eligibility” – one of the following: Under age 21; Pregnant women; Parent with dependent children under age 19 in the home; Age 19 and 20; Elderly (≥ 65); Blind or disabled. [NOTE: If no biological parent lives in the home, one non-parent relative in the home can have a Relative Caretaker “basis”.] • “Automatic newborn” eligibility for infant, until age 1 year., if born to mother on MA (& other MHCPs) at birth.
Household / Income / Assets	<ul style="list-style-type: none"> • Household size - Includes: 1) all persons living together, with a parental (biological or adoptive), marital, or sibling relationship; and 2) people temporarily away from home (ex: college; military service). Pregnant woman = 2 persons (or more, depending on the number of fetuses) for household size. • Income: Counts gross income (& some unearned income) of natural/adoptive parents of children (under 21), the last 30 days, minus MA deductions/disregards (such as work expenses, court-ordered child support payments, childcare costs, income/assets set aside for a PASS *). Self-employed use last year’s federal income tax, or projected income if income is expected to be less than last year. Doesn’t count [not a complete list]: 1) Stepparent income toward a child, if biological/adoptive parent lives in the home; 2) Parent or Spouse income of disabled or blind person (age 18-21), regardless of whether disabled person lives with his/her parents; 4) Certain cash gift lump sum income (ex: if used for a non-covered prosthetic device); 4) Grandparent or other non-parent relative caretaker income to a child; 4) Income for MA-BC (Breast Cancer) enrollees; 5) Adoption assistance; 6) Food Support Program payments; 7) WIC; 9) SSI received for children < 21; 10) Student financial aid (unless required to work for the aid) • Income standard varies, based on the person’s “basis of eligibility”. Income standards are based on Federal Poverty Guidelines (FPG). • Persons over income may still be MA eligible with a “spenddown”, using paid and unpaid health care expenses (some can be older than 3 months) for anyone in the family; medical insurance premiums; and loan payments (if money from loan was used to directly pay health care providers). Assets: Under \$10,000 for 1; \$20,000 for 2 or more; Self-employed parent’s net capital & operating assets \$200,000. [Exception: No asset limit for pregnant women & children under 21.]
Resident/Citizenship	<ul style="list-style-type: none"> • Minn. resident (date physically present), & intend to stay in Minn.; doesn’t require a fixed or permanent address. • Must be a U.S. Citizen or a noncitizen lawfully residing in the U.S. Non-citizen eligibility depends on status, date of U.S. entry, & possibly sponsor’s income/assets. Refugees are eligible for RMA (Refugee MA) for the 1st 8 months in the U.S. [For more information about immigration statuses eligible for MA, see “Noncitizens and Minnesota Health Care Programs”, and “Noncitizen Information” in this packet. DHS also has a document “Health Care Eligibility for Noncitizens” (June 2008) found on the DHS Website www.dhs.state.mn.us] • Most nonimmigrants (visitors, tourists, or foreign students) and undocumented persons are only eligible for EMA (Emergency Medical Assistance) or CHIP-funded MA (for pregnant women prenatal through 60 days postpartum). • Only persons in the family applying to be covered by benefits need to provide proof of their status.]
Condition	<ul style="list-style-type: none"> • Pregnancy is a basis of eligibility. Enrollees with a “Disabled” basis of eligibility must be certified disabled by the State Medical Review team (SMRT) or the Social Security Administration (SSA). • MA eligibility can go back 3 months prior to the date of application & cover past unpaid medical bills. • For pregnant women, county human services must process a completed MA application within 15 days. • From 7-1-09 to 12-31-10, people \leq age 65 may get MA while being treated for colorectal cancer if they were screened by Minn.Dept. of Health’s Sage Scopes prevention project & are not otherwise eligible for MHCP or other coverage.
Insurance	<ul style="list-style-type: none"> • Can have other insurance (private, employer, TRICARE, or COBRA); other insurance pays before MA pays. • MA may pay the other insurance premium, if determined “cost effective”. [Exception: MA does not pay MCHA (Minnesota Comprehensive Health Association) premiums.] Adult enrollees who have insurance or access to insurance must cooperate to determine if payment of the premiums by MA is cost-effective. • Children remain eligible even if parents don’t cooperate with medical support requirement.
Family	<ul style="list-style-type: none"> • Spenddown: May be responsible for a “spenddown” (like an insurance deductible). [NOTE: MinnesotaCare may be a better program for some – compare MA spenddown amount with MinnesotaCare premium] • Co-pays (an amount you are responsible for) on some services [Exception: No co-pays for: pregnant women and children under 21; or persons on Refugee Medical Assistance (RMA)].

***PASS** (Plan to Achieve Self Support): certain income and assets can be excluded for eligibility if Blind or Disabled basis of eligibility.

MEDICAL FUNDING SUMMARY – MA-TEFRA

Age	<ul style="list-style-type: none"> • Under age 19 and living with at least one parent (biological or adoptive). • TEFRA is usually no longer needed at age 18, since parent income is not counted for persons \geq age 18, with a Disabled “basis of eligibility”, even if living at home). At age 18, refer to SSI *.
Income/Assets	<ul style="list-style-type: none"> • Household size: Child with a disability is considered a household size of 1, even living with parents. • Income: Counts child’s gross income, less deductions and disregards (such as work expenses, or P.A.S.S. income **). Doesn’t count: Parent’s income, or child support received for or on behalf of the child, or RSDI payments received by or on behalf of child under age 18. • Children over income may still be eligible with a “spenddown” (spenddown to 100% of the FPG). • Assets: Not counted.
Resident/Citizen	<ul style="list-style-type: none"> • Minnesota resident (date physically present in Minn.), with intention to stay in Minn. [Does not require a fixed or permanent address.] • U.S. Citizen or noncitizens with a Lawful immigration status ***. • Only those in the household applying for coverage need to provide proof of immigration status. • If over MA income limits, the TEFRA option (doesn’t count parent income) is a way for the noncitizen child with a disability and level of care need to become eligible for Emergency Medical Assistance (EMA), for the noncitizen child with a disability and level of care need (regardless of immigration status), of the child has a “medical emergency”. [See the “Medical Funding Summary-EMA” in this packet]
Condition	<ul style="list-style-type: none"> • Certified as disabled by State Medical Review Team (SMRT) or Social Security Administration (SSA) and needs a level of care comparable to that provided in a hospital, nursing home, or an intermediate care facility for persons with mental retardation and related conditions ICF/MR). • Disability recertification is needed every 1 to 4 years (frequency is determined by the SMRT). • Cost to MA for home care can’t be more than MA would pay for child’s care in a facility/institution.
Insurance	<ul style="list-style-type: none"> • Can have other insurance, which must be used first before MA pays. • MA may pay your other insurance premium, if the premium is determined to be “cost effective”. [Exception: MA does not pay Minnesota Comprehensive Health Association (MCHA) premiums.] • TEFRA enrollee’s other health insurance policies are considered “cost effective” and do not require further review if the child’s portion of the premium is \$50 or less per month.
Cost	<ul style="list-style-type: none"> • Monthly parental fee, based on the family size and income • Parental fee starts the 1st month on MA, including any months of retro-active eligibility. • Before applying for TEFRA, the child’s eligibility should first be determined counting the parent(s) income, using the MA “Children under 21” income limit (and if needed, look at the spenddown). There is no parental fee and no disability requirement for MA “Children under 21” basis).

* **Refer 18 yr. olds to SSI** (Supplemental Security Income) if their disability continues. MA is left open while the SSI determination is pending. If SSI determines there is no longer a disability, parental income is counted. [NOTE: SSI is under the federal government, Social Security Administration (SSA). For more SSA information see the Website: www.socialsecurity.gov). Also see the “SSA Overview” in this packet.]

** **P.A.S.S.** (Plan to Achieve Self Support) allows persons.(age \geq 15), with a disability, to exclude some income &/or resources which would otherwise be counted when determining income MA eligibility (blind or disabled basis). The P.A.S.S. money you exclude must be tied to achieving a work goal and occupational objective. Examples include assistive technology, laptop computer, tuition and books, child care, tutoring or testing fees. A P.A.S.S. proposal is submitted to county Human Services for approval.

***.For more information about noncitizens, see the “**Noncitizens and MHCP**”, in this packet. Also, the DHS website www.dhs.state.mn.us contains a document “Eligibility for Noncitizens” (June 30, 2008).

MEDICAL FUNDING SUMMARY - MA for Employed Persons With Disabilities (MA-EPD)*

Age	<ul style="list-style-type: none"> • Ages 16 to 65, and employed, and meeting disability criteria. • Not eligible for MA-EPD if on SSI (Supplemental Security Income).
Income / Assets	<ul style="list-style-type: none"> • Household size: Each person is a household size of 1. Married couples, both applying, are each considered a household size of 1, plus children, for each spouse. • Income: Counts only income of MA-EPD applicant. Counts gross earned income, or if self-employed, counts net income (gross minus business expenses). The income must be above \$65/month; Medicare, Social Security & state & federal income taxes must be paid or withheld. Doesn't count spouse's income. There is NO maximum income [Exception: DOES count parent income for youth with disabilities, ages 16 or 17, living with a parent (both for income eligibility and for premium amount)] • An MA-EPD enrollee may be eligible without earnings for up to 4 months due to either: 1) job loss that was not caused by or attributed to the enrollee (ex: layoffs due to lack of work, business closing or plant shutdown); or b) a verified need for a medical leave due to a medical condition. • Assets: \$20,000 per applicant. [Exceptions: Doesn't count: Assets for youth under age 21; or Spousal assets and share of jointly held assets; or Retirement accounts.]
Resident/Citizen	<ul style="list-style-type: none"> • Minn. resident (date physically present in Minn.), with intention to stay in Minn.. [Does not require a fixed or permanent address.] • U.S. Citizen or noncitizen maintaining a lawful immigration status. Noncitizen eligibility depends on status, date of entry into U.S., & possibly a sponsor's income & assets. • Most non-immigrants (visitors, tourists, & foreign students) and undocumented persons are not eligible. • Only those in the household applying for coverage need to provide proof of immigration status. • Cannot be on MA-EPD if on Refugee Medical Assistance (RMA).
Condition /Disability	<ul style="list-style-type: none"> • Must be certified disabled by State Medical Review Team (SMT) or Social Security Administration (SSA). Persons with no current disability certification should be referred to SMRT. This includes those whose SSI/RSDI application is pending or being appealed, or benefits are terminated, or persons with extended Medicare who are no longer receiving RSDI due to their income exceeding the RSDI "substantial gainful activity level". (Refer them to MA-EPD 2 months before their Medicare extension ends.) • MA-EPD enrollee may be eligible without earnings for up to 4 calendar months. • Persons certified disabled and eligible for MA with a spenddown, may qualify for MA-EPD if they go to work. • Can be on both a Home and Community Based Services ("Waiver") Program and MA-EPD.
Insurance	<ul style="list-style-type: none"> • Can have other insurance, which must be used first before MA pays. • MA may pay the enrollee's other insurance premium, if the premium is determined to be "cost effective" for MA. [Exception: MA does not pay for Minnesota Comprehensive Health Association (MCHA) insurance premiums.] Persons eligible for Medicare must enroll as a condition of MA-EPD eligibility, regardless of their income and the amount of the Part B premium. Part B premiums may sometimes be reimbursed by MA-EPD .
Costs	<ul style="list-style-type: none"> • Monthly premium, based on gross earned & unearned income, on a sliding scale, if income is greater than 100% of the FPG. Minimum premium is \$35. There is no maximum premium. • Eligibility begins when 1st premium paid; can go back 3 mo. if premium paid for retroactive months. • Eligibility ends for non-payment of premium. If premiums paid later, MA-EPD can be restarted.

* **MA may be a better alternative than MA-EPD in some situations, such as:** (1) MA without a spenddown; (2) MA with a monthly spenddown amount lower than the MA-EPD premium; (3) MA with a spenddown greater than the MA-EPD premium, when the spenddown is satisfied with existing unpaid medical bills.

** **Lawful Immigration Status:** For more information about noncitizens, see the "**Noncitizens and MHCP**", and the "**Noncitizen Information**" pieces in this packet. Also, see the DHS website www.dhs.state.mn.us for their document titled "Eligibility for Noncitizens" (June 30, 2008).

MEDICAL FUNDING SUMMARY – HCBS (Home and Community Based Services - “Waivers”)

CAC - Community Alternative Care CADI - Community Alternatives for Disabled Individuals
 DD - Developmental Disability TBI - Traumatic Brain Injury

	CAC	CADI	DD	TBI
Age	Under age 65, when waiver is opened	Under age 65, when waiver is opened	Any age	Under age 65, when waiver is opened
Condition or Disability	<ul style="list-style-type: none"> • Certified disabled; and • Chronically ill or medically fragile; and • Needs a hospital level of care (without the CAC services, person would require frequent or continuous hospitalizations over a 12 month period). Level of care must be certified by a primary physician. 	<ul style="list-style-type: none"> • Certified disabled; and • Needs a Nursing Facility (NF) level of care 	<ul style="list-style-type: none"> • Certified disabled; and • Has a developmental disability or a related condition; and • Needs an ICF/DD (intermediate care facility for persons with developmental disabilities) level of care. 	<ul style="list-style-type: none"> • Certified disabled; and • Has a traumatic or acquired brain injury (not congenital), with severe or significant behavioral and cognitive issues from the brain injury; and • Needs a nursing facility or neurobehavioral hospital level of care
Income / Assets	<ul style="list-style-type: none"> • Must be on Medical Assistance (MA), either “regular” MA, or MA-TEFRA, or MA-EPD; and must have an assessed need for supports and services over and above those already provided by MA. • Counts only individual’s income and assets (not the parents or spouses, even if the person lives with their parents or spouse). If married, a person may get waiver services while living at home with his/her spouse. • Asset limit: \$3,000 for household of 1 [Exception: No asset limit for children under age 21] 			
Citizenship/ Residency	<ul style="list-style-type: none"> • Minnesota resident (date physically present) and intends to stay in Minnesota. (A fixed/permanent address is not required). • Must be U.S. Citizen or a “Qualified noncitizen”. Noncitizen eligibility depends on the person’s immigration status, date of entry into the U.S. (and possibly a sponsor’s income/assets). [See the “Noncitizens and Minnesota Health Care Programs” information for which noncitizens are considered “Qualified”.] • Only the person in the family applying to be covered by benefits needs to provide proof of their status. • Not eligible: Non-immigrants (visitors, tourists, or foreign students) and undocumented persons. 			
Other Insurance	<ul style="list-style-type: none"> • Can have other insurance (other insurance has to be billed first); • MA may be able to pay the other insurance premium, if determined to be cost-effective. • Persons with disabilities may be excluded from Managed Care, and continue to receive their services from “fee-for-service” providers. 			
Cost to Family	<ul style="list-style-type: none"> • Parents may pay monthly a parental fee for HCBS enrollees under age 18. The parental fees based on family size and income. • Adults may have to pay a “spenddown” in order to become income MA-eligible, if their income is over the MA limits. 			

APPLY: Contact your county human services agency and ask to talk with a Disability Social Worker.

NOTE: HCBS are NOT an entitlement program. That means a person may qualify, but funding may not be available in the county due to a waiting list. (Counties keep a waiting list, based on severity of need). Persons eligible for the HCBS program are encouraged to apply and get on the waiting list in their county

MEDICAL FUNDING SUMMARY – MinnesotaCare (MCRE)*

Age	<ul style="list-style-type: none"> Families with children < age 21 in home (including parents, stepparents, relative caretakers, guardians or foster parents), and adults without children. Relative caretakers, legal guardians, or foster parents (of children < 21 in the home) are considered “adults without children” if they are not including the children on the MCRE application, “Automatic newborn” eligibility (until infant age 1 year) if mother was on MCRE at the time of the birth.
Income / Assets	<ul style="list-style-type: none"> Household size: All persons with parental/marital relationship, including stepparents, & young adults < 21. Pregnant woman = 2. Household size of one if either: 1) under 21 & not living with parent/relative caretaker/foster parent/guardian; OR 2) single & ≥ age 21, even if living at home. [A relative caretaker or foster parent or guardian of child < 21 in home are an “adult without children” if not including children on their application.] Income: Counts gross household (earned & unearned), including stepparent. Self-employed use adjusted gross from 1040 federal tax form, plus some depreciation. Income limit for non-pregnant parent (> 21): \$50,000 or 275% FPG, whichever is less. Doesn’t count [not complete list]: 1) Earned income of full/part-time student < age 19; 2) Food Support Program; 3) WIC; 4) Retroactive SSI/SSDI; 5) Undergraduate student financial aid; 6) Grandparent (3-generation household), if counting grandparent income makes grandchild ineligible; 7) Counts only the child’s income to determine child’s eligibility and premium amount if the relative caretaker or guardian or foster parent is applying for the children separately, not applying for the adult. Assets: \$10,000 (for 1); \$20,000 (2 or more). [Exception: No asset limit for pregnant women and children < 21]
Resid/Citize	<ul style="list-style-type: none"> Must intent to live in Minnesota, and: 1) Preg. women & families with children < 21: Resident on day of arrival in Minn.; 2) Adults without children must live in Minn. 180 days immediately before MCRE eligible. U.S. Citizen, or noncitizen with a lawful immigration status*. Noncitizen eligibility depends on immigration status, date of entry into U.S., & possibly sponsor’s income/assets. [Only people in the family requesting coverage need to provide proof of their immigration status.] Undocumented or nonimmigrant noncitizens not eligible.
Condition	<ul style="list-style-type: none"> No health condition, disability or level of care required for eligibility. Households with enrollees on active military duty can re-enroll without penalty during/after active tour of duty. Retroactive (30 days) MCRE, if person applies for MCRE within 30 days after their MA or GAMC ended. NO \$10,000 inpatient hospital limit for adults in families with children if income ≤ 215% FPG. Enrollees can apply for MA if they have inpatient expenses not covered by MCRE (use unpaid expenses for MA spenddown). Certain disabled adults without children must apply for MA (Medical Assistance).
Insurance	<ul style="list-style-type: none"> Insurance barriers: 4-mo. wait – Must be without insurance (including Medicare) for 4 mo. 18 month wait – If employee has current/past (in last 18 mo.) access to “Employer Subsidized Insurance” (ESI), where employer pays half the employee’s premium cost. ESI is determined separately for the employee & for the dependents. [NO insurance barriers for: a) “Automatic” newborns; or b) “Underinsured”** child in family with income ≤ 150% FPG can keep/cancel other insurance for child without affecting child’s MCRE eligibility. NO 4-month wait: a) Child with income ≤ 150% FPG; or b) Child < 21 meeting Children’s Health Plan exception (continuously enrolled in CHP on or before 6-30-93) or c) If moving directly from MA or GAMC; or d) Had TRICARE (not considered other health insurance). NO 18-month wait: a) Dependents, if employer doesn’t offer family coverage; or b) Lost ESI due to employer dropping benefits & on MCRE within the past 6 mo.]
Cost	<ul style="list-style-type: none"> Premiums: a) Sliding scale (based on family size, income & number of people covered); or b) Fixed \$4/mo.per enrolled child if family income ≤ 150% FPG. Coverage begins month after 1st premium is paid. Must wait 4 mo. to re-enroll if either premium isn’t paid or person voluntarily ends MCRE (unless can prove “Good Cause” ***) [Exceptions: a) DHS pays premium for 12 mo. for military member or family (within 24 mo. of active duty); b) Pregnant woman (thru 60 days postpartum) & infant < 2 yr cannot be cancelled for nonpayment of premiums and premiums can be forgiven at the end of postpartum or when child turns 2 if not paid.

* **Lawful immigration status & MCRE programs: “Qualified” noncitizens:** FF for Parents/relative caretakers; LL for Children < 21 & pregnant women); **“Other lawfully present”:** JJ for Guardians, foster parents & noncitizen parents/relative caretakers who don’t qualify for federally funded MCRE; BB for Non-pregnant adults without children (regardless of citizenship).

** **“Underinsured” child:** **1)** No coverage in 2 or more: basic hospital/medical-surgical; major medical coverage; prescription drug coverage; preventive or comprehensive dental; preventive or comprehensive vision; **or 2)** ≥ \$100 deductible per person per year; **or 3)** Excludes services for a particular diagnosis (child doesn’t have to have the particular diagnosis), or excludes for a pre-existing condition (child must have the pre-existing condition)pre-existing condition; **or 4)** On Medicare.

*** **“Good Cause”:** Circumstances beyond enrollee’s control or enrollee could not reasonably foresee. Circumstances include, but are not limited to: serious physical/mental illness; regular income source not received; MCRE coverage was dropped due to belief the other health coverage was available, but the other coverage does not materialize; “Safe at Home” program participants.

MEDICAL FUNDING SUMMARY - GAMC (General Assistance Medical Care) *

Age	<ul style="list-style-type: none"> • Non-pregnant adults, ages 21 to 65, with no dependent children in the home [Dependent child is under age 18, or age 18 and a full-time student expecting to graduate by age 19].
Income /Assets	<ul style="list-style-type: none"> • Household size includes all people living together with a parental or marital relationship. • Income: Counts income from the last 6 months. Counts income & assets of a person's spouse when spouse lives with the client. [There is no eligibility with a spenddown for GAMC.] Re-apply every 6 months. • Asset Limits: \$1,000 for a family of any size (cash; checking & savings accounts; CDs, stocks & bonds; recreational vehicles; land/houses that you don't live on or in). Assets NOT included: Home you live in; household & personal goods (such as clothing, jewelry, furniture, appliances, tools & equipment used in the home); motor vehicle under certain conditions; capital & operating assets of a trade or business.
Residency/Citizens	<ul style="list-style-type: none"> • Minnesota Resident - 30 consecutive days & intend to stay (Staying in a battered woman's shelter counts toward the 30 days.) [Exception: The 30-day criteria doesn't apply if a household member has a medical emergency, or is a migrant agricultural worker who verifies the household earned at least \$1,000 in Minnesota within 12 months before the month of application.] • Must be a U.S. citizen or a noncitizen lawfully residing in the U.S. [See "Noncitizens and Minnesota HealthCare Programs" in this packet, for more information on immigration status criteria.] • Undocumented and non-immigrants (visitors, tourists, foreign students) are NOT eligible.
Condition	<ul style="list-style-type: none"> • Coverage begins on the date of application or on the date all eligibility factors are met– renewal every 6 months.[Does not go back and pay past bills]. • People pursuing disability certification from the State Medical Review Team (SMRT) or the SSA (Social Security Administration) may get GAMC pending the disability determination. If determined disabled, can be MA (Medical Assistance) under the disabled category, or MA-EPD(MA For Employed Persons with Disabilities).
Insurance	<ul style="list-style-type: none"> • Can have other health insurance (this includes private, employer, TRICARE and COBRA). NOTE: This will change on 11/1/10 – people with private insurance will not be eligible.
Cost	<ul style="list-style-type: none"> • Co-pays for some services. [NOTE: Co-pays for household members may be applied toward a spenddown for MA (Medical Assistance) eligibility for the client]

* As of June 1, 2010, GAMC recipients may choose a hospital-based Coordinated Care Delivery System (CCDS) to receive health care services. **Non-emergency services (except pharmacy services and chemical dependency treatment) that are not provided and coordinated by the CCDS are not covered, unless provided by a hospital receiving payment through the Uncompensated Care Pool for GAMC individuals not enrolled in a CCDS.** Four Twin Cities metro-area hospitals were participating as a CCDS, as of 6-1-10. GAMC enrollees must enroll in a CCDS to get health care services, unless it is an emergency. A CCDS provides and coordinates the following hospital and non-hospital health care services: Inpatient Hospital; Outpatient Hospital; Outpatient clinic (including primary care and some specialty care); Mental health; Emergency medical transportation; Physician-administered drugs. Services provided can be different at different CCDSs. If persons are enrolled in a CCDS, but receive non-emergency services at other clinics/providers outside the CCDS, or if persons are not enrolled in a CCDS and receive any services, the person may be billed for those services (except emergency services, which are billed to the CCDS or services billed to the Uncompensated Care Pool).

• **In addition, MHCP covers the following for all GAMC clients (whether enrolled in a CCDS or not):** (1) Outpatient prescription drugs and medication therapy management services are available from any pharmacy that accepts MHCP coverage (The pharmacy bills MHCP on a fee-for-service basis.) Outpatient drug coverage does NOT include drugs administered in a clinic (always administered by a healthcare professional), medical equipment or medical supplies; and (2) Chemical dependency services (administered through the Consolidated Chemical Dependency Treatment Fund (CCDTF), available through the county DHS.

• **Persons on GAMC who are NOT enrolled in a CCDS:** (1) May be able to access some health care services through their local hospital or community clinic, including mental health. [NOTE: See the DHS Website (www.dhs.state.mn.us) for information about mental health services]. AND (2) May be billed by non-CCDS hospitals for inpatient & outpatients services provided (only if the hospital does not seek Uncompensated Care Pool (UCP) payment, through Feb. 28, 2011. [Non-hospital providers are not eligible to receive payment from the UCP.]

• **Beginning March 1, 2011** GAMC enrollees who did not sign up for a CCDS may no longer be able to get non-emergency care from non-CCDS hospitals.

MEDICAL FUNDING SUMMARY – EMA / RMA / NMED

EMA – Emergency Medical Assistance; RMA – Refugee Medical Assistance; NMED – Noncitizen Medical Assistance

	EMA [Federally-funded]	RMA [Federally-funded]	NMED [State-funded MA]
Age	<ul style="list-style-type: none"> Needs an MA “basis” *; Noncitizen disabled children under age 19, with a medical emergency, may use the TEFRA option to become eligible (parent income is not counted under TEFRA) 	<ul style="list-style-type: none"> Don’t need an MA “basis” * If has an MA basis, must first have ineligibility for MA determined. CAN’T be a full-time student in an institution of higher learning unless enrollment is part of a state-approved plan 	<ul style="list-style-type: none"> Needs an MA “basis ” * [Exception: CVT recipients don’t need an MA “Basis” of eligibility] Noncitizen disabled children under age 19, may use TEFRA option to become income eligible (parent income is not counted under TEFRA)
Income / Assets	<ul style="list-style-type: none"> MA income/asset limits. No sponsor income/assets are counted. No asset limit for pregnant women and children under age 21. “Automatic newborn”(infant born to woman on MA has “automatic” MA for 1 year) If over income, may still qualify with a “spenddown”. 	<ul style="list-style-type: none"> Income/Asset limit: 100% of FPG, after deductions; If over income, may still qualify with a “spenddown”. Asset limit: \$10,000 for 1; \$20,000 for 2 Exception: No asset limits if pregnant or child under age 21. 	<ul style="list-style-type: none"> MA income/asset limits. If over income, may still qualify with a “spenddown” Exception: No income or asset limits if receiving CVT services
Citizenship/ Resident	<ul style="list-style-type: none"> Minnesota resident (on day of arrival); intends to stay in Minn.; No fixed/permanent address required. Covers noncitizens not eligible for MA solely due to their immigration status, including undocumented or non-immigrant persons; Don’t need Social Security number 	<ul style="list-style-type: none"> Minnesota resident (on day of arrival) & intends to stay in Minn. In the U.S. 8 months or less; 1 of the following: Refugees, (including Asylee, Cuban/Haitian, Amerasian, and Afghan/Iraqi Special Immigrant); or Victim of trafficking 	<ul style="list-style-type: none"> Minn. resident (day of arrival); Covers noncitizens not MA eligible solely due to their immigration status. [No NMED if an undocumented or non-immigrant child, pregnant, parent, single adult, elderly, blind, or disabled] Persons on NMED who have a “medical emergency” are eligible for EMA. Don’t need Social Security number
Condition	<ul style="list-style-type: none"> Must have medical emergency** Possible 3-month retroactive coverage for chronic condition meeting the “emergency” definition. 	<ul style="list-style-type: none"> No health condition or disability requirement. Possible 3 month retroactive eligibility 	<ul style="list-style-type: none"> Possible 3 month retroactive eligibility if getting CVT services
Insurance	<ul style="list-style-type: none"> Can have other insurance Other Insurance premium may be paid if “Cost Effective”. Excluded from Managed Care 	<ul style="list-style-type: none"> Can have other insurance Other Insurance premium may be paid if “Cost Effective”. Excluded from Managed Care 	<ul style="list-style-type: none"> If have other health care insurance or a spenddown. NMED enrollees with other insurance are excluded from Managed Care.
Cost	<ul style="list-style-type: none"> May be responsible for a “spenddown” 	<ul style="list-style-type: none"> May have a “spenddown”. NO copays 	<ul style="list-style-type: none"> May be responsible for a “spenddown”

* **MA “Basis of eligibility”:** Pregnant; Under age 21; Parent with child under age 18 in the home; 4) 65 or older; 5) Blind or disabled. [NOTE: Beginning July 1, 2010, all lawfully present noncitizen children under 21 and pregnant women are eligible for MA with FFP (Federal Financial Participation). Undocumented & other nonimmigrant pregnant women may be eligible for CHIP-funded MA through the 6-day postpartum period or EMA for labor & delivery only.]

** **EMA “Medical emergency”:** Either short-term, acute (including labor and delivery) or ongoing chronic medical or mental health condition. The emergency must meet criteria: in the absence of immediate medical attention or if left untreated, the condition could reasonably be expected to place the person’s health in serious jeopardy or cause serious dysfunction or impairment to a bodily function, bodily organ or part. {Acute condition examples: stroke; heart attack; abscessed teeth; broken bones; ear infections. Chronic condition examples: insulin dependent diabetes; HIV positive with complications; cancer; kidney disease; tuberculosis.} For short-term emergencies, coverage is for the duration of the emergency only; for chronic conditions meeting the emergency definition, eligibility may continue indefinitely.

NONCITIZENS and MINNESOTA HEALTH CARE PROGRAMS

MA = Medical Assistance; EMA = Emergency Medical Assistance; GAMC = General Assistance Medical Care; MCRE = MinnesotaCare;
 NMED = Noncitizen Medical (state-funded MA); RMA = Refugee Medical Assistance.

[For more information, in this packet see both the “Medical Funding Summaries” (eligibility information summarized for each program), and “Noncitizen Information” (immigration statuses described). Also, DHS has a document “Health Care Eligibility for Noncitizens” on their Website] (www.dhs.state.mn.us)

Immigration Status	Pregnant Women	Children (under 21)	Adults over age 21 (Parents, Blind, Disabled, or Elderly)	Adults over 21 (Not a parent, pregnant, blind, disabled, or elderly)
Qualified noncitizen: Including: Refugee; American Indian noncitizen; Asylee; Amerasian; Cuban/Haitian Entrant; Afghani/Iraqi Special Immigrant; Lawful Permanent Resident (LPR) > 5 years; Battered noncitizen > 5 years; Parolee > 5 year; Trafficking victim; Withholding of removal; Victim or witness of certain crimes; Military service in U.S. armed forces (including spouse and children)	<ul style="list-style-type: none"> • MA with FFP (Federal Financial Participation) • RMA • MCRE [program LL] 	<ul style="list-style-type: none"> • MA with FFP • TEFRA option for certain disabled children if ineligible due to parents’ excess income • RMA • MCRE [program LL] 	<ul style="list-style-type: none"> • MA with FFP • RMA • MCRE [program LL for parents or relative caretakers] 	<ul style="list-style-type: none"> • RMA • MCRE [program BB] • GAMC
Other lawfully present noncitizen: Including, but not limited to: LPR < 5 yrs; Battered noncitizen < 5 yr; Parolee ≤ 1 yr; Parolee ≥ 1 yr. and < 5 yrs; Applicant for asylum; Deferred action; Deferred Enforced Departure; Family Unity Beneficiary; Lawful Temporary Resident; Pending immigration status; Temporary Protected Status; Marshall & Micronesia Islander; Republic of Palau citizen; Stays of deportation; Persons with an order of supervision; Granted work authorization under pending application for adjustment of status; Nonimmigrants legally admitted on a long term basis, such as those with K-Visas, V-Visas, U-Visas	<ul style="list-style-type: none"> • MA with FFP (Federal Financial Participation) • MCRE [program KK] 	<ul style="list-style-type: none"> • MA with FFP (Federal Financial Participation) • TEFRA option for certain disabled children if ineligible due to parents’ excess income • MCRE [program KK] 	<ul style="list-style-type: none"> • State-funded MA (NMED) • MCRE [program JJ for parents or relative caretakers] 	<ul style="list-style-type: none"> • MCRE [program BB] • GAMC
Undocumented & nonimmigrant noncitizen including temporary visitor, foreign student, and temporary worker.	<ul style="list-style-type: none"> • CHIP-funded MA if no insurance & no spenddown • EMA if has insurance or spenddown 	<ul style="list-style-type: none"> • EMA (TEFRA) option for certain disabled children with a medical emergency, if ineligible due to parents’ income) 	<ul style="list-style-type: none"> • EMA 	<p style="text-align: center;">NOT eligible for any Minnesota Health Care Program</p>
People receiving services from the Center for Victims of Torture (CVT)	<ul style="list-style-type: none"> • State-funded MA (NMED) if not MA eligible without a spenddown 	<ul style="list-style-type: none"> • State-funded MA (NMED) if not MA eligible without a spenddown 	<ul style="list-style-type: none"> • State-funded MA (NMED) if not MA eligible without a spenddown 	<ul style="list-style-type: none"> • State-funded MA (NMED) if not MA eligible without a spenddown

[SOURCES (1) DHS Health Care Programs Manual; (2) DHS Bulletin #10-21-09 Legislative Changes to MA Eligibility for Certain Noncitizen Children and Pregnant Women (7-27-10).]

NONCITIZEN INFORMATION

Immigration status is established by the U.S. Citizenship and Immigration Services (USCIS).

[NOTE: The DHS document “Health Care Eligibility For Noncitizens”, on the DHS Website www.dhs.state.mn.us, contains much more information.]

Immigration Status is NOT considered in determining eligibility for the following:

- EMA (Emergency Medical Assistance).
- Persons receiving services from the CVT (Center for Victims of Torture)
- Other services and programs, such as non-cash emergency disaster relief, school lunch/breakfast programs, Public Health immunizations, testing and treatment for communicable diseases, Head Start, WIC (Women, Infants and Children) and some local or regional free/reduced fee clinics.

Afghan and Iraqi Special Immigrants - Status began 12-07, for Afghan and Iraqi translators employed by the U.S. military (including spouses and unmarried children under age 21). They are eligible for RMA (Refugee Medical Assistance) for the same period as refugees and for federally-funded MA (Medical Assistance) if they meet all other MA requirements.

American Indian Noncitizens - If 1 of the following: (1) Born in Canada and at least 50% American Indian blood (includes spouse and biological or adopted children also at least 50%). They are considered a LPR.; or (2) Member of a federally recognized Indian tribe (as defined in the Indian Self-Determination and Education Assistance Act) born in Canada.

Amerasian - Noncitizen children of Vietnamese mothers and U.S. citizen fathers who were born in Vietnam between 1/1/62 and 1/1/76. This includes their accompanying immediate relatives (spouses, children, parents or guardians). They are admitted to the U.S. as LPR (Lawful Permanent Resident). This group does not include Amerasians from Vietnam here as non-immigrant, or Amerasians from countries other than Vietnam.

Asylee (Status is set after entering the U.S) - Noncitizens already present and have been granted permission to remain in the U.S. Asylum is granted because of a well-founded fear of persecution if they return to their home country. They may apply for LPR (Lawful Permanent Resident) status after one year. Asylees who adjust their status to LPR are eligible as asylees for 7 years from the date granted asylum. **Applicants for Asylum** are allowed to remain in the U.S. with an employment authorization document or card while their applications for asylee status are pending with the USCIS.

“Battered immigrants” - Noncitizen spouse or child victim of domestic violence (battered or subjected to extreme cruelty) who are attempting to become a LPR (Lawful Permanent Resident). The domestic violence occurs in the U.S., by a U.S. citizen or LPR parent, spouse, or relative, who resided in the same household as the victim. The applicant must no longer live with the abuser and cannot have participated in the abuse of the child. The need for health care coverage must be “substantially connected” to the abuse. The immigration provisions of the 1994 Violence Against Women Act (VAWA) allow certain battered immigrants to file for immigration relief without the abuser’s assistance or knowledge, in order to seek safety and independence from the abuser. USCIS determines the battery and/or cruelty and approves the petition for adjustment to LPR status. If the person doesn’t have a legal immigration status, USCIS may place them in “deferred action” status at the time of the self-petition approval.

Center for Victims of Torture (CVT) - State law allows those receiving “care and rehabilitation” services from a non-profit center established to serve victims of torture, to **not have to meet MA eligibility criteria** (“basis of eligibility”, income, asset, or immigration requirements).

Conditional Entrant - Granted conditional entry into the U.S. because of fear of persecution in the home country due to race, religion, political opinion or because of a natural disaster. This status was used for refugees prior to the Refugee Act of 1980 and is no longer used by Federal Government.

Conditional Permanent Resident - Received LPR (Lawful Permanent Resident) status through marriage to a U.S. citizen if they have been married less than 2 years when the LPR status was granted. After 2 years, the couple or individual must file a petition for the removal of the condition during the 90 days before the second anniversary of the date the conditional resident status was obtained.

Cuban/Haitian - Nationals of Cuba or Haiti who meet 1 of the following: paroled into U.S.; or are subject to exclusion or removal proceedings; or who have an application for asylum pending. This status continues for those applying to stay in the U.S. through other than refugee, immigration, and tourist or business channels. Not all people from Cuba or Haiti have this status - some are admitted under other statuses, such as refugee or LPR (Lawful Permanent Resident).

Deferred Action - Granted by the USCIS or an immigration judge. Deferred action means the USCIS will not initiate removal proceedings against the person. This status may be granted to a self-petitioning battered spouse or child.

Deferred Enforced Departure (DED) - Granted to certain noncitizens by executive authorization of the President, offering protection from deportation for a period of 12 or 18 months because of political instability in the country of origin or other reasons.

Family Unity Beneficiary – Provides protection from deportation and employment authorization to the spouses and unmarried children (under age 21) of noncitizens who obtained legal status under the Immigration Reform and Control Act of 1986 (IRCA).

Honorably discharged U.S. veterans, or active duty U.S. military - Noncitizen veteran honorably discharged from the U.S. military (2 yrs. minimum active duty), or active duty personnel. This includes their spouses and unmarried dependent children. NOTE: Active duty includes Army, Navy, Air Force, Marine Corps, or Coast Guard - does NOT include National Guard service.

Lawful Permanent Resident (LPR) - Lawfully admitted to the U.S. as permanent residents under the Immigration and Nationality Act (INA). The spouse and children of the primary application may also be admitted at the same time. If they have a sponsor, the sponsor’s income and assets may be counted [Exceptions: See “Sponsor-Deeming” for types of noncitizens where sponsor income and assets are NOT counted.] Lawful permanent residency can be generally obtained through one of the following:

(1) Family-based visa petition (filed by a U.S. citizen or an LPR who is a close family member);

(2) Employment-based visa petition (filed by an employer to immigrate a prospective

employee whose job skills are needed in the U.S.);

(3) Winning of the diversity visa lottery (for persons from certain countries);

(4) Adjustment of status from refugee and asylum status or from a temporary class of admission; or

(5) “Self-petitioning” for an immigrant visa (as a widow or widower of a U.S. citizen, or an abused spouse or child of a US citizen or LPR;

(6) Application for adjustment under special immigration laws

Lawful Temporary Resident (LTR) - Resided in the U.S. unlawfully since before 1/1/82 and were allowed to legalize their status under the 1986 IRCA. Most of these people now are LPRs.

Nonimmigrants - Some immigrants are admitted into the U.S. for a limited period of time and specific purpose (such as foreign students, tourists, temporary workers, visitors on business) and would not be eligible for Minnesota Health Care Programs. However, some immigrants are legally admitted to the U.S. on a long term basis and must follow certain requirements to adjust their status, such as nonimmigrants with a T or U visa. Other noncitizens are admitted as nonimmigrants and later adjust their status, for example to apply for asylum. Citizens of the former trust territories of Micronesia and the Marshall Islands are permanent non-immigrants (status doesn't expire; can live and work permanently in U.S).

Order of Supervision - Permanently living in U.S. Under Color of Law (PRUCOL), with the knowledge and permission of the USCIS, and are required to report to USCIS periodically. They are deportable, but factors exist which make it unlikely the USCIS would be able to remove them (ex: age, or physical condition, or humanitarian concerns, or the availability of a county to accept them).

“Other Lawfully Present” – Noncitizens here on a non-permanent, limited basis. They will most likely leave the U.S. when their status expires, or they will file a petition to adjust their status to LPR. This includes, but is not limited to:

- Applicants for Asylum
- Deferred Action
- Deferred Enforced Departure (DED)
- Family Unity Beneficiary
- Lawful Temporary Resident (LTR)
- Parolees for less than 1 year
- Pending application for Special Immigrant Juvenile status
- Pending immigration status
- Persons with an order of supervision
- Withholding of Removal
- Temporary Protected Status (TPS)
- Granted work authorization under a pending application for adjustment of status
- Citizens of Micronesia, the Marshall Islands, and Republic of Palau admitted as nonimmigrants & permitted to live permanently or indefinitely in the U.S.
- Other immigration categories of noncitizen lawfully present in the U.S. include, but are not limited to: Indefinite stay of deportation; Indefinite voluntary departure; Stays of deportation; or Filed application for adjustment of status and USCIS has accepted as “properly filed”.

“Paroled” into U.S. - Noncitizens granted entry into the U.S. for humanitarian, medical, legal reasons, or for other reasons deemed to be of public interest.

Pending Immigration Status - Applicants for asylum, family unity and adjustment of status, who are already here and have a pending immigration status, are considered to be lawfully residing in the U.S. while their applications are still being processed. The process of establishing asylee status can take a year or longer.

“Public Charge” - A term used by USCIS to describe a noncitizen who has become, or is likely to become, primarily dependent on the government for subsistence. For health care programs, using MA (Medical Assistance), GAMC (General Assistance Medical Care) or other health care benefits will NOT affect “public charge” status, except for the use of long-term care (nursing homes). Refugees and asylees are NOT subject to public charge considerations. This pertains to a person who relies on cash assistance for their income (MFIP, SSI, MSA and GA), and it may harm a person’s chances of adjusting their status and getting a green card.

“Qualified” noncitizens – Noncitizens who entered the U.S. on or after August 22, 1996, and live in the U.S. for at least 5 years in a “qualified” status may qualify for MA with FFP or MinnesotaCare back to the 1st day of the month in which they meet the five-year requirement. A person who meets one of the following immigration criteria: (1) LPR; (2) Refugee; (3) Granted asylum; (4) Removal is being withheld; (5) “Paroled” for at least 1 year; (6) Granted conditional entry; (7) Cuban/Haitian entrant; (8) Battered noncitizen with an approved or pending petition for immigration status.

Refugee (status set prior to entering the U.S.) - Have permission to enter and live in the U.S. because of a well-founded fear of persecution in their home country due to race, relation, membership in a particular social group, or due to political opinion. They can apply for LPR (Lawful Permanent Resident) status after 1 year. Once they adjust their status to LPR, they are eligible as refugees for 7 years from the date of U.S. entry. This status includes: Afghan/Iraqi Special Immigrant; Asylee; Cuban/Haitian, Amerasian; Victims of trafficking.

Pending Application for “Special Immigrant Juvenile” status - They have an “Other Lawfully Present” status, and if under age 21 or pregnant, can apply for MA (Medical Assistance) with FFP, or MinnesotaCare. “Special Immigrant Juvenile” is an immigrant who is present in the U.S. and who has been declared dependent on a juvenile court or who a court has legally committed to or placed under the custody of an agency or a department of state and who has been deemed eligible for long-term foster care due to abuse, neglect or abandonment.

Sponsor-Deeming - A sponsor is a U.S. citizen or LPR who signs a USCIS legally enforceable written agreement (“Affidavit of Support”) on behalf of a noncitizen, as a condition of the noncitizen’s entry into the U.S. The USCIS determines whether a noncitizen needs a sponsor to enter the U.S. and if a person meets the criteria to become a sponsor for the noncitizen. A sponsor agrees to provide financial support to maintain an immigrant at 125% of the Federal Poverty Guideline (FPG). 100% of the sponsor’s (and sponsor’s spouse) income and assets are counted as income for the sponsored-immigrant. Sponsor-Deeming applies even if the sponsor never gives the noncitizen any money. The sponsor’s family size and fixed debts are irrelevant. Sponsor-deeming applies only to family-based immigrants (arriving through a petition from a family member, the most common method of immigrating to the U.S). Sponsor-Deeming applies for MA, GAMC and MinnesotaCare. **Exceptions: Sponsor-deeming does NOT apply** for all of the following: (1) Pregnant women and children under age 21; (2) Refugees; (3) Asylees; (4) Diversity visa (visa lottery) recipients; (5) MA-BC (breast/cervical cancer) program; (6) EMA (Emergency Medical Assistance); (7) Immigrants

with Temporary Protected Status (TPR); or (8) Indigence - when DHS determines without the benefit, the immigrant will go hungry or become homeless. Indigence exemption is up to 12 months, with possible 12-month renewal.

Temporary Protected Status (TPS) - Granted to people from countries designated by the Secretary of Homeland Security (countries where there is an ongoing armed conflict, an environmental disaster, or other extraordinary circumstances that pose a serious threat to the person's safety if they return to their home country). TPS does not lead to permanent resident status.

Trafficking Victim - Certified by the Office of Refugee Resettlement (ORR) or the U.S. Dept. of Health and Human Services (HHS), for persons forced into the international sex trade, prostitution, slavery, or forced labor coercion, threats of violence, psychological abuse, torture and imprisonment. Certification is for an 8-month period, with follow-up certification possible. Trafficking victims under age 18 are not required to be certified, but are issued letters of confirmation by the ORR.

Undocumented - Persons entering the U.S. without the necessary documents, avoided Bureau of Customs and Border Protection (CBP) inspection at the border, or violated the terms of a nonimmigrant visa (after entering the U.S. legally) by not leaving the U.S. when their visa expired. Undocumented noncitizens can only apply for EMA;

“Unqualified” noncitizens – This includes the following: (1) Have no documentation; (2) Have expired documentation; (3) Came to the U.S. with a fiancé (“K” or “K-1” visa); (4) Have applied for suspension of deportation or cancellation of removal; (5) Have applications pending for adjustment or asylum; (6) Lawful temporary residents under an amnesty program; or (7) Non-immigrants (students, or visitors, or those with a temporary worker visa, or those with temporary protected status [TPS])

Withholding of Removal (formerly called “withholding of deportation”) – This status is similar to asylees (deportation is withheld because of a threat to life/freedom in the person's home country due to race, religion, nationality, membership in a particular social group, or political opinion). Very few are given this status. They have NO direct path to becoming an LPR.

[Sources: (1) DHS Bulletin #10-21-09 (issued 7-27-10) “Legislative Changes to MA Eligibility for Certain Noncitizen Children and Pregnant Women”; (2) DHS Health Care Programs Manual (downloaded 8-1-10); (3) DHS “Health Care Eligibility for Noncitizens” 6-18-08; (4) “Public Benefits for Noncitizens” (Fall 2010), Mid-Minnesota Legal Assistance]

**MHCP (Minnesota Health Care Programs)
Covered Services and Non-Covered Services, Supplies and Equipment**

COVERED SERVICES

Service must be “Medically Necessary” to be covered and some need prior authorization. See the MCHP Provider Manual on the DHS Website (www.dhs.state.mn.us) for coverage details, including authorization information.

MA-Medical Assistance; **RMA**-Refugee Medical Assistance; **NMED**-Noncitizen Medical; **EMA**-Emergency Medical Assistance

[NOTE: Letters in bold and in parentheses behind some of the services on the list indicates there is more information about that service coverage on the pages following this table.]

SERVICES	MA; or RMA; or NMED	❖ MinnesotaCare (MCRE)		EMA
		Expanded Benefit Set	3 Basic “Plus” Benefit Sets	
Case Management/Service Coordination { A }	Yes	Yes	No	Yes
Chemical Dependency Treatment { B }	Yes	Yes	Yes	Yes
Child and Teen Checkups (C&TC)	Yes	Yes	No	No
Chiropractic { C }	Yes	Yes	Yes	Yes
Dental { D }	Yes	Yes	Yes	Yes
Emergency Room { E }	Yes	Yes	Yes	Yes
Eye Exams /Eyeglasses { F }	Yes	Yes	Yes	Yes
Family Planning { G }	Yes	Yes	Yes	No
Hearing Aids	Yes	Yes	Yes	No
Home Care { H }	Yes	Yes	Yes	Yes
Hospice Care	Yes	Yes	Yes	Yes
IEP (Individual Education Plan) Services { I }	Yes	Yes	No	Yes
Immunizations	Yes	Yes	Yes	No
Inpatient Hospitalization { J }	Yes	Yes	Yes	Yes
Insurance Premiums { K }	Yes	No	No	No
Interpreters (hearing and language) { L }	Yes	Yes	Yes	Yes
Medical Equipment and Supplies	Yes	Yes	Yes	Yes
Mental Health { M }	Yes	Yes	Yes	Yes
Nursing Home/ICF-DD	Yes	Yes	No	Yes
Outpatient Surgical Center	Yes	Yes	Yes	Yes
Physician and Clinic Visits { N }	Yes	Yes	Yes	Yes
Podiatrist { O }	Yes	Yes	Yes	Yes
Prescription Drugs { P }	Yes	Yes	Yes	Yes
Rehab. Therapies (PT, OT, Speech) { Q }	Yes	Yes	Yes	Yes
Transportation (Medical) { R }	Access	Yes	No	Yes
	Emergency or Special	Yes	Emergency only	Yes

- ❖ **MCRE Expanded** = Pregnant women and children (under 21); income at or below 275% of the FPG.
- ❖ **MCRE Basic Plus** = : Parents with children (under 21 in the home), with income above 175% of the FPG. Parent eligibility ends at family income of \$50,000/year.
- ❖ **MCRE Basic Plus One** = Non-pregnant adults (21 & older), without children under 21 in their home, with income at or below 250% of the FPG.
- ❖ **MCRE Basic Plus Two** =: Parents with children (under 21) in their home; income at or below 175% of the FPG.

[NOTE: **GAMC** - As of June 1, 2010, GAMC recipients must choose a hospital-based Coordinated Care Delivery System (CCDS). Non-emergency services (except pharmacy services) that are not provided and coordinated by the CCDS are not covered. [For more GAMC information, see the “Medical Funding Summary-GAMC, in this packet.]

COPAYS

The copay amounts are set by the Minnesota Legislature, and the enrollee pays them directly to their provider. (For persons **on a MHCP with a “spenddown”**, copays are billed by the provider to the enrollee only after their spenddown has been met.)

Some persons have **NO** copays:

- Pregnant women & children under 21; or
- Persons living/expecting to live for more than 30 days in a nursing home or ICF/DD; or
- Persons on Refugee Medical Assistance (RMA); or
- Persons in hospice care

Copay limits: One per day per treating provider for eye glasses, non-emergency visits to an ER (except drugs), and non-preventive visits (required because of the person’s symptoms, diagnosis, or established illness). Monthly copays for MA enrollees with income at or below 100% of the FPG are capped at 5% of their monthly gross income (ranging from \$0 up to a maximum of \$7 per month). The copay monthly cap is based on monthly gross income and the number of adults in the household who qualify for limited copays.

If you are unable to pay a copay, a federal statute protects persons on federally-funded MA from denial of services based on inability to pay as long as you tell the provider you can’t pay the copay. Providers cannot ask for proof that you cannot pay. However, the provider can still bill you for the copay amount. If the person is on federally-funded MA, the provider also cannot deny future or ongoing service to the recipient. [Exception: This federal statute does NOT apply to persons on state-funded MA (NMED for non-citizens) or state-funded MinnesotaCare. The services have to be provided for the current visit, but if it the provider’s standard office policy to refuse services to patients who have debt, these persons may be refused future ongoing services because of the inability to pay their copay.]

{A} Case Management /Service Coordination

- The terms **case management/service coordination** are often used interchangeably and include activities to help the recipient access a wide variety of needed services (health, social services, educational, vocational, advocacy, transportation, legal, volunteer and others), as they relate to the recipient’s needs. Case management includes assessment, development of a care plan; referral and related activities to obtain needed services; and monitor/follow-up activities. Persons need to meet the criteria for one of 6 types of case management: 1) Child Welfare Targeted Case Management; 2) Mental Health Targeted Case Management; 3) Relocation Service Coordination; 4) Rule 185 Case Management; 5) Targeted Case Management for Vulnerable Adults and Adults with Developmental Disabilities; and 6) Waiver Case Management. [See the DHS Disability Services Program Manual online (www.dhs.state.mn.us)].
- Managed Care Organizations (MCO) are responsible for assessing the need for and providing case management services for persons enrolled. County DHS determines eligibility if not MCO enrolled, with eligibility re-determined every 36 months.
- Effective on or after July 1, 2010, the **Health Care Homes** (HCH) program, authorized by the Minnesota Legislature in 2008, allows qualified MHCP-enrolled providers to receive HCH reimbursement for the delivery of care coordination services to MHCP recipients who have complex and chronic medical conditions. The development of the HCH initiative is a coordinated effort between the Minnesota Department of Health and the Department of Human Services. Clinics and clinicians must meet a set of standards and criteria in order to be certified as a health care home in Minnesota. Once providers are certified, they will be included on a list available on the DHS Website. (www.dhs.state.mn.us) .

{B} Chemical Dependency (outpatient and residential)

- Covered for all MHCP recipients who, after receiving a chemical use assessment, meet the criteria for chemical abuse (Level 2) or chemical dependency treatment (Level 3). Halfway house and extended care is paid fee-for-service. Outpatient CD treatment is covered.

- The Managed Care Organization (MCO) is responsible for Primary Residential Inpatient care (including the assessment, placement, and the provision or contracting of chemical dependency treatment services) for their MHCP enrollees. Recipients in MCOs who meet the criteria for extended rehabilitation or transitional rehabilitation must be referred by the MCO to the county DHS for placement under the Consolidated Chemical Dependency Treatment Fund (CCDTF).
- **GAMC:** Use the county CCDTF.

{C} Chiropractic - Covered services include manual manipulations of the spine for subluxation(s) and x-rays to diagnose subluxation(s).

- The **3 MCRE Basic Plus** benefit sets have a \$3 copay

{D} Dental - There are no yearly dollar limits on dental services.

- **MCRE Expanded** coverage includes the full MA dental benefits. **Orthodontia** is covered for children in limited circumstance and only with prior authorization
- The 2009 Minnesota Legislature made significant limitation changes to MHCP dental coverage effective January 1, 2010. For all non-pregnant adults on MHCP, including **MCRE Basic Plus One, Basic Plus Two, and MCRE Basic Plus**, coverage consists of a limited benefit set:
 - Periodic exam once per calendar year
 - Limited examination
 - Comprehensive exam once per 5 years
 - Bitewing x-rays once per calendar year
 - Periapical x-rays
 - Panoramic x-rays once per 5 years (except when medically necessary for the diagnosis & follow up of oral & maxillofacial pathology & trauma. Panoramic x-rays may be taken once every 2 years for patients who cannot cooperate for intraoral film due to a developmental disability or medial condition that does not allow for intraoral film placement.
 - Cleaning once per year
 - Fluoride varnish once per year
 - Posterior & anterior fillings
 - Root canals limited to the anterior & premolar teeth only
 - Removable dentures & partials (each dental arch, one every 6 years)
 - Oral surgery limited to extractions, biopsies, & incision & drainage of abscesses
 - Palliative treatment & sedative fillings for the relief of pain
 - The following services are covered only if provided in an outpatient hospital setting or freestanding ambulatory surgical center as part of outpatient dental surgery: Periodontal scaling & root planing once every 2 years; General anesthesia; and full mouth survey x-rays once every 5 years.
- **EMA:** Eligibility exists for the duration of the emergency only, and may begin or end mid-month. Cleanings, fluoride treatment/fluoride varnish, periodic oral exams, oral hygiene instructions, sealants, and routine x-rays are not covered..

{E} Emergency Room (ER)

- Copay for ER visit which was **not an emergency:** MA - \$6; EMA-\$6; **MCRE non-pregnant parents and adults without children**-\$6; **GAMC** - \$25.
- **Effective January 1, 2010** the copay for the non-emergency use of the emergency room is reduced from \$6 to \$3.50 for all MHCP enrollees.

{F} Eye exams/Eyeglasses/Contact lenses

- NO MHCP pays for eyeglass add-ons (ex: lens coating, special edge treatments, scratch resistant coating, anti-reflective lens coating), or upgraded lenses (ex: transition lenses, no-line bifocals, high-index plastic, more fashionable frames), or back-up glasses. The recipient must pay for the entire cost of the eyeglasses (including repairs) if they contain the non-covered add-ons or upgrades. Providers must tell the recipient

before providing the item that it isn't covered by MHCP. The provider can't bill the recipient for the difference between the MHCP covered product and the add-on or non-covered item.

- Copays do not apply if only the frames are dispensed, or only the lenses are dispensed, or for repair of eyeglasses.
- **Contact lenses** are covered without authorization if prescribed for aphakia, keratoconus, or aniseikonia and for bandage lenses. All other diagnoses/conditions requires authorization for contact lens services and supplies.
- **MA and MCRE Expanded:** No copays.. **3 MCRE Basic** benefit sets have \$3 copay on eye exam & \$25 copay on eyeglasses. **EMA:** doesn't cover vision screening or eyeglasses. **GAMC:** Does NOT cover eyeglasses. A CCDS (Coordinated Care Delivery System) may cover eye exams. [Each CCDS can decide what services they cover.]

{G} Family Planning - All MHCP recipients, who have this as a covered service, have free choice of qualified family planning providers, including those outside of their provider network. The **3 MCRE Basic** benefit sets have \$3 copay for family planning services.

{H} Home Care [See the DHS topic packet in this manual for more "Home Care" information]

- MHCPs do NOT cover a home visit if more than one visit (for a particular type of home health service by a home health agency), per recipient per day - (Exception: respiratory therapy visits or skilled nurse visits as specified in the recipient's plan of care).
- **MCRE Expanded:** covers Private Duty Nursing and PCA. The **3 MCRE Basic** benefit sets do NOT include Private duty nursing and PCA. **EMA:** Covers home care only for acute conditions (not chronic conditions). EMA does not cover Public Health Nurse (PHN) health promotion and counseling visits.

{I} IEP Services: Paid fee-for-service. [See "School" topic packet for more information on IEP coverage]

{J} Inpatient Hospitalization

- **MCRE Basic Plus:** No copay; and no \$10,000 annual limit if income at or below 215% FPG. **MCRE Basic Plus One:** \$10,000 yearly limit and a 10% copay (up to \$1,000). [NOTE: If the \$10,000 inpatient hospital limit has been reached, the enrollee is responsible for the balance of the hospital bill, unless the enrollee is eligible for MA.] **EMA:** Doesn't cover organ transplants.

{K} Insurance Premiums

- **MA** may be able to pay your other health insurance premium if DHS determines it to be "cost effective". This includes both if you are paying the premium for private insurance yourself, or the coverage is available through current or former employment and the insurance premium is at some cost to you. Policies that cover children on TEFRA are considered cost effective and don't require further review if the child's portion of premium is \$50 or less per month.
- Medicare supplement (also known as "Medigap" policies) and Medicare Advantage (Medicare part C) are never considered cost-effective. MA does not reimburse Minnesota Comprehensive Health Association (MCHA) insurance premiums.
- Persons with insurance or access to insurance must cooperate to determine if payment of the premiums is cost effective and must enroll in the plan at the earliest possible date or remain enrolled in the plan if it is approved as cost effective. Adult members of a case are ineligible for MHCPs if they fail to cooperate with the cost effective health insurance requirements.

{L} Interpreter Services (including hearing impaired and foreign language)

- Agencies getting state or federal funds must provide a free interpreter to people with limited English skills (including most government offices, schools, courts, hospitals, police and fire departments, and

non-profits). Interpreter services are considered “access” or “enabling” services and are covered by MHCP, so the enrollee can get medically necessary health care.

- MHCP providers with at least **15 employees and Prepaid Health Plans** must provide these interpreter services if the enrollee needs them to receive medical services. If the MHCP provider has **fewer than 15 employees**, the County DHS agency and MinnesotaCare Operations are responsible for providing these interpreter services not covered by the Prepaid HealthPlan, for MHCP enrollees on MA, or MCRE pregnant women and children under age 21.
- All MHCP enrollees eligible for access services are to be given written information about their county DHS access plan requirements. To get an interpreter, ask for one. If the agency refuses, tell them the law says they must provide an interpreter. Complain in writing and keep a copy. Getting an interpreter should not take so long that you lose a benefit or miss a deadline. It is illegal for an agency to ask you to bring an interpreter (you can bring your own if you want, but an agency may choose to use its own interpreter). Children/minors should not be interpreters².

{M} Mental Health (MH) - There are NO copays for mental health visits. Some services require persons meet criteria and/or functional limitations based on their diagnosis. [NOTE: See the “Mental Health” topic packet for more info. on children’s mental health. Also, see the DHS MHCP Provider Manual (Chapter 14) for specific mental health details: www.dhs.state.mn.us].

- For children’s residential MH treatment services, both the Managed Care Organization (MCO) and county DHS have a role in authorizing, paying for and monitoring the services.
- For MH-Targeted Case Management (MH-TCM), Managed Care Organizations are responsible for both determining eligibility and providing the services, either directly or through contracted providers. Persons eligible for and who accept the offer of MH-TCM services should have timely access to the services (“wait lists” can not established to access MH-TCM). Acceptance of MH-TCM cannot be a requirement for consumers to access other services. **The 3 MCRE Basic benefit sets do not cover Adult MH-TCM.**
- **GAMC** - Access to mental health services is the same as access to other health care services - if enrolled in a CCDS, they should go to their CCDS. The CCDS determines coverage for non-emergency mental health services (such as MH-TCM) and for Intensive Residential Service Treatment (IRTS). If persons on GAMC are not enrolled in a CCDS, there is no coverage for MH-TCM, IRTS and other non-emergency mental health services. (However, there may be some free or low-cost services available through local providers.)

{N} Physicians/Clinics/Lab/X-ray

- **MA and all the MCRE** benefit sets cover non-preventive visits and preventive visits (Preventive visits = routine physical exams, screenings, prenatal and postnatal care, and counseling/risk factor reductions visits.) The **3 MCRE Basic** benefit sets have a \$3 copay for non-preventive visits, and visits with diagnostics only (ex: colonoscopies). **EMA** doesn’t cover organ transplants, preventive visits or screening tests (hearing screenings, mammograms, lab, x-rays, etc.), or preventive physician and clinic services. **GAMC** – No copays if services are received through the CCDS. If not enrolled in a CCDS, the recipient can be billed.
- Preventive visits not covered by MHCPs include services that are only for vocational or educational purposed that are not health related; and services that deal with external social, or environmental factors that do not directly address the recipient’s physical or mental health.]

{O} Podiatrist – The **3 MCRE Basic** benefit sets have a \$3 copay for non-preventive visits.

{P} Prescription Drugs - There are **no copays** for certain mental health drugs or for contraceptive drugs.

- All of the Over-The-Counter drugs must be dispensed in the manufacturer’s original, unopened container. (Except Sorbitol may be re-packaged.)

- Two rescue inhalers (ex: albuterol) can be dispensed if one is needed for home and one for school/work.
- **MA, GAMC and EMA:** all have \$3 copay on brand names and \$1 copay on generic, with \$7/month maximum co-pay. The **3 MCRE Basic** benefit sets have a \$3 copay, with no monthly copay maximum.
- Prescription drugs **NOT covered by MHCP** includes: (1) drugs for erectile dysfunction; (2) Minixidol for male pattern baldness; (3) Herbal or homeopathic products drugs dispensed after their expiration date; (4) Nutritional supplements, except as specifically allowed in the DHS Provider Manual or provider updates; (5) the cost of shipping or delivering a drug; (6) drugs lost in shipping or delivery; (7) Compounded drugs, except as allowed in the Provider Manual; (8) drugs determined to be less-than-effective (DESI) by the FDA and drugs identified as identical, related or similar to DESI drugs; (9) drugs from manufacturers without a rebate agreement with CMS; (10) drugs which are limited or excluded by the state as allowed by federal law (OBRA 90); (11) drugs requiring prior authorization and for which criteria wasn't met. In addition, **GAMC** doesn't cover anti-rejection drugs. Also, **EMA** doesn't cover vitamins/minerals, organ transplant anti-rejection drugs, drugs treating impotence of organic origin, acne medication, contraception, smoking deterrents, fertility drugs, hydroquinone cream, antihyperlipemia drugs, weight loss drugs, ADHD drugs, growth hormone, Drysol, or Antabuse.

{Q} Rehabilitation Therapies - Physical Therapy (PT), Occupational Therapy (OT), Speech Language Pathology (SLP) and Audiology.

- For **GAMC:** All rehab services must be coordinated through the recipient's CCDS.

{R} Transportation - Medical transportation is to and from a covered MHCP appointment.

- Enrollees in a Managed Care Organization (MCO) should contact their MCO for transportation procedure requirements; otherwise, contact your county DHS for transportation procedures.
- The **3 types of medical transportation** include:
 1. **"Access" ("common carrier") transportation services (ATS)** includes bus, taxi, private car/contract, or direct mileage reimbursement to the recipient or the recipient's volunteer driver. This may include the cost of parking, and in some cases also lodging, meals and airfare. Common carrier (bus, taxi) or volunteer driver mileage reimbursement is paid through the Managed Care Organization for plan enrollees. Personal mileage reimbursement is through the County DHS or through MNET (Minnesota Non emergency Transportation), depending on county of residence. Contact county DHS for ATS policies.
 2. **Ambulance** includes emergency and non-emergency ambulance services.
 3. **Special Transportation Services (STS)** is for persons unable to use common transportation (e.g., a bus, taxi or volunteer driver) because of physical or mental impairment which requires the transportation driver to provide direct assistance to the recipient. STS is required to enable the recipient to obtain covered medical services. Direct driver assistance for the recipient is required in the residence/pick up location to exit/enter and at the medical facility to enter/exit to/from the appropriate medical appointment desk (station-to-station/door through door); the driver must obtain a signature from the provider. STS to a health service destination outside of the recipient's local trade area must be ordered by the recipient's attending physician and must be the nearest available provider capable of providing the medical service.. All MHCP recipients are responsible for selecting and contacting an STS provider and scheduling their own STS trips, after getting an approved level of need assessment from MNET (Minnesota Non Emergency Transportation).
- **MA and MCRE Expanded** benefit sets cover all transportation types. (For MCRE Expanded, common carrier costs and personal mileage reimbursement is available through the MCRE division.) The **3 MCRE Basic** benefit sets cover ATS and emergency, but not special transportation. **EMA** doesn't cover non-emergency transportation for routine or preventive care. **GAMC** enrollees signed up with a CCDS receive the emergency transportation services provided by their CCDS.

COVERED EQUIPMENT/SUPPLIES (This is not a complete list)

- Apnea monitors, memory monitors and Trend Event Recording
- Alternating pressure pads, mattresses and lamb's wool pads
- Ambulatory uterine monitoring devices
- Assistive technology and Augmentative communication devices
- Bath lifts
- Bathtub chairs and seats
- Bedpans
- BIPAP
- Bilirubin lights
- Blood glucose monitors
- Bone growth stimulators
- Breast pumps (power and manual) and supplies
- Bronchial drainage vests
- Canes, crutches, walkers
- Car seats (specialized)
- Chest compression vest systems
- Commodes
- Continuous passive motion devices
- CPAP and Bi-PAP devices (for obstructive sleep apnea)
- Cranial electrotherapy stimulator (CES)
- Disposable diapers, Undergarments, liners/pads, and underpads
- Enteral nutritional products and administration equipment
- "Formula" (specialized products for child with specific medical needs)
- Eyeglasses
- Gait trainers
- Gloves
- Hearing aids
- Heating pads, heat lamps and steam packs
- Hospital beds, mattresses and side rails
- Infusion pumps
- IPPB machines
- Lymphedema pumps
- Nebulizers with compressor
- Orthopedic footwear (foot deformities, or other medical conditions)
- Ostomy supplies
- Oxygen and oxygen supplies, including oxygen humidifiers
- Patient lifts
- Peak flow meters
- Pneumogram recording equipment
- Portable paraffin bath units
- Postural drainage boards
- Pressure reducing support surfaces
- Prosthetics and orthotics
- Raised toilet seats
- Rent for durable medical equipment (for 10 mo. or to purchase price)
- Repairs/Service to durable medical equipment
- Respiratory Assist Devices (suitable for 12 hrs. or less per day)
- SAD lights
- Seat lift mechanisms
- Seating and positioning devices
- Self-administered injection supplies
- Sitz baths
- Standers
- Suction pumps (respiratory)
- Topical products defined as drugs (including skin care products for specified conditions)
- Tracheostomy supplies
- Traction equipment and trapeze bars
- Transcutaneous electrical nerve stimulators (TENS)
- Ultraviolet cabinet
- Vaporizers
- Ventilators
- Wheelchairs (manual and motorized)
- Wigs (for diagnosis of alopecia areata)
- Wound care supplies/Wound therapy (specialized)

NON-COVERED SERVICES, EQUIPMENT, and SUPPLIES

[Note: Some may be covered under Home & Community-Based Services program]

- Adaptive furniture
- Air conditioners
- Amplifiers for TV, telephone, etc.
- Appliances
- Artificial insemination
- Autopsies
- Bathroom scales
- Bed baths
- Bedboards
- Beds (oscillating and lounge beds), bed boards, bed tables and other bed accessories)
- Bicycles
- Blankets
- Blood glucose analyzers (reflectance colorimeter)
- Body-worn speech amplifying systems, such as “Speechmaker”
- Bottle washers
- Car seats (standard use)
- Cell phones
- Cervical roll or pillow
- Circumcisions, unless medically necessary
- Clothing
- Computers (personal computers & printers)
- Control units and battery device adapters
- Diathermy machines
- Disinfectants
- Disposable ice packs/disposable heat wraps
- Disposable wipes (including Attends wash cloths)
- Ear piercing
- Electric toothbrushes/water picks
- Energy drinks
- Enuresis or bed-wetting alarms
- Environmental products, such as hypoallergenic bedding and linens, air filters and purification systems, humidifiers and dehumidifiers (central or room)
- Exercise equipment
- Eyeglasses or lenses for occupational/educational needs, unless it is the recipient’s only pair & is necessary for vision correction.
- Facilitated communication
- Feeding instruments, tableware and eating utensils
- Food blenders
- Food thickeners
- Formula (standard) for healthy infants under age 1yr. of age
- Grocery store products
- Hair analysis and transplants
- Health club memberships
- Health services: (a) when doctor order is required but not obtained; or (b) not documented in recipient’s medical record, plan of care, treatment plan, IEP, or individual services plan; or (c) paid for by recipient or other source, except when payment is made for services incurred during recipient’s retroactive eligibility period; or (d) not containing documentation of required supervision; or (e) provided [other than emergency health services] without the full knowledge & consent of the person or their legal guardian.
- Heat and massage foam cushion pads
- Herbal or homeopathic products
- Home modifications (ex: grab bars, handrails, elevators, stair lifts, doorways widening, bathroom modifications, ramps)
- Home security systems
- Hot tubs
- Hygiene supplies and equipment (ex: hand-held shower units and shower trays, dental care supplies & equipment, disposable wipes)
- Hypnotist services, other than hypno-psychotherapy
- Incontinence undergarments (includes pants to wear with pads)
- Instructional materials (e.g. pamphlets and books)
- Isolation gowns
- Jet injectors (hypodermic jet pressure powered)
- Karate lessons
- Lotion

[Non-covered continued]

- Magnifying glasses
- Massage devices and masseuse services
- Medical identification bracelets and response systems
- Menses products (sanitary pads)
- Mobility devices, if: a) requested to meet behavioral needs rather than mobility needs; or b) requested solely for use in a public school if the device can be covered through an IEP; or c) designed for sports/recreational purposes; or d) wheelchairs with stair climbing ability; or e) options/accessories to convert a manual chair to a power chair.
- Missed appointments (MHCP recipients may not be billed)
- Non-prescription over-the-counter ointment/creams/ lubricants
- Nutritional products: 1) for health newborns; or 2) for which the need is nutritional rather than medical, or is related to an unwillingness to consume solid or pureed foods; or 3) for a convenient alternative to preparing/consuming regular food; or 4) because of an inability to afford regular foods or supplements
- Orthopedic mattresses
- Orthopedic shoes (stock orthopedic shoes, except when attached to a leg brace or for a diabetic)
- Paternity tests
- “Potty” chair/seats for toilet training children
- Power mobility devices requested solely for the purpose of community outings such as attending social activities.
- Pulse tachometers
- Reachers
- Reading glasses
- Reversal of voluntary sterilizations
- Saline or other solutions for the care of contact lenses
- Sport shakes
- Surgical masks/gowns
- Surgery primarily for cosmetic purposes
- Surrogate pregnancy and related services
- Swimming lessons
- Switches, except on power operated wheelchairs or augmentative communication devices
- Table foods
- Tape recorders
- Tattoos
- Telephones, telephone alert systems, telephone arms, and answering machines
- Tennis/gym shoes
- Therapeutic tables
- Thermometer covers
- Toothbrushes and toothettes
- Toys
- Trampolines
- Transfer boards
- Treadmills
- Tricycles, chain-driven or otherwise
- Underwear
- Utensils
- Vehicle modifications: adapted seating, door handle replacements, door widening, motorized lifts, wheelchair lifts, wheelchair securing devices
- Video recorders
- Vocational or educational services, including functional evaluations or employment physicals, except as provided under IEP-related services
- Waterbeds
- Weight loss program enrollment
- White canes for the blind

Social Security Administration (SSA) Overview

When Social Security Administration (SSA) decides a child/adult is disabled they pay benefits under two programs:

- Supplemental Security Income (SSI) for people with little or no income and resources and pays benefits based on financial need.
- Social Security Disability Insurance (SSDI) pays benefits to adults and certain members of their family if the adult is “insured” meaning they worked long enough and paid Social Security taxes.

Supplemental Security Income (SSI)

Children as well as adults may qualify for SSI disability payments. The child must have a physical or mental condition(s) that very seriously limits his/her activities; AND the condition(s) must have lasted, or be expected to last, at least 1 year or result in death. SSI counts the family’s household income and most assets. [Exception example: your house and car usually are not counted as resources.] NOTE: This “Tools” packet contains the SSI income and disability guidelines for children (under age 18). Adults (over age 18) should check with their SSA office or call the SSI toll free to check on income eligibility. Adult disability criteria are at:

www.socialsecurity.gov/disability/professionals/bluebook (Part A criteria in the “Bluebook”)

SSI is monthly cash payments to people with low incomes and few resources, who are blind or disabled, or age 65 or older or children as defined above. You do not have to have worked to get SSI payments. (SSI payments are financed through general tax revenues, not through Social Security taxes.) Some refugees and other noncitizens may qualify for SSI. If you are a noncitizen and want to apply for SSI benefits, it is best to contact SSA to see if you are in one of certain categories of eligible non-citizens (aliens). Social Security provides free interpreter services to persons to conduct their Social Security business. NOTE: You **cannot** apply online for SSI. To apply for benefits call SSA at 1-800-772-1213 (or if you are deaf or hard of hearing at TTY 1-800-325-0778) and make an appointment to apply for SSI benefits. At the appointment, a representative will help you apply for benefits by interviewing you and completing the forms with information you give to them. In Minnesota, children who get SSI payments do not automatically qualify for Medicaid. The family will need to apply for MA.

SSA has many publications available, including, but not limited to: “Supplemental Security Income (SSI)” and “Benefits for Children With Disabilities”. The “Disability Starter Kits” and publications are available online at the SSA Website: www.socialsecurity.gov ; or call toll-free, **1-800-772-1213 (TTY number 1-800-325-0778)**; or visit your local Social Security Administration office. [NOTE: Generally, people who get SSI also can get Medical Assistance (MA), food stamps and other assistance from the Department of Human Services (DHS)].

It takes about three to five months for SSA to decide a person’s SSI disability claim. You can speed up the decision by being prepared for the disability interview at your local SSA office. The SSA Website has online “Disability Starter Kits”, specific for adults, children and noncitizens. The kits include checklists and worksheets to help you gather the information you’ll need for the disability interview. NOTE: People should appeal if their initial disability determination is denied. About 60% of all SSI and SSDI disability determinations are initially denied. [See the “Appeals” topic packet in these training materials for more information on appealing SSI disability determinations.] SSI and SSDI benefits can be paid retroactively up to one year from the time of official disability.

There is a new Compassionate Allowance Conditions list that describes medical conditions that are considered so severe that they automatically mean that you are disabled as defined by law. Impairments considered severe enough to prevent an individual from doing any gainful activity (or in the case of children under age 18 applying for SSI, severe enough to cause marked and severe functional limitations). Most of the listed impairments are permanent or expected to result in death. The list is at www.socialsecurity.gov/compassionate-allowances/

Social Security Disability Insurance (SSDI)

SSDI provides monthly cash payments based on the individual's earning record, which is on file at the SSA. SSDI is not based on financial need. It is available both to certain people who have never worked and those who have worked enough to earn sufficient "work credits". In certain situations SSDI can be based on a deceased spouse's earnings, or it may be based on a parent's earnings. For example, when a parent starts receiving Social Security retirement or disability benefits, other family members also may be eligible for payments.

Benefits can be paid to "adult children" (age 18 or older) who are severely disabled. It is not necessary that the adult child ever worked because benefits are paid on the parent's earning record. These individuals, eligible for what is called "Disabled Adult Child" (DAC) benefits, are eligible as an adult, but they were disabled as a child. For an "adult child" (at least age 18), to receive benefits on their parent's work record, the following rules apply:

- The child's disabling impairment must have started before age 22; and
- She or he must meet the definition of disability for adults; and
- She or he must be unmarried (or married and meet certain requirements); and
- The parent, who paid into Social Security, must be entitled to disability or retirement benefits or be deceased (and be insured for Social Security) for the disabled adult child to receive benefits.

The "child's" benefit is based on the parent's Social Security benefit amount. (The "child" includes a biological child, an adopted child, or in some cases also a stepchild, or a dependent grandchild of a person already receiving Retirement Benefits or SSDI, or who died while covered by Social Security.) A person receiving only DAC benefits can have unlimited assets and so can receive an inheritance without affecting DAC benefits. **SSDI example:** A 38yr old man has cerebral palsy since birth. His father retires and starts collecting Social security retirements benefits at age 62. The son may be able to start collecting a disabled "child's" benefit on his father's Social Security record. **NOTE:** An adult child already receiving SSI benefits should still check to see if benefits may be payable on a parent's earnings record (possibility of higher benefits and entitlement to Medicare).

For more information in general, go to: www.socialsecurity.gov Information about applying for disability benefits is at: www.socialsecurity.gov/applyfordisability/ or call the toll-free number, **1-800-772-1213**, to make an appointment to file a disability claim at your local Social Security office or to set up an appointment for someone to take your claim over the telephone. The disability claims interview lasts about one hour. If you are deaf or hard of hearing, you may call our toll-free TTY number, **1-800-325-0778**, between 7 a.m. and 7 p.m. on business days. It can take a long time to process an application for disability benefits (three to five months).

People receive SSDI payments after five full months of disability and the person will be entitled to Medicare coverage 24 months after the entitlement date (when you become eligible for payments). See the MA-Employed Persons with Disabilities (MA-EPD) section of this manual for more information on MA coverage prior to the Medicare coverage begins. Note: It is possible to be on both SSI and SSDI at the same time, although recipients receive just one check.

BEST (Benefit Eligibility Screening Tool)

BEST is a tool found on the Social Security Website for finding out if you could be eligible for benefits from any of the programs Social Security administers. (If you already get any of those benefits, BEST will not screen for those again, but it will screen for the other benefits.)

- Medicare
- Social Security Retirement
- Social Security Disability
- Social Security Survivors
- Special Veterans
- Supplemental Security Income (SSI)

BEST gives you eligibility information based on your answers to their questions. You need to answer all of the questions. If you're answering the questions on behalf of someone else, (including a child), the term "you" applies to that person. Answer the questions as they apply to the person you are helping.) Based on your answers, BEST will tell you **all** the programs you for which you may qualify. Example: It will ask for your (and your spouse's) date of birth, date of marriage(s), and earnings and personal finance information to determine if you could be eligible for SSI or qualify for help with your Medicare premium. If you don't understand a question, click the questions mark icon to

view help text for that question. It takes approximately 5 to 10 minutes to answer all the questions. BEST is **not** an application. You must contact Social Security to file an application. BEST will **not** give you an estimate of benefit amounts. BEST **doesn't know or ask** for your name or Social Security number and **does not** access your personal Social Security records. No one else will see the answers you give. When you leave BEST, all of your answers will be erased. Social Security **will not** keep any record of your answers. In fact, you may want to print a copy of each page for your own records as you go through the questions. After you complete the questions and see the results, if you decide that you would like to apply for any of the benefits, you must contact Social Security to file an application.

Work Incentive Programs

Many young people who get SSI disability benefits want to work. Your local Social Security office can provide more information about two programs not covered in this overview: Benefits Planning, Assistance and Outreach (BPAO) program; and the Protection and Advocacy for Beneficiaries of Social Security (PABSS) program. Below is more information about PASS and Ticket To Work.

PASS (Plan for Achieving Self Support) Is an SSI provision to help individuals with disabilities return to work.

How does a PASS help someone return to work?

- SSI eligibility and payment amount are based on income and resources (things of value that an individual owns).
- PASS lets disabled individual set aside money and/or things he or she owns to pay for items or services needed to achieve a specific work goal.

How does PASS work?

- Applicant finds out what training, items or services needed to reach work goal.
- Can include supplies to start business, school expenses, equipment and tools, transportation and uniform requests.
- Applicant finds out how much these items and services will cost.
- PASS can help person save to pay these costs. PASS lets person set aside money for installment payments as well as a down payment for things like a vehicle, wheelchair or computer if needed to reach work goal.

How do you set up a PASS?

- Decide on work goal and determining items and services necessary to achieve.
- Can get help in setting up plan from a vocational rehabilitation (VR) counselor; an organization that helps people with disabilities; Benefits Specialists or Protection and Advocacy organizations who have contracts with SSA; Employment Networks involved in the Ticket to Work program; the local Social Security office or anyone else willing to help him or her.
- Contact local SSA office; SSA work site or some third parties shown above to get a PASS form (SSA-545-BK) to complete.
- Bring or mail it to the Social Security office.
- SSA usually approves plans prepared by VR
- If goal is self-employment, there must also be a business plan

What happens to the PASS?

- SSA sends PASS to SSA employees who are trained to work with PASS.
- PASS expert works directly with the applicant. PASS expert looks over the plan to see if work goal is reasonable
- SSA reviews plan to make sure that items and services listed on PASS needed to achieve the work goal and reasonably priced.

- If changes needed, the PASS expert discusses with the applicant.
- If PASS not approved, can appeal the decision.

Ticket to Work Program -Under this program, SSI & SSDI beneficiaries (starting at age 18) can get help with training and other services they need to go to work **at no cost to them**. Most beneficiaries will receive a “ticket” (a paper document) sent by the Social Security Administration in the mail, along with a notice and a booklet explaining the Ticket Program. (Tickets can be replaced if lost/destroyed). The beneficiary can take the “ticket” to an Employment Network. The Employment Networks are private organizations or public agencies, that have agreed to work with Social Security to provide services under the program. The services provided by the Employment Network support the person to help them get the kind of services they need to go to work and achieve their employment goals. The Ticket program is voluntary; persons with Tickets do not have to use them. For more information go to www.socialsecurity.gov/work . Social Security has a publication, *Your Ticket To Work* [Publication No. 05-10061.] To find out more about the Employment Networks in your area, contact MAXIMUS, Inc. (toll-free 1-866-968-7842 or TTY 1-866-833-2967); or visit their Website at www.yourtickettowork.com (The SSA contracts with MAXIMUS, Inc. to serve as the Operations Support Manager and administer the Ticket program.)

The Red Book – A Guide to Work Incentives

The Red Book is a general reference source about the employment-related provisions of Social Security Disability Insurance (SSDI) and the Supplemental Security Income (SSI) Programs. It is a resource for educators, advocates, rehabilitation professionals, and counselors who serve people with disability. It is downloadable in both English and Spanish at <http://www.ssa.gov/redbook/> There is also other Social Security Administration information online for persons getting disability benefits and are interested in working. For example, there is a publication “Working While Disabled – How We Can Help” [SSA Publication No.05-10095].

ADAPTED FROM: Social Security Administration publications/websites: (1) "Understanding The Benefits" [1-10]; (2) "The Appeals Process [01-08] (3) "A Snapshot" [5-09]; (4) "Disability Benefits" [8-09]; (5) "Benefits for Children with Disabilities" [10-07]; (6) Adults Disabled Before Age 22 ; (7) Filing for social security disability benefits http://www.essortment.com/all/filingforsocia_pjb.htm (8) "The Red Book – A Guide to Work Incentives 2010" www.socialsecurity.gov/redbook; (9) SSA Website information: www.socialsecurity.gov [5-10]; and (10) "Social Security Disability vs. Supplemental Security Income and Subsequent Entitlements Publication" No. 4, 7/2007 <http://www.patientadvocate.org>

SSI INCOME GUIDELINES 1/1/10 – 12/31/10

Parental income and assets affect SSI payment for the disabled child living with them. The income table below shows parental **(monthly) incomes above which SSI eligibility ceases**, when the child/youth (under age 18) is no longer income eligible for SSI. **The table is a guideline only.** This chart does not apply when the family has a combination of earned and unearned income. The SSA (Social Security Administration) office does income determination for families. **TO USE THIS INCOME TABLE: First** consider the far left column, “# of ineligible siblings” – this is the number of other siblings in the family who are NOT disabled. **Second**, consider the number of parents in the family and whether the income is earned or unearned. If there are more than 6 ineligible children, add \$337 for each additional ineligible child.

# of <u>ineligible siblings</u>	All income is earned		All income is unearned	
	One parent in household	Two parents in household	One parent in household	Two parents in household
0	\$ 2,821	\$ 3,495	\$ 1,388	\$ 1,725
1	\$ 3,158	\$ 3,832	\$ 1,725	\$ 2,062
2	\$ 3,495	\$ 4,169	\$ 2,062	\$ 2,399
3	\$ 3,832	\$ 4,506	\$ 2,399	\$ 2,736
4	\$ 4,169	\$ 4,843	\$ 2,736	\$ 3,073
5	\$ 4,506	\$ 5,180	\$ 3,073	\$ 3,410
6	\$ 4,843	\$ 5,517	\$ 3,410	\$ 3,747

INCOME / ASSETS:

Earned Income - wages (gross) or self-employment (net) income

Unearned Income - interest, dividends, unemployment, social security, gifts, child and spousal support payments, inheritances, etc. MFIP (Minn. Family Investment Program) and other payments based on need may be affected by SSI and are treated differently.

Assets - cash, investments, property, etc. There is a \$2,000 limit for the eligible child. Parental assets of over \$2,000 for a single parent, \$3,000 for two parents in the household are deemed to the child. Resources that do NOT count include: home (residence); most household and personal items; one vehicle; most parental retirement funds; WIC; Food Stamps; business assets used for self support; items under a Plan for Achieving Self Support; burial plots; burial space item contracts and accrued interest; life insurance and/or burial contract up to \$1,500 (\$2,000 in Minn. if irrevocable), plus accrued interest (term insurance alone has no limit).

CITIZENSHIP / RESIDENCY

A **disabled person** living in one of the 50 states, Washington, DC or the Northern Mariana Islands, who is **one** of the following:

- U.S. Citizen or national; or
- Lawful permanent resident who was lawfully residing in the US on 8/22/96; or
- Lawful permanent resident with 40 qualifying work credits (can be earned on parent, spouse, or own record); or
- Certain noncitizens with a military service connections; or
- Certain refugee or asylee noncitizens during the first 7 years of U.S. residency.

INDEX FOR THE SSI DISABILITY GUIDELINES

If a condition is not listed below, look in the disability guidelines beginning on the next page. NOTE: Eligibility may also be determined by reviewing the functional limitation of a condition or groups of conditions.

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SSI MEDICAL EVALUATION GUIDELINES - Part B (children less than age 18 yrs.)

This summary covers children less than age 18 years (called Part B). In some instances, adult (age 18 & older) criteria are used for children. The website includes detailed explanations of the disability criteria. **Adult (age 18 & older) criteria, called Part A and the full Part B explanations can be found in the “Blue Book”, on the Social Security Website: www.socialsecurity.gov/disability/professionals/bluebook**

[Source: Disability Evaluation From Social Security “Blue Book” (as of January 4, 2010)]

PREMATURITY & LOW BIRTH WEIGHT (25216.001)

(Disability at least until the chronological age of 12 months) for 1 of the following:

1. Infant weighing less than 1200 grams (about 2 lb. 10 oz.) at birth; OR
2. Infant weighing at least 1200 grams but less than 2000 grams (about 4 lb. 6 oz.) at birth AND is small for gestational age (birth weight \geq 2 S.D. below the mean or $<$ the 3rd percentile for gestational age).

GROWTH IMPAIRMENT (100.00)

Criteria are applicable only until closure of major epiphyses. Determination of growth impairment should be based upon the comparison of current height with at least 3 previous determinations, including length at birth, if available.

• **RELATED to additional medical impairment (100.02) – Either a fall of greater than 15 percentiles in height which is sustained; or a fall to, or persistence of height below the 3rd percentile.**

• **NOT RELATED to additional medical impairment (100.03) - Both a fall of greater than 25 percentiles in height which is sustained; AND Bone age greater than 2 S.D. below the mean for chronological age.**

MUSCULOSKELETAL (101.00)

Major dysfunction of a joint(s), due to any cause (101.02)	Characterized by gross anatomical deformity (e.g. subluxation, contracture, bony or fibrous ankylosis, instability) and chronic joint pain and stiffness with signs of limitation of motion or other abnormal motion of the affected joint(s), and findings on appropriate medically acceptable imaging of joint space narrowing, bony destruction, or ankylosis of the affected joint(s), with EITHER A or B: A. Involvement of one major peripheral weight-bearing joint (i.e. hip, knee, or ankle), resulting in inability to ambulate effectively; or B. Involvement of one major peripheral joint in each upper extremity (i.e. shoulder, elbow, or wrist-hand), resulting in ability to perform fine and gross movements effectively.
Reconstructive surgery or surgical arthrodesis (101.03)	Of a major weight-bearing joint , with inability to ambulate effectively, and return to effective ambulation didn't occur, or is not expected to occur, within 12 months of onset.
Disorders of the spine (101.04)	(e.g., lysosomal disorders, metabolic disorders, vertebral osteomyelitis, vertebral fracture, achondroplasia): Resulting in compromise of a nerve root (including the cauda equina) or the spinal cord, with evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness) accompanied by sensory or reflex loss & , if there is involvement of the lower back, positive straight-leg raising test (sitting & supine).
Amputation (due to any cause) (101.05)	With 1 of the following: A. Both hands; OR B. One or both lower extremities at or above the tarsal region, with stump complications resulting in medical inability to use a prosthetic device to ambulate effectively, which have lasted or are expected to last for at least 12 months; OR C. Hemipelvectomy or hip disarticulation; OR D. One hand & one lower extremity at or above tarsal region , with inability to ambulate effectively.
Fracture(s) (femur, tibia, pelvis, \geq 1 tarsal) (101.06)	Fractures of femur, tibia, pelvis, or one or more tarsal bones, with BOTH of the following: A. Solid union not evident on appropriate medically acceptable imaging, and not clinically solid; AND B. Inability to ambulate effectively , and return to effective ambulation did not occur or is not expected to occur within 12 months of onset.
Upper extremity fracture (101.07)	With nonunion of a fracture of the shaft of the humerus, radius, or ulna , under continuing surgical management, directed toward restoration of functional use of the extremity, and such function was not restored or expected to be restored within 12 months of onset.

Soft tissue injury (101.08)	(e.g. burns) of an upper or lower extremity, trunk, or face and head, under continuing surgical management, directed toward the salvage or restoration of major function, and such major function was not restored or expected to be restored within 12 months of onset.		
SPECIAL SENSES and SPEECH (102.00)			
Loss of visual acuity (102.02)	<p>With 1 of the following:</p> <p>A. Remaining vision in better eye after best correction is 20/200 or less; OR</p> <p>B. Inability to participate in testing using Snellen methodology or other comparable visual acuity testing & clinical findings that fixation & visual-following behavior are absent in the better eye, and 1 of the following:</p> <ol style="list-style-type: none"> 1. Abnormal anatomical findings indicating a visual acuity of 20/200 or less in the better eye; or 2. Abnormal neuroimaging documenting damage to the cerebral cortex which would be expected to prevent the development of a visual acuity better than 20/200 in the better eye; or 3. Abnormal electroretinogram documenting the presence of Leber's congenital amaurosis or achromatopsia; or 4. An absent response to VER testing in the better eye 		
Contraction of visual field in the better eye (102.03)	<p>With 1 of the following:</p> <p>A. The widest diameter subtending an angle around the point of fixation no greater than 20 degrees; OR</p> <p>B. A mean deviation of -22 or worse, determined by automated static threshold perimetry; OR</p> <p>C. A visual field efficiency of 20 percent or less as determined by kinetic perimetry.</p>		
Loss of Visual efficiency (102.04)	Visual efficiency of the better eye of 20 percent or less after best correction		
Hearing (102.08)	<p>With 1 of the following (select appropriate age group, based on age at the time of the decision):</p> <p>Below age 5 years - inability to hear air conduction thresholds at an average of ≥ 40 db in better ear.</p> <p>5 years & above - 1 of the following:</p> <ol style="list-style-type: none"> 1. Inability to hear air conduction thresholds at an average of ≥ 70 db in better ear; or 2. Speech discrimination $\leq 40\%$ in better ear; or 3. Inability to hear air conduction thresholds at average of ≥ 40 db in better ear, & a speech & language disorder significantly affecting speech clarity and content and is attributable to hearing impairment. 		
RESPIRATORY (103.00)			
Chronic pulmonary insufficiency (103.02)	<p>With 1 of the following:</p> <p>A. Chronic obstructive pulmonary disease due to any cause with $FEV_1 \leq$ value in Table I (below); OR</p> <p>B. Chronic restrictive ventilatory disease, due to any cause, with $FVC \leq$ value in Table II (below); OR</p> <p>C. Frequent need for 1 of the following:</p> <ol style="list-style-type: none"> 1. Mechanical ventilation; or 2. Nocturnal supplemental oxygen as required by persistent or recurrent hypoxemia; OR <p>D. Presence of a tracheostomy in a child less than 3 years old; OR</p>		
	Height Without Shoes (cm/inches)	TABLE I $FEV_1 \leq$	TABLE II $FVC_1 \leq$
	$\leq 119/ \leq 46$	0.65	0.65
	120-129/47-50	0.75	0.85
	130-139/51-54	0.95	1.05
	140-149/55-58	1.15	1.25
	150-159/59-62	1.35	1.45
	160-164/63-64	1.45	1.65
	165-169/65-66	1.55	1.75
	$\geq 170/ \geq 67$	1.65	2.05 OR (continued next page)

<p>Chronic pulmonary insufficiency (103.02)</p> <p>Continued</p>	<p>E. Bronchopulmonary dysplasia, characterized by 2 of the following:</p> <ol style="list-style-type: none"> 1. Prolonged expirations; or 2. Retractions, flaring and tachypnea indicating intermittent wheezing or increased respiratory effort; or 3. Hyperinflation and scarring on chest x-ray or other appropriate imaging technique; or 4. Bronchodilator or diuretic dependence; or 5. Frequent requirement for nocturnal supplemental oxygen; or 6. Weight disturbance persisting for ≥ 2 months, with an involuntary weight loss (or failure to gain weight at an appropriate rate of age) resulting in a fall from the established growth curve of either 15 percentiles or to below the 3rd percentile; OR <p>F. 2 required hospital admissions (each longer than 24 hr.) within a 6-month period for recurrent lower respiratory tract infections or acute respiratory distress associated with either:</p> <ol style="list-style-type: none"> 1. chronic wheezing or chronic respiratory distress; or 2. weight disturbance (as described above under Bronchopulmonary Dysplasia weight disturbance); OR <p>G. Chronic hypoventilation ($\text{PaCO}_2 > 45$ mm Hg) or chronic cor pulmonale (see Chronic Heart Failure 104.02); OR</p> <p>H. Growth impairment (100.00).</p>																				
<p>Asthma (103.03)</p>	<p>With 1 of the following:</p> <p>A. $\text{FEV}_1 \leq$ value specified in Table I (see 103.02 on page 2); OR</p> <p>B. Attacks in spite of prescribed treatment & requiring physician intervention, occurring at least once every 2 months or at least 6 times/year. Each inpatient hospitalization for longer than 24 hr for control of asthma counts as 2 attacks, & an evaluation period of at least 12 consecutive months must be used to determine the frequency of attacks. (Attacks are defined as prolonged symptomatic episodes lasting 1 day & requiring intensive treatment, such as IV bronchodilator or antibiotic or prolonged inhalation therapy in a hospital, or equivalent setting.) OR</p> <p>C. Growth impairment (100.00); OR</p> <p>D. Persistent low-grade wheezing between attacks or absence of extended symptom-free periods requiring daytime and nocturnal use of sympathomimetic bronchodilators with 1 of the following:</p> <ol style="list-style-type: none"> 1. Persistent prolonged expiration with x-ray or other appropriate imaging techniques evidence of pulmonary hyperinflation or peribronchial disease; or 2. Short courses of corticosteroids; average > 5 days/mo. for at least 3 mo., during a 12-mo. period. 																				
<p>Cystic fibrosis (103.04)</p>	<p>With 1 of the following:</p> <p>A. $\text{FEV}_1 \leq$ values in Table III</p> <table border="1" data-bbox="467 1255 1023 1617" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2" style="text-align: center;">TABLE III</th> </tr> <tr> <th style="text-align: center;">Height Without Shoes (cm/inches)</th> <th style="text-align: center;">$\text{FEV}_1 \leq$</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">$\leq 119/\leq 46$</td> <td style="text-align: center;">0.75</td> </tr> <tr> <td style="text-align: center;">120-129/47-50</td> <td style="text-align: center;">0.85</td> </tr> <tr> <td style="text-align: center;">130-139/51-54</td> <td style="text-align: center;">1.05</td> </tr> <tr> <td style="text-align: center;">140-149/55-58</td> <td style="text-align: center;">1.35</td> </tr> <tr> <td style="text-align: center;">150-159/59-62</td> <td style="text-align: center;">1.55</td> </tr> <tr> <td style="text-align: center;">160-164/63-64</td> <td style="text-align: center;">1.85</td> </tr> <tr> <td style="text-align: center;">165-169/65-66</td> <td style="text-align: center;">2.05</td> </tr> <tr> <td style="text-align: center;">$\geq 170/67$</td> <td style="text-align: center;">2.25 OR</td> </tr> </tbody> </table> <p>B. For Child unable to perform ventilatory function testing - 2 of the following:</p> <ol style="list-style-type: none"> 1. History of dyspnea on exertion or accumulation of secretions as manifested by repetitive coughing or cyanosis; or 2. Persistent bilateral rales and rhonchi or substantial reduction of breath sounds related to mucus plugging of trachea or bronchi; or 3. Appropriate medically acceptable evidence of extensive disease, such as thickening of proximal bronchial airways or persistence of bilateral peribronchial infiltration; OR 	TABLE III		Height Without Shoes (cm/inches)	$\text{FEV}_1 \leq$	$\leq 119/\leq 46$	0.75	120-129/47-50	0.85	130-139/51-54	1.05	140-149/55-58	1.35	150-159/59-62	1.55	160-164/63-64	1.85	165-169/65-66	2.05	$\geq 170/67$	2.25 OR
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Cystic fibrosis (103.04) continued	<p>C. Persistent pulmonary infection accompanied by superimposed, recurrent, symptomatic episodes of increased bacterial infection occurring at least once every 6 months and requiring intravenous or nebulization antimicrobial treatment; OR</p> <p>D. Episodes of bronchitis or pneumonia or hemoptysis (more than blood-streaked sputum) or respiratory failure, requiring physician intervention, occurring once every 2 mo. or 6 times/yr. Each inpatient hospitalization for longer than 24 hours for treatment counts as 2 episodes, and an evaluation period of at least 12 consecutive months must be used to determine frequency of episodes; OR</p> <p>E. Growth impairment (100.00).</p>																										
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CARDIOVASCULAR (104.00)																											
Chronic heart failure (104.02)	<p>While on a regime of prescribed treatment, but still have 1 of the following:</p> <p>A. Persistent tachycardia at rest (see Table I); OR</p> <p>B. Persistent tachypnea at rest (see Table II); or markedly decreased exercise tolerance; OR</p> <p>C. Growth disturbance with involuntary wt. loss or failure to gain wt. at appropriate rate for age, with either a fall of 15 percentiles or a fall to below the 3rd percentile (persisting for 2 months).</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">TABLE I-TACHYCARDIA AT REST</td> <td style="width: 50%; text-align: center;">TABLE II-TACHYPNEA AT REST</td> </tr> <tr> <td style="text-align: center;"> <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">Age</td> <td style="text-align: left;">(apical heart beats/minute)</td> </tr> <tr> <td>Under 1 year</td> <td>150</td> </tr> <tr> <td>1 through 3 years</td> <td>130</td> </tr> <tr> <td>4 through 9 years</td> <td>120</td> </tr> <tr> <td>10 through 15 years</td> <td>110</td> </tr> <tr> <td>Over 15 years</td> <td>100</td> </tr> </table> </td> <td style="text-align: center;"> <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">Age</td> <td style="text-align: left;">(respiratory rate per minute over)</td> </tr> <tr> <td>Under 1 year</td> <td>40</td> </tr> <tr> <td>1 through 5 years</td> <td>35</td> </tr> <tr> <td>6 through 9 years</td> <td>30</td> </tr> <tr> <td>Over 9 years</td> <td>25</td> </tr> </table> </td> </tr> </table>	TABLE I-TACHYCARDIA AT REST	TABLE II-TACHYPNEA AT REST	<table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">Age</td> <td style="text-align: left;">(apical heart beats/minute)</td> </tr> <tr> <td>Under 1 year</td> <td>150</td> </tr> <tr> <td>1 through 3 years</td> <td>130</td> </tr> <tr> <td>4 through 9 years</td> <td>120</td> </tr> <tr> <td>10 through 15 years</td> <td>110</td> </tr> <tr> <td>Over 15 years</td> <td>100</td> </tr> </table>	Age	(apical heart beats/minute)	Under 1 year	150	1 through 3 years	130	4 through 9 years	120	10 through 15 years	110	Over 15 years	100	<table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">Age</td> <td style="text-align: left;">(respiratory rate per minute over)</td> </tr> <tr> <td>Under 1 year</td> <td>40</td> </tr> <tr> <td>1 through 5 years</td> <td>35</td> </tr> <tr> <td>6 through 9 years</td> <td>30</td> </tr> <tr> <td>Over 9 years</td> <td>25</td> </tr> </table>	Age	(respiratory rate per minute over)	Under 1 year	40	1 through 5 years	35	6 through 9 years	30	Over 9 years	25
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Recurrent Arrhythmias (104.05)	<p>Not related to reversible causes such as electrolyte abnormalities or digitalis glycoside or antiarrhythmic drug toxicity, resulting in uncontrolled, recurrent episodes of cardiac syncope or near syncope, despite prescribed treatment, and documented by resting or ambulatory (Holter) electrocardiography, or by other appropriate medically acceptable testing, coincident with the occurrence of syncope or near syncope.</p>																										
Congenital heart disease (104.06)	<p>With 1 of the following:</p> <p>A. Cyanotic heart disease, with persistent chronic hypoxemia, as manifested by 1 of the following:</p> <ol style="list-style-type: none"> 1. Hematocrit 55% or greater on 2 evaluations. 3 or more months apart within a consecutive 12-month period; or 2. Arterial O₂ saturation of less than 90% in room air, or resting PO₂ of 60 Torr or less; or 3. Hypercyanotic spells, syncope, characteristic squatting, or other incapacitating symptoms directly related to documented cyanotic heart disease; or 4. Exercise intolerance with increased hypoxemia on exertion; OR <p>B. Secondary pulmonary vascular obstructive disease with a mean pulmonary arterial systolic pressure elevated to at least 70% of the systemic arterial systolic pressure; OR</p> <p>C. Symptomatic acyanotic heart disease, with ventricular dysfunction interfering very seriously with the ability to independently initiate, sustain, or complete activities; OR</p> <p>D. For infants over 12 months of age at the time of filing, with life-threatening congenital heart impairment that will require or already has required surgical treatment in first year of life, and the impairment is expected to be disabling (because of residual impairment following surgery, or the recovery time required, or both) until the attainment of at least 1 yr. of age. Infant considered disabled until attainment of at least age 1; thereafter, evaluate impairment severity with reference to the appropriate listing.</p>																										
Heart Transplant (104.09)	<p>Consider under a disability for 1 year following surgery; thereafter, evaluate residual impairment under the appropriate listing.</p>																										
Rheumatic heart disease (104.13)	<p>With persistence of rheumatic fever activity with significant murmur(s), cardiac enlargement or ventricular dysfunction, & other associated abnormal lab findings (ex: elevated sedimentation rate or ECG findings) for 6 mo. or more (within 12-mo. period). Disabled for 18 mo. then evaluate residual impairment</p>																										

DIGESTIVE (105.00)

<p>Gastrointestinal Hemorrhaging (105.02)</p>	<p>Gastrointestinal hemorrhaging from any cause, requiring blood transfusion (with or without hospitalization) of at least 10 cc of blood/kg of body weight, & occurring at least 3 times during a consecutive 6-month period. Transfusions must be at least 30 days apart within the 6-month period. Consider a disability for 1 year following last documented transfusion; thereafter, evaluate the residual impairment(s).</p>
<p>Chronic Liver Disease (105.05)</p>	<p>With 1 of the following:</p> <p>A. Hemorrhaging from esophageal, gastric, or ectopic varices or from portal hypertensive gastropathy, demonstrated by endoscopy, x-ray, or other appropriate medically acceptable imaging, resulting in hemodynamic instability, & requiring hospitalization for transfusion of at least 10 cc of blood/kg of body wt. Consider a disability for 1 year following last documented transfusion; thereafter, evaluate the residual impairment(s); OR</p> <p>B. Ascites or hydrothorax not attributable to other causes, despite continuing treatment as prescribed, present on at least 2 evaluations at least 60 days apart within a consecutive 6-month period; each evaluation documented by 1 of the following:</p> <ol style="list-style-type: none"> 1. Paracentesis or thoracentesis; or 2. Appropriate medically acceptable imaging or physical exam and 1 of the following <ol style="list-style-type: none"> a) Serum albumin of 3.0 g/dL or less; or b) International Normalized Ratio (INR) of at least 1.5; OR <p>C. Spontaneous bacterial peritonitis with peritoneal fluid containing an absolute neutrophil count of at least 250 cells/mm³; OR</p> <p>D. Hepatorenal syndrome, with 1 of the following:</p> <ol style="list-style-type: none"> 1. Serum creatinine elevation of at least 2 mg/dL; or 2. Oliguria with 24-hr. urine output less than 1 mL/kg/hr; or 3. Sodium retention with urine sodium less than 10 mEq per liter;OR <p>E. Hepatopulmonary syndrome , with 1 of the following:</p> <ol style="list-style-type: none"> 1. Arterial oxygenation (P_aO₂) on room air of 1 of the following: <ol style="list-style-type: none"> a) 60 mm Hg or less, at tests sites less than 3,000 ft. above sea level, or b) 55 mm Hg or less, at test sites from 3,000 to 6,000 ft. above sea level, or c) 50 mm Hg or less, at test sites above 6,000 ft.; OR 2. Documentation of intrapulmonary arteriovenous shunting by contrast-enhanced echocardiography or macroaggregated albumin lung perfusion scan. OR <p>F. Hepatic encephalopathy, WITH #1 below AND EITHER # 2 or # 3 below:</p> <ol style="list-style-type: none"> 1. Documentation of abnormal behavior, cognitive dysfunction, changes in mental status, or altered state of consciousness (for ex: confusion, delirium, stupor, or coma), present on at least 2 evaluations at least 60 days apart within a consecutive 6-month period; AND 2. History of transjugular intrahepatic portosystemic shunt (TIPS) or any surgical portosystemic shunt; or 3. 1 of the following occurring on at least 2 evaluations at least 60 days apart within the same consecutive 6-month period as in Hepatic encephalopathy #1 above (under Hepatic encephalopathy): <ol style="list-style-type: none"> a) Asterixis or other fluctuating physical neurological abnormalities; or b) Electroencephalogram (EEG) demonstrating triphasic slow wave activity; or c) Serum albumin of 3.0 g/dL or less; or d) International Normalized Ratio (INR) of 1.5 or greater. OR <p>G. End Stage Liver Disease, with (select appropriate age group): For children 12 years or older, SSA CLD scores of 22 or greater. Consider a disability from at least the date of the first score. For children under age 12years, SSA CLD-P scores of 11 or greater. Consider under a disability from at least the date of the first score.</p> <p>H. Extrahepatic biliary atresia as diagnosed on liver biopsy or intraoperative cholangiogram. Consider disabled for 1 year following the diagnosis; thereafter, evaluate the residual liver function.</p>

Inflammatory bowel disease (IBD) (105.06)	<p>Documented by endoscopy, biopsy, appropriate medically acceptable imaging, or operative findings, with 1 of the following:</p> <p>A. Obstruction of stenotic areas (not adhesions) in the small intestine or colon with proximal dilation, confirmed by appropriate medically acceptable imaging or in surgery, requiring hospitalization of intestinal decompression or for surgery, and occurring on at least 2 occasions at least 60 days apart within a consecutive 6-month period; OR</p> <p>B. 2 of the following, despite continuing treatment as prescribed and occurring within the same consecutive 6 month period:</p> <ol style="list-style-type: none"> 1. Anemia with hemoglobin less than 10.0 g/dL, present on at least 2 evaluations at least 60 days apart; or 2. Serum albumin of 3.0 g/dL or less, present on at least 2 evaluations at least 60 days apart; OR 3. Clinically documented tender abdominal mass palpable on physical exam with abdominal pain or cramping that is not completely controlled by prescribed narcotic medication, present on at least 2 evaluations at least 60 days apart; or 4. Perineal disease with a draining abscess or fistula, with pain that is not completely controlled by prescribed narcotic medication, present on at least 2 evaluations at least 60 days part; or 5. Need for supplemental daily enteral nutrition via a gastrostomy or daily parenteral nutrition via a central venous catheter (See 105.10 for children under age 3 years.)
Short bowel syndrome (105.07)	<p>Due to surgical resection of more than one-half of the small intestine, with dependence on daily parenteral nutrition via a central venous catheter</p>
Malnutrition (105.08)	<p>Due to any digestive disorder, with BOTH of the following:</p> <p>A. Chronic nutritional deficiency despite continuing treatment as prescribed, present on at least 2 evaluations at least 60 days apart within a consecutive 6-month period, and documented by 1 of the following:</p> <ol style="list-style-type: none"> 1. Anemia with hemoglobin less than 10.0 g/dL; or 2. Serum albumin of 3.0 g/dL or less; or 3. Fat-soluble vitamin, mineral, or trace mineral deficiency; AND <p>B. Growth retardation documented by (select appropriate age group):</p> <p>For children under age 2 years: Multiple weight-for-length measurements that are less than the 3rd percentile, documented at least 3 times within a consecutive 6-month period; or</p> <p>For children age 2 and older: Multiple Body Mass Index (BMI)-for age-measurements that are less than the 3rd percentile, documented at least 3 times within a consecutive 6-month period.</p>
Liver Transplant (105.09)	<p>Consider a disability for 1 yr. following the date of transplantation; thereafter, evaluate the residual impairment(s).</p>
Gastrostomy Feedings (105.10)	<p>Need for supplemental daily enteral feeding via a gastrostomy due to any cause, for children who have not attained age 3 years; evaluate the residual impairment(s).</p>
GENITO-URINARY (106.00)	
Impairment of renal function (106.02)	<p>Due to any chronic renal disease that has lasted or can be expected to last for a continuous period of at least 12 months; with 1 of the following:</p> <p>A. Chronic hemodialysis or peritoneal dialysis; OR</p> <p>B. Kidney transplant (consider a disability for 12 months following surgery; thereafter, evaluate the residual impairment); OR</p> <p>C. Persistent elevation of serum creatinine to greater than or equal to 3 mg/dL, over at least 3 months; OR</p> <p>D. Reduction of creatinine clearance to 30 ml per minute (43 liters/24hr) per 1.73 m² of body surface area over at least 3 months.</p>
Nephrotic syndrome (106.06)	<p>With anasarca (edema), persisting at least 3 mo, despite prescribed therapy; with 1 of the following:</p> <p>A. Serum albumin less than or equal to 2.0 g/dL (100 ml); OR</p> <p>B. Proteinuria greater than or equal to 40 mg/m²/hr.</p> <p>(May also evaluate complications of the nephrotic syndrome, such as orthostatic hypotension, recurrent infections, or venous thromboses, under the appropriate listing for the resultant impairment.)</p>

Congenital Genito-urinary (106.07)	Resulting in 1 of the following occurring at least 3 times in a consecutive 12-month period: A. Repeated urologic surgical procedures ; OR B. Documented episodes of systemic infection requiring an initial course of parenteral antibiotics; OR C. Hospitalization for episodes of electrolyte disturbance .
HEMATOLOGICAL (107.00)	
Hemolytic anemia (107.03)	Due to any cause and manifested by persistent hematocrit less than or equal to 26 percent despite prescribed therapy, and reticulocyte count of 4 percent or greater.
Sickle cell disease (107.05)	With 1 of the following: A. Recent, recurrent severe vaso-occlusive crises (musculoskeletal, vertebral, abdominal); OR B. Major visceral complication in 12 months prior to application; OR C. Hyperhemolytic or aplastic crisis within 12 months prior to application; OR D. Chronic, severe anemia with persistent hematocrit of 26 percent or less; OR E. Congestive heart failure (104.02), cerebrovascular damage (111.00), or emotional disorder (112.00).
Thrombocytopenia purpura of childhood (107.06)	Chronic idiopathic thrombocytopenia purpura of childhood , with purpura and thrombocytopenia of less than or equal to 40,000 platelets/cu mm despite prescribed therapy or recurrent upon withdrawal of treatment.
Inherited coagulation (107.08)	Inherited coagulation disorder, with EITHER: A. Repeated spontaneous or inappropriate bleeding ; OR B. Hemarthrosis with joint deformity.
SKIN CONDITIONS (108.00)	
Ichthyosis (108.02)	With extensive skin lesions that persist for at least 3 months despite continuing treatment as prescribed.
Bullous disease (108.03)	(Ex: pemphigus, erythema multiforme bullosum, epidermolysis bullosa, bullous pemphigoid, dermatitis herpetiformis), with extensive lesions skin lesions persisting at least 3 months despite continuing prescribed treatment.
Skin or mucous membrane infections (108.04)	Chronic infections with extensive fungating, or extensive ulcerating skin lesions that persist for at least 3 months despite continuing treatment as prescribed.
Dermatitis (108.05)	(Ex: psoriasis, dyshidrosis, atopic dermatitis, exfoliative dermatitis, allergic contact dermatitis), with extensive skin lesions that persist for at least 3 months despite continuing treatment as prescribed.
Hidradenitis suppurative (108.06)	With extensive lesions involving both axillae, both inguinal areas, or the perineum that persists for at least 3 months despite continuing treatment as prescribed
Genetic photosensitivity disorders (108.07)	Established by clinical and laboratory findings: A. Xeroderma pigmentosum – Consider the individual disabled from birth. B. Other genetic photensitivity disorders, with 1 of the following: 1. Extensive skin lesions lasting or can be expected to last a continuous period of at least 12 months; or 2. Inability to function outside a highly protective environment for a continuous period of at least 12 months.
Burns (108.08)	With extensive skin lesions that have lasted or can be expected to last for a continuous period of at least 12 months.
ENDOCRINE (109.00)	
Thyroid disorders (109.02)	A. Hyperthyroidism , with clinical manifestations despite prescribed therapy, with 1 of the following: 1. Increased serum thyroxine (T4) and either increased free T4 or resin T3 uptake; or 2. Increased thyroid uptake of radioiodine ; or 3. Increased serum triiodothyronine (T₃) .

Thyroid disorders (109.02) Continued	B. Hypothyroidism , despite prescribed therapy, with 1 of the following: 1. IQ less than or equal to 70; or 2. Growth impairment (100.02); or 3. Precocious puberty .
Hyperparathyroidism (109.03)	With 1 of the following: A. Repeated increased total or ionized serum calcium ; OR B. Increased serum parathyroid hormone .
Hypo- or Pseudohypo-parathyroidism (109.04)	With 1 of the following: A. Severe recurrent tetany or convulsions which are unresponsive to prescribed therapy; OR B. Growth retardation (100.02).
Diabetes insipidus (109.05)	Documented by pathologic hypertonic saline or water deprivation test, and 1 of the following: A. Intracranial space-occupying lesion , before or after surgery; OR B. Unresponsiveness to Pitressin ; OR C. Growth retardation (100.02); OR D. Unresponsive hypothalamic thirst center with chronic or recurrent hypernatremia; OR E. Decreased visual fields attributable to pituitary lesion
Hyperfunction of adrenal cortex (109.06)	Primary or secondary, with BOTH of the following: A. Increased urinary 17 -hydroxycorticosteroids (or 17-ketogenic steroids); AND B. Unresponsiveness to low-dose dexamethasone suppression.
Adrenal cortical insufficiency (109.07)	Adrenal cortical insufficiency with recent, recurrent episodes of circulatory collapse.
Juvenile Diabetes mellitus (109.08)	Requiring parenteral insulin, with 1 of the following , despite prescribed therapy: A. Recent, recurrent hospitalizations with acidosis ; OR B. Recent, recurrent episodes of hypoglycemia ; OR C. Growth retardation (100.02) ; OR D. Impaired renal function (106.00) .
Iatrogenic hypercorticoic state (109.09)	With chronic glucocorticoid therapy resulting in 1 of the following: A. Osteoporosis ; OR B. Growth retardation (100.02); OR C. Diabetes mellitus (109.08); OR D. Myopathy (111.06); OR E. Emotional disorder (112.00).
Pituitary dwarfism (109.10)	With documented growth hormone deficiency and growth impairment (100.02).
Adrenogenital syndrome (109.11)	With 1 of the following: A. Recent, recurrent salt-losing episodes despite prescribed treatment; OR B. Inadequate replacement therapy manifested by accelerated bone age and virilization ; OR C. Growth impairment (100.02) .
Hypoglycemia (109.12)	With recent, recurrent hypoglycemic episodes producing convulsions or coma.
Turner's syndrome (109.13)	(Gonadal Dysgenesis) Chromosomally proven. Evaluate resulting impairment under the criteria for the appropriate body system.

MULTIPLE BODY SYSTEMS (110.00)

Impairments that commonly affect multiple body systems and are significant enough to result in marked & severe functional limitations. In addition to the listings below, many impairments can cause deviation from, or interruption of the normal function of the body or interfere with development (ex: congenital anomalies, chromosomal

disorders, dysmorphic syndromes, metabolic disorders, & perinatal infections diseases). The functional limitations & the progression of these limitations are more variable than with the catastrophic congenital abnormalities & diseases included in 110.06 – 110.08, so the specific effects on the child are evaluated under the listing criteria in the affected body system(s) and are evaluated on an individual basis. [Examples: Triple X syndrome; Fragile X syndrome; PKU; Caudal Regression Syndrome; Fetal Alcohol Syndrome.]	
Non-mosaic Down syndrome (110.06)	Considered disabled from birth & established by definitive chromosomal analysis (karyotype analysis), or evidence from an acceptable medical source, includes a clinical description of the diagnostic physical features of the impairment & that is persuasive that a positive diagnosis has been confirmed by definitive chromosomal analysis at some time prior to this evaluation. (Report must be consistent with other evidence (ex: showing limitation in adaptive functioning or signs of a mental disorder that can be associated with non-mosaic Down syndrome; educational history; or psychological testing results, etc.)
Mosaic Down syndrome (110.07)	There is a wide range in the level of severity of this impairment – it can be profound and disabling , but it can also be so slight as to be undetected clinically. It is evaluated for disability under the listing criteria in any affected body system(s) on an individual case basis.
Catastrophic congenital abnormality or disease (110.08)	These are present at birth, although they may not be apparent immediately. With 1 of the following: A. Death usually is expected within the 1 st months of life, and the rare individuals who survive longer are profoundly impaired (for example, anencephaly, trisomy 13 or 18, cyclopia); OR B. That interferes very seriously with development; for example, cri du chat syndrome (deletion 5p syndrome) or Tay-Sachs disease (acute infantile form).
NEUROLOGICAL (111.00)	
Major motor seizure disorder (111.02)	A. Convulsive epilepsy: More than 1 major motor seizure per month despite 3 months of prescribed treatment, with 1 of the following: 1. Daytime episodes (loss of consciousness and convulsive seizures); or. 2. Night time episodes with residuals interfering with activity during the day. B. Convulsive epilepsy syndrome: At least 1 major motor seizure in the year prior to application, despite 3 months of prescribed treatment; AND with 1 of the following: 1. IQ less than or equal to 70; or 2. Significant interference with communication due to speech, hearing, or vision defect; or 3. Significant mental disorder ; or 4. Where significant adverse effects of medication interfere with major daily activities.
Nonconvulsive epilepsy (111.03)	Greater than one minor motor seizure per week, with alteration of awareness or loss of consciousness, despite 3 months of prescribed treatment.
Benign brain tumor (111.05)	Evaluate under 111.02, 111.03, 111.06, 111.09 or the criteria of the affected body system.
Motor dysfunction (111.06)	(Due to any neurological disorder) Persistent disorganization or deficit of motor function for age involving 2 extremities, which (despite prescribed therapy) interferes with age-appropriate major daily activities & results in disruption of EITHER fine and gross movements; OR gait and station.
Cerebral palsy (111.07)	With 1 of the following: A. Motor dysfunction (101.02 or 111.06); OR B. Less severe motor dysfunction (but more than slight) and with 1 of the following: 1. IQ less than or equal to 70; or 2. Seizure disorder , with at least one major motor seizure in year prior to application; or 3. Significant interference with communication due to speech, hearing, or vision defect; or 4. Significant emotional disorder .
Meningo-myelocele (& related disorders) (111.08)	With 1 of the following (despite prescribed treatment): A. Motor dysfunction (101.02 or 111.06); OR B. Less severe motor dysfunction (but more than slight) and either urinary/fecal incontinence inappropriate for age; or IQ less than or equal to 70; OR (continued next page)

	<p>C. Four extremity involvement; OR D. Noncompensated hydrocephalus producing interference with mental/motor developmental progression.</p>
<p>Communication impairment (111.09)</p>	<p>Associated with documented neurological disorder; and with 1 of following: A. Documented speech deficit which significantly affects the clarity and content of the speech; OR B. Documented comprehension deficit resulting in ineffective verbal communication for age; OR C. Hearing impairment (102.08).</p>
<p>MENTAL DISORDERS (112.00)</p>	
<p>Organic mental disorders (112.02)</p>	<p>Abnormalities in perception, cognition, affect, or behavior associated with brain dysfunction, with Both A and B: A. Medically documented persistence of 1 of following:</p> <ol style="list-style-type: none"> 1. Developmental arrest, delay, or regression; or 2. Disorientation to time and place; or 3. Memory impairment, either short-term (inability to learn new information); intermediate, or long-term (inability to remember information that was known in past); or 4. Perceptual or thinking disturbance (hallucinations, delusions, illusions, or paranoid thinking); or 5. Disturbance in personality (e.g., apathy, hostility); or 6. Disturbance in mood (e.g., mania, depression); or 7. Emotional lability (e.g., sudden crying); or 8. Impairment of impulse control (e.g., disinhibited social behavior, explosive temper outbursts); or 9. Impairment of cognitive function (clinically timed standardized psychological testing); or 10. Disturbance of concentration, attention, or judgment. AND <p>B. (Select appropriate age group):</p> <ol style="list-style-type: none"> 1. Age 1 to 3 years – with 1 of following: <ol style="list-style-type: none"> a. Gross motor/fine motor development at a level generally acquired by children no more than ½ the child's chronological age; or b. Cognitive/communicative function at a level generally acquired by children no more than ½ the child's chronological age (including medical findings of equivalent abnormality such as inability to use simple verbal/nonverbal behavior to communicate basic needs/concepts); or c. Social function at level generally acquired by children no more than ½ child's chronological age, (including medical findings of an equivalent abnormality exemplified by serious inability to achieve age-appropriate autonomy as manifested by excessive clinging/extreme separation anxiety); or d. Attainment of development/function generally acquired by children no more than 2/3 of child's chronological age in 2 or more areas (GM, FM, cognitive, communicative, or social). 2. Age 3 to 18 years - marked impairment in at least 2 of following: <ol style="list-style-type: none"> a. Age appropriate cognitive/communicative function; or b. Age appropriate social functioning; or c. Age appropriate personal functioning; or d. Marked difficulties in maintaining concentration, persistence, or pace.
<p>Schizophrenic, Delusional (paranoid); Schizoaffective, and other psychotic disorders (112.03)</p>	<p>Onset of psychotic features, characterized by a marked disturbance of thinking, feeling, and behavior, with deterioration from a previous level of functioning or failure to achieve the expected level of social functioning. and with BOTH A AND B: A. 1 of following (persistence for at least 6 months, either continuous or intermittent):</p> <ol style="list-style-type: none"> 1. Delusions or hallucinations; or 2. Catatonic, bizarre, or other grossly disorganized behavior; or 3. Incoherence, loosening of associations, illogical thinking, or poverty of content of speech; or 4. Flat, blunt, or inappropriate affect; or 5. Emotional withdrawal, apathy, or isolation. AND <p>B. (Select appropriate age group): Age 1 to 3 years - at least <u>1</u> criteria in B1 of 112.02. Age 3 to 18 years - at least <u>2</u> criteria in B2 of 112.02.</p>
<p>Mood disorders (112.04)</p>	<p>Characterized by a disturbance of mood (referring to a prolonged emotion that colors the whole psychic life, generally involving either depression or elation), accompanied by a full or partial manic or depressive syndrome, with BOTH A AND B: (continued on next page)</p>

<p>Mood disorders (112.04)</p> <p>continued</p>	<p>A. 1 of following (persisting, either continuous or intermittent):</p> <p>1. Major depressive syndrome with at least 5 of following (which must include either depressed or irritable mood or markedly diminished interest or pleasure):</p> <ul style="list-style-type: none"> a. Depressed or irritable mood; or b. Markedly diminished interest or pleasures in almost all activities; or c. Appetite or weight increase or decrease, or failure to make expected weight gains; or d. Sleep disturbance; or e. Psychomotor agitation or retardation; or f. Fatigue or loss of energy; or g. Feelings of worthlessness or guilt; or h. Difficulty thinking or concentrating; or i. Suicidal thoughts or acts; or j. Hallucinations, delusions or paranoid thinking. OR <p>2. Manic syndrome (elevated, expansive or irritable mood), and 3 of following:</p> <ul style="list-style-type: none"> a. Increased activity or psychomotor agitation; or b. Increased talkativeness or pressure of speech; or c. Flight of ideas or subjectively experienced racing thoughts; or d. Inflated self-esteem or grandiosity; or e. Increased need for sleep; or f. Easy distractibility; or g. Involvement in activities with high potential of painful consequences which are not recognized; or h. Hallucinations, delusions/paranoid thinking; OR <p>3. Bipolar or cyclothymic syndrome with history of episodic periods manifested by full symptomatic picture of both manic and depressive syndromes (and currently or most recently characterized by full or partial symptomatic picture of either or both syndromes); AND</p> <p>B. (Select appropriate age group):</p> <p>Age 1 to 3 years - at least 1 criteria in B1 of 112.02.</p> <p>Age 3 to 18 years - at least 2 criteria in B2 of 112.02.</p>
<p>Mental retardation (112.05)</p>	<p>Characterized by significantly sub average general intellectual functioning with deficits in adaptive functioning and with 1 of following (A through F):</p> <p>A. (Select appropriate age group):</p> <p>Age 1 to 3 years - At least 1 criteria in B1 of 112.02.</p> <p>Age 3 to 18 years - At least 2 criteria in B2 of 112.02; OR;</p> <p>B. Mental incapacity - dependence upon others for personal needs (grossly in excess of age appropriate dependence) & inability to follow directions such that use of standardized test is precluded; OR</p> <p>C. Verbal, performance, or full scale IQ less than or equal to 59; OR</p> <p>D. Verbal, performance, or full scale IQ of 60 through 70 and a physical or other mental impairment imposing additional and significant limitation of function; OR</p> <p>E. Verbal, performance, or full scale IQ of 60 through 70, AND (select appropriate group):</p> <p>Age 1 to 3 years – Attainment of developmental or function generally acquired by children no more than 2/3 of child's chronological age in either gross motor or fine motor (see B1a or B1c of 112.02).</p> <p>Age 3 to 18 years - Marked impairment in at least one of B2b or B2c or B2d of 112.02; OR</p> <p>F. (Select appropriate age group):</p> <p>Age 1 to 3 years - Cognitive/communicative function at 2/3 of child's chronological age in B1b of 112.02 & a physical/other mental impairment imposing an additional & significant functional limitation</p> <p>3 to 18 years – Meets criteria of social functioning (see 112.02 B2a), and a physical or other mental impairment imposing an additional and significant limitation of function.</p>
<p>Anxiety disorders (112.06)</p>	<p>either the predominant disturbance or is experienced if the individual attempts to master symptoms (e.g. confronting the dreaded object or situation in a phobic disorder, attempting to go to school in a separation anxiety disorder, resisting the obsessions or compulsions in an obsessive compulsive disorder, or confronting strangers/peers in avoidant disorders). With BOTH A and B:</p> <p>A. 1 of following:</p> <ul style="list-style-type: none"> 1. Excessive anxiety (when child separated/separation is threatened, from parent/parent surrogate; or

<p>Anxiety disorders (112.06)</p> <p>continued</p>	<p>2. Excessive and persistent avoidance of strangers; OR</p> <p>3. Persistent unrealistic or excessive anxiety and worry (apprehensive expectation), accompanied by motor tension, autonomic hyperactivity, or vigilance and scanning; OR</p> <p>4. Persistent irrational fear of specific object, activity or situation resulting in compelling desire to avoid dreaded object, activity or situation; OR [list continued]</p> <p>5. Avg. of once a week recurrent severe panic attacks, manifested by sudden unpredictable onset of intense apprehension, fear or terror, often with a sense of impending doom; OR</p> <p>6. Recurrent and intrusive recollections of traumatic experience, including dreams, which are a sense of marked distress; or</p> <p>7. Recurrent obsessions or compulsions, which are a source of marked distress. AND</p> <p>B. (Select appropriate age group): Age 1 to 3 years - at least <u>1</u> criteria in B1 of 112.02. Age 3 to 18 years - at least <u>2</u> criteria in B2 of 112.02.</p>
<p>Somato-form eating & Tic disorders (112.07)</p>	<p>Physical symptoms for which there are no demonstrable organic findings or known physiologic mechanisms; or eating and tic disorders with physical manifestations, with BOTH A AND B:</p> <p>A. 1 of following:</p> <p>1. Unrealistic fear and perception of fatness despite being underweight, and persistent refusal to maintain a body weight which is greater than 85% of average weight for height and age; OR</p> <p>2. Persistent and recurrent involuntary, repetitive, rapid, purposeless motor movements affecting multiple muscle groups with multiple vocal tics; OR</p> <p>3. Persistent nonorganic disturbance of 1 of the following:</p> <p>a. Vision; or</p> <p>b. Speech; or</p> <p>c. Hearing; or</p> <p>d. Use of a limb; or</p> <p>e. Movement and its control (coordination disturbance, psychogenic seizures); or</p> <p>f. Sensation (diminished or heightened); or</p> <p>g. Digestion or elimination; or</p> <p>4. Preoccupation with belief that one has serious disease/injury. AND</p> <p>B. (Select appropriate age group): Age 1 to 3 years - at least <u>1</u> criteria in B1 of 112.02. Age 3 to 18 years - at least <u>2</u> criteria in B2 of 112.02.</p>
<p>Personality disorders (112.08)</p>	<p>Pervasive, inflexible and maladaptive personality traits typical of child's long-term functioning and not limited to discrete episodes of illness, with BOTH A AND B:</p> <p>A. Deeply ingrained, maladaptive patterns of behavior, associated with 1 of following:</p> <p>1. Seclusiveness or autistic thinking; or</p> <p>2. Pathologically inappropriate suspiciousness or hostility; or</p> <p>3. Oddities of thought, perception, speech, and behavior; or</p> <p>4. Persistent disturbances of mood or affect; or</p> <p>5. Pathological dependence, passivity, or aggressiveness; or</p> <p>6. Intense and unstable interpersonal relationships and impulsive and exploitive behavior; or</p> <p>7. Pathological perfectionism and inflexibility. AND</p> <p>B. (Select appropriate age group): Age 1 to 3 years - at least 1 of the criteria in B1 of 112.02. Age 3 to 18 years - at least 2 of the criteria in B2 of 112.02.</p>
<p>Psycho-active substance dependence disorders (112.09)</p>	<p>Manifested by cluster of cognitive, behavioral, & physiologic symptoms indicating impaired control of psychoactive substance use & continued substance use despite adverse consequences, with BOTH A & B:</p> <p>A. With 4 of the following:</p> <p>1. Substance taken in larger amounts or over a longer period than intended & a great deal of time is spent in recovering from its effects; or</p> <p>2. 2 or more unsuccessful efforts to cut down or control use; or</p> <p>3. Frequent intoxication or withdrawal symptoms interfering with major role obligations; or</p> <p>4. Continued use despite persistent or recurring social, psychological, or physical problems; or</p>

Psycho-active substance dependence disorders (112.09) continued	<p>5. Tolerance, as characterized by requirement for markedly increased amounts of substance in order to achieve intoxication; or</p> <p>6. Substance taken to relieve or avoid withdrawal symptoms; AND</p> <p>B. (Select appropriate age group): Age 1 to 3 years – at least 1 of the criteria in B1 of 112.02. Age 3 to 18 years – at least 2 of the criteria in B2 of 112.02.</p>
Autism and other Pervasive Developmental disorders (112.10)	<p>Characterized by qualitative deficits in the development of reciprocal social interaction, verbal & nonverbal communication skills & in imaginative activity. Often, a markedly restricted repertoire of activities and interests, which frequently are stereotyped and repetitive, with BOTH A AND B:</p> <p>A. For autistic disorders: all of following:</p> <ol style="list-style-type: none"> 1. Qualitative deficits in development of reciprocal social interaction; and 2. Qualitative deficits in verbal and nonverbal communication and in imaginary activity; and 3. Markedly restricted repertoire of activities and interests. <p>A. For other pervasive development disorders: both of following:</p> <ol style="list-style-type: none"> 1. Qualitative deficits in development of reciprocal social interaction; and 2. Qualitative deficits in verbal and nonverbal communication and in imaginary activity. AND <p>B. (Select appropriate age group): Age 1 to 3 years - at least 1 of the criteria in B1 of 112.02. Age 3 to 18 years - at least 2 of the criteria in B2 of 112.02.</p>
ADHD (112.11)	<p>Manifested by developmentally inappropriate degrees of inattention, impulsiveness, & hyperactivity; with BOTH A AND B:</p> <p>A. All 3 of the following:</p> <ol style="list-style-type: none"> 1. Marked inattention; and 2. Marked impulsiveness; and 3. Marked hyperactivity; AND <p>B. (Select appropriate age group): Age 1 to 3 years - at least 1 criteria in 112.02B for this age group. Age 3 to 18 years - at least 2 criteria in 112.02B for this age group.</p>
Developmental and emotional disorders of newborn and younger infants (Birth to Age 1) (112.12)	<p>May be related to either organic or functional factors or to a combination of these factors; with 1 of following (A thru E):</p> <p>A. Cognitive/communicative functioning acquired by children no more than ½ of child's chronological age (e.g. in infants 0 to 6 months, markedly variation in the production or imitation of sounds and severe feeding abnormality, such as problems with sucking, swallowing, or chewing); OR</p> <p>B. Motor development ½ of child's chronological age; OR</p> <p>C. Apathy, over-excitability, or fearfulness, demonstrated by absent or grossly excessive response to one of the following stimulations: visual; or auditory; or tactile; OR</p> <p>D. Failure to sustain social interaction on an ongoing, reciprocal basis as evidenced by 1 of following:</p> <ol style="list-style-type: none"> 1. Inability by 6 months to participate in vocal, visual, and motoric exchanges (including facial expressions); or 2. Failure by 9 months to communicate basic emotional responses, such as cuddling or exhibiting protest or anger; or 3. Failure to attend to caregiver's voice or face or to explore an inanimate object for period of time appropriate to infant's age; OR <p>E. Attainment of development or function generally acquired by children no more than 2/3 of child's chronological age in 2 or more areas (cognitive, communicative, motor, or social).</p>
MALIGNANT NEOPLASTIC DISEASE (113.00)	
Malignant solid tumors (113.03)	<ul style="list-style-type: none"> • Consider a disability for 2 years from time of initial diagnosis. Thereafter, evaluate any residual impairments(s) under the criteria for the affected body system; OR • Consider a disability for 2 years from the date of recurrence of active disease. Thereafter, evaluate any residual impairments(s) under the criteria for the affected body system.

Lymphoma (113.05)	Excluding T-cell lymphoblastic lymphoma; with 1 of the following: A. Non-Hodgkins lymphoma , including Burkitt’s and anaplastic large cell. Persistent or recurrent following initial antineoplastic therapy; OR B. Hodgkin’s disease with failure to achieve clinically complete remission, or recurrent disease within 12 months of completing initial antineoplastic therapy; OR C. Bone marrow or stem cell transplantation (a disability until at least 12 months from date of transplantation. Thereafter, evaluate residual impairment(s) under criteria of affected body system.
Leukemia (113.06)	With 1 of the following: A. Acute leukemia [including T-cell lymphoblastic lymphoma and juvenile chronic myelogenous leukemia (JCML)] (a disability until at least 24 months from the date of diagnosis or relapse, or at least 12 months from the date of bone marrow or stem cell transplantation, whichever is later. Thereafter, evaluate any residual impairments(s) under the criteria for the affected body system); OR B. Chronic myelogenous leukemia (except JCML), with 1 of the following: 1. Accelerated or blast phase. Consider under a disability until at least 24 months from the date of diagnosis or relapse, or at least 12 months from the date of bone marrow or stem cell transplantation, whichever is later. Thereafter, evaluate any residual impairments(s) under the criteria for the affected body system; or 2. Chronic phase, as described in a or b : a. A disability until at least 12 mo. from bone marrow/stem cell transplantation date. Thereafter, evaluate any residual impairment(s) under the criteria for the affected body system; or b. Progressive disease following initial antineoplastic therapy.
Thyroid gland (113.09)	With 1 of the following: A. Anaplastic (undifferentiated) carcinoma; OR B. Carcinoma with metastases beyond regional lymph nodes progressive despite radioactive iodine therapy; OR C. Medullary carcinoma with metastases beyond the regional lymph nodes.
Retino-blastoma (113.12)	With 1 of the following: A. With extension beyond the orbit; OR B. Persistent or recurrent following initial antineoplastic therapy; OR C. With regional or distant metastases.
Brain tumors (113.13)	Highly malignant tumors , such as medulloblastoma or other primitive neuroectodermal tumors (PNETs) with documented metastases, grades III and IV astrocytomas, glioblastoma multiforme, ependymoblastoma, , diffuse intrinsic brain stem gliomas, or primary sarcomas.
Neuro-blastoma (113.21)	With 1 of the following: A. With extension across the midline; OR B. With distant metastasis; OR C. Recurrent; OR D. With onset at age 1 year or older.
IMMUNE SYSTEM (114.00)	
Systemic lupus erythematosus (114.02)	With EITHER A or B: A. Involvement of 2 or more organs/body systems, with BOTH: 1. One of the organs/body systems involved to at least a moderate level of severity; AND 2. At least 2 constitutional symptoms & signs (severe fatigue, fever, malaise, or involuntary weight loss); OR B. Any other manifestation(s) of SLE resulting in one of the following (select appropriate age group): Birth to age 1 year - at least 1of the criteria in 112. 12; or Age 1 to age 3 years - at least 1 of the appropriate age-group criteria in paragraph B1 of 112. 02; or Age 3 to age 18 – at least 2 of the appropriate age-group criteria in paragraph B2 of 112.02.
Systemic vasculitis (114.03)	With EITHER A or B: A. Involvement of 2 or more organs/body systems, with BOTH: 1. One of the organs/body systems involved to at least a moderate level of severity; AND 2. At least 2 constitutional symptoms & signs (severe fatigue, fever, malaise, or involuntary weight loss); OR B. Any other manifestation(s) of systems vasculitis resulting in 1 of the following (select appropriate

Systemic Vasculitis, continued	age group): Birth to age 1 year - at least 1of the criteria in paragraphs A-E of 112. 12; or Age 1 to age 3 years - at least 1 of the appropriate age-group criteria in paragraph B1 of 112. 02; or Age 3 to age 18 – at least 2 of the appropriate age-group criteria in paragraph B2 of 112.02.
Systemic sclerosis (scleroderma) (114.04)	With 1 of the following: A. Involvement of 2 or more organs/body systems, with both: 1. One of the organs/body systems involved to at least a moderate level of severity; and 2. At least 2 constitutional symptoms & signs (severe fatigue, fever, malaise, or involuntary weight loss); OR B. With 1 of the following: 1. Toe contractures or fixed deformity of 1 or both feet; resulting in the inability to ambulate effectively; or 2. Finger contractures or fixed deformity in both hands, resulting in the inability to perform gross motor and fine motor movements effectively; or 3. Atrophy with irreversible damage in 1 or both lower extremities, resulting in the inability to ambulate effectively; or 4. Atrophy with irreversible damage in both upper extremities, resulting in the inability ro perform fine and gross movements effectively. OR C. Raynaud’s phenomenon, characterized by either: 1. Gangrene involving at least 2 extremities; or 2. Ischemia with ulcerations of toes or fingers, resulting in the inability to ambulate effectively or to perform fine and gross movements effectively; OR D. Any other manifestation(s) of systemic sclerosis (scleroderma) resulting in 1 of the following (select appropriate age group): Birth to age 1 year - at least 1of the criteria in paragraphs A-E of 112.12; or Age 1 to age 3 years - at least 1 of the appropriate age-group criteria in paragraph B1 of 112. 02; or Age 3 to age 18 years – at least 2 of the appropriate age-group criteria in paragraph B2 of 112.02.
Polymyositis & dermatomyositis (114.05)	With 1 of the following: A. Proximal limb-girdle (pelvic or shoulder) muscle weakness, resulting in inability to ambulate effectively or inability to perform fine and gross movements effectively; OR B. Impaired swallowing (dysphagia) with aspiration due to muscle weakness; OR C. Impaired respiration due to intercostal & diaphragmatic muscle weakness; OR D. Diffuse calcinosis with limitation of joint mobility or intestinal motility; OR E. Any other manifestation(s) of polymyositis or dermatomyositis resulting in 1 of the following (select appropriate age group): Birth to age 1 year - at least 1of the criteria in paragraphs A-E of 112.12; or Age 1 to age 3 years - at least 1 of the appropriate age-group criteria in paragraph B1 of 112. 02; or Age 3 to age 18 years – at least 2 of the appropriate age-group criteria in paragraph B2 of 112.02.
Undifferentiated & mixed connective tissue disease (114.06)	With EITHER A or B: A. Involvement of 2 or more organs/body systems, with both 1. One of the organs/body systems involved to at least a moderate level of severity; and 2. At least 2 of the constitutional symptoms and signs (severe fatigue, fever, malaise, or involuntary weight loss); OR B. Any other manifestation(s) of undifferentiated or mixed connective tissue disease resulting in 1 of the following (select appropriate age group): Birth to age 1 year - at least 1of the criteria in paragraphs A-E of 112.12; or Age 1 to age 3 years - at least 1 of the appropriate age-group criteria in paragraph B1 of 112. 02; or Age 3 to age 18 years – at least 2 of the appropriate age-group criteria in paragraph B2 of 112.02
Immune deficiency disorders, excluding HIV (114.07)	With EITHER A, B, or C: A. 1 or more of following infections, resistant to treatment or requiring hospitalization or intravenous treatment 3 or more times in a 12-month period: 1. Sepsis; or 2. Meningitis; or 3. Pneumonia; or

<p>Immune deficiency disorders, excluding HIV infection (114.07) (continued)</p>	<p>4. Septic arthritis; or (continued next page) 5. Endocarditis; or 6. Sinusitis documented by appropriate medically acceptable imaging; OR B. Stem cell transplantation (considered disabled until at least 12 months after the date of transplantation, Thereafter, evaluate any residual impairment(s) under the criteria for the affected body system. OR C. Any other manifestation(s) of an immune deficiency disorder resulting in 1 of the following (select appropriate age group): Birth to age 1 year - at least 1of the criteria in paragraphs A-E of 112.12; or Age 1 to age 3 years - at least 1 of the appropriate age-group criteria in paragraph B1 of 112. 02; or Age 3 to age 18 years – at least 2 of the appropriate age-group criteria in paragraph B2 of 112.02.</p>
<p>HIV (114.08)</p>	<p>With 1 of the following (A through O): A. Bacterial Infections: 1 of the following: 1. Mycobacterial infection (e.g. caused y <i>M. avium-intracellulare</i>, <i>M. kansasii</i>, or <i>M. tuberculosis</i>) at site other than the lungs, skin, or cervical or hilar lymph nodes; or pulmonary tuberculosis resistant to treatment; or 2. Nocardiosis; or 3. Salmonella bacteremia, recurrent non-typhoid; or 4. In a child less than 13 yrs old., multiple or recurrent pyogenic bacterial infections (sepsis, pneumonia, meningitis, bone or joint infection, or abscess of an internal organ or body cavity, but not otitis media or superficial skin or mucosal abscesses) occurring 2 or more times in 2 years. For children age 13 & older, may have an impairment that medically equals this listing if the circumstances of the case warrant (ex: delayed puberty, or they would evaluate pelvic inflammatory disease in older girls) 5. Other multiple or recurrent bacterial infection(s), including pelvic inflammatory disease, requiring hospitalization or intravenous antibiotic treatment 3 or more times in a 12-month period. OR B. Fungal infections: 1 of the following: 1. Aspergillosis; or 2. Candidiasis - involving the esophagus, trachea, bronchi, or lungs, or at a site other than the skin, urinary tract, intestinal tract, or oral or vulvovaginal mucous membranes; or 3. Coccidioidomycosis, at site other than lungs or lymph nodes; or 4. Cryptococcosis, at a site other than lungs (eg, cryptococcal meningitis); or 5. Histoplasmosis, at a site other than lungs or lymph nodes; or 6. Mucormycosis; or 7. Pneumocystis pneumonia or extrapulmonary Pneumocystis infection. OR C. Protozoan or helminthic infections: 1 of the following: 1. Cryptosporidiosis, isosporiasis, or microsporidiosis, with diarrhea lasting for 1 month or longer; or 2. Strongyloidiasis, extra-intestinal; or 3. Toxoplasmosis of an organ other than liver, spleen, or lymph nodes. OR D. Viral infections: 1 of the following: 1. Cytomegalovirus disease (CMV) at a site other than the liver, spleen or lymph nodes; or 2. Herpes simplex virus causing 1 of the following: a. Mucocutaneous infection (ex: oral, genital, perianal) lasting 1 month or longer; or b. Infection at site other than skin or mucous membranes (e.g., bronchitis, pneumonitis, esophagitis, or encephalitis); or c. Disseminated infection; or 3. Herpes zoster, either disseminated or with multidermatomal eruptions resistant to treatment; or 4. Progressive multifocal leukoencephalopathy. OR E. Malignant neoplasms: 1 of the following: 1. Carcinoma of cervix, invasive, FIGO stage II and beyond; or 2. Karposi’s sarcoma, with either: extensive oral lesions;or Involvement of the gastrointestinal tract, lungs, or other visceral organs; or 3. Lymphoma (ex: primary lymphoma of the brain, Burkitt's lymphoma, immunoblastic sarcoma, other non-Hodgkin's lymphoma, Hodgkin's disease); or 4. Squamous cell carcinoma of anal canal or anal margin. OR F. Conditions of skin/mucous membranes (other than described in B2, D2, or D3 above), with extensive</p>

<p>HIV (114.08) Continued</p>	<p>fungating or ulcerating lesions not responding to treatment (ex: dermatological conditions such as eczema or psoriasis, vulvovaginal or other mucosal Candida, condyloma caused by human papillomavirus, genital ulcerative disease). OR</p> <p>G. Neurological manifestations of HIV (ex, HIV encephalopathy, peripheral neuropathy) resulting in 1 of the following:</p> <ol style="list-style-type: none"> 1. Loss of previously acquired, or marked delay in achieving, developmental milestones or intellectual ability (including sudden acquisition of a new learning disability); or 2. Impaired brain growth (acquired microcephaly or brain atrophy); or 3. Progressive motor dysfunction affecting gait and station or fine and gross motor skills. OR <p>H. Growth disturbance, with 1 of the following:</p> <ol style="list-style-type: none"> 1. Involuntary weight loss (or failure to gain weight at appropriate rate for age), resulting in either a fall of 15 percentiles, or a fall to below the 3rd percentile, that persists for 2 months or longer; or 2. Involuntary weight loss of 10 percent or more of baseline (computed based on pounds, kilograms, or body mass index (BMI) that persists for 2 months or longer; OR <p>I. Diarrhea, lasting for 1 month or longer, resistant to treatment and requiring intravenous hydration or alimentation, or tube feeding; OR</p> <p>J. Lymphoid interstitial pneumonia/pulmonary lymphoid hyperplasia (LIP/PLH complex), with respiratory symptoms that significantly interfere with age-appropriate activities, and that cannot be controlled by prescribed treatment; OR</p> <p>K. One or more of the following infections (other than described in A-J above), resistant to treatment or require hospitalization or intravenous treatment 3 or more times in a 12-month period: Sepsis; Meningitis; Pneumonia; Septic arthritis; Endocarditis; or Sinusitis documented by appropriate medically acceptable imaging. OR</p> <p>L. Any other manifestation(s) of HIV infection, including any listed in 114.08 A through K, but without the requisite findings (ex: oral candidiasis not meeting the criteria in 114.08F, diarrhea not meeting the criteria in 114.08I), or any other manifestation(s) (ex: oral hairy leukoplakia, hepatomegaly), resulting in 1 of following (select appropriate age group):</p> <p>Birth to 1 year, at least one of the criteria in paragraphs A through E of 112.12; or</p> <p>1 year to 3 years, at least one of the age-appropriate age group criteria in paragraph B1 of 112.12; or</p> <p>3 years to 18 years, at least 2 of the appropriate age group criteria in paragraph B2 of 112.02.</p>
<p>Inflam- matory Arthritis (114.09)</p>	<p>With 1 of the following:</p> <p>A. Persistent inflammation or persistent deformity of either: 1 or more major peripheral weight-bearing joints resulting in the inability to ambulate effectively; or 1 or more peripheral joints in each upper extremity resulting in the inability to perform fine or gross motor movements effectively. OR</p> <p>B. Inflammation or deformity in 1 or more major peripheral joints with both involvement of 2 or more organs/body systems with 1 of the organs/body systems involved to at least a moderate; and at least 2 constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary wt. loss). OR</p> <p>C. Ankylosing spondylitis or other spondyloarthropathy, with ankylosis (fixation) of the dorsolumbar or cervical spine at either 45 degrees or more of flexion measured from the vertical position (zero degrees; or at 30 degrees or more of flexion (but less than 45 degrees) and involvement of 2 or more organs/body systems involved to at least a moderate level of severity. OR</p> <p>D. Any other manifestation(s) of inflammatory arthritis resulting in (select appropriate age group):</p> <p>Birth to 1 year, at least one of the criteria in paragraphs A through E of 112.12; or</p> <p>1 year to 3 years, at least one of the age-appropriate age group criteria in paragraph B1 of 112.12; or</p> <p>3 years to 18 years, at least 2 of the appropriate age group criteria in paragraph B2 of 112.02.</p>
<p>Sjogren's syndrome (114.10)</p>	<p>With EITHER A or B:</p> <p>A. Involvement of 2 or more organs/body systems with both 1 of the organs/body systems involved to at least a moderate level of severity; and at least 2 of the constitutional symptoms & signs (severe fatigue, fever, malaise, or involuntary weight loss: OR</p> <p>B. Any other manifestation(s) of Sjogren's syndrome resulting in (select appropriate age group):</p> <p>Birth to 1 year, at least one of the criteria in paragraphs A through E of 112.12; or</p> <p>1 year to 3 years, at least one of the age-appropriate age group criteria in paragraph B1 of 112.12; or</p> <p>3 years to 18 years, at least 2 of the appropriate age group criteria in paragraph B2 of 112.02.</p>

Additional Resources

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Child Care

Center for Inclusive Child Care (CCIC)

The CICC is a statewide network, funded by the MN Departments of Education and Human Services, which promotes and supports inclusive early childhood and school age programs and professionals. It provides training and consultation to child care professionals around a wide variety of inclusion support topic areas, including behavior challenges, disability perceptions, and specific disabilities. The website contains links to hundreds of disability specific sites and is a central resource for materials, products and information that promote and support inclusive care. It helps educators, trainers, and parent's access information about early intervention, disability law, and state and national resources. The page is available in: Spanish, French, German, Italian, Portuguese, Chinese, Japanese, and Korean. Mailing address: CCIC, Concordia University, 275 North Syndicate Street, St. Paul, MN 55104. Phone 651-603-6265. www.inclusivechildcare.org

Child Care Assistance Programs (CCAP)

Minnesota's CCAP can help income-eligible families pay child care costs for children up to age 12 and for children with special needs up to age 14. These costs may be paid for qualifying families while to go to work, look for work, or attend school. Child Care assistance may be available to: 1) Families participating Minnesota Family Investment Program (MFIP); 2) Families that had an MFIP case close within the last 12 months; 3) Low-income families that may be eligible for the Basic Sliding Fee program. To qualify for CCAP, families must comply with child support enforcement if applicable for all children in the family. Care must be provided by a legal child care provider over the age of 18. All families will have a copayment based on their gross income and family size.

Families should fill out an application to find out if they qualify for help with their child care costs. Contact your county's Department of Human Services (DHS) or the Child Care Resources and Referral (CCRR) Agency in your area to begin the application process. There is a fact sheet called "Do You Need Help Paying for Daycare (DHS-3551) on the DHS Website www.dhs.state.mn.us

Child Care Financial Aide Website

The Child Care Financial Aid website offers more information or help with child care for parents, employers and child care providers. Parents can use the Web site to estimate eligibility for tax credits, fee subsidies, scholarships and program options. It can also connect parents to tools for finding child care providers and learn about options for parenting education. There is also information on Head Start and Early Head Start. These are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and are aimed at increasing the school readiness of young children in low-income families. Employers can find information about offering child care benefits. www.childcarefinancialaid.org

Dependent Care Assistance Programs (DCAPs)

These are accounts set up by an employer allowing employees to contribute money through payroll deductions to pay for child care costs. The deduction lowers your taxable income. The maximum amount you can deduct per year is \$5,000 per family. It is important to carefully estimate child care expenses when deciding the annual amount to you direct to a DCAP, since any money you do no use by the end of the year is forfeited to the employer to offset administrative expenses. Minnesota Child CareResource & Referral Network; 380 Lafayette Road, Suite 103; St. Paul MN 55107. To connect to your local Resource and Referral Agency: 888-291-9811; Twin Cities Area: 651-665-0150 <http://mnchildcare.org/businesses/dependent.php>

Minnesota Child Care Resource and Referral Network

The Minnesota Child Care Resource and Referral Agencies helps parents find and select quality childcare that fits their individual needs. They also support quality child care in the state by offering comprehensive training to child care professionals. To find out more about child care in your county, contact the Minnesota Child Care Resources and Referral Network, Statewide Information and Referral Line (888-291-9811; Metro area: 651-665-0150) or go online at: <http://www.mnchildcare.org>

Post-Secondary Child Care Grant Program

This helps students who do not get MFIP (Minnesota Family Investment Program) with child care costs so parents can attend public colleges and universities, technical and community colleges, private colleges and some vocational schools. For more information, check with your school's financial aid office.

<http://www.mheso.state.mn.us/mPg.cfm?pageID=348> Minnesota Office of Higher Education; 1450 Energy Park Drive, Suite 350; St. Paul, MN 55108-5227; 651-642-0567; 800-657-3866.

Child Support

“Child Support Services” – from Dept. of Human Services

This site offers important information about child support hearings. It includes information on what to expect, what you must bring to the hearing, notification of hearings, how to request special needs and interpreters, how to prepare for the hearing, and additional information to help with this process. There is also a Minnesota Child Support Online site (requires a pin number) for accessing court information. Click on this site and do a search for “Child Support Services.” www.dhs.state.mn.us

Disability Information

The DBTAC Great Lakes ADA Center: A Disability & Business Technical Assistance Center

The Great Lakes ADA Center staffs a toll-free information line providing informal guidance on the Americans with Disabilities Act (ADA) and other related disability laws. Spanish is also available on this site. University of Illinois at Chicago, Institute on Disability & Human Development (MC 728), 1640 West Roosevelt Road, Room 405, Chicago, IL 60608, 312-413-1407 (V/TTY), or 800-949-4232 (V/TTY), Email: gldbttac@uic.edu
www.adagreatlakes.org

Disability Information

Disability.gov offers clear information about how to apply for Social Security and veterans benefits, as well as disability benefits for children. There is also information for people thinking about returning to work while receiving disability benefits. For information about more than 1,000 benefit and assistance programs, including many that can benefit people with disabilities visit: www.disability.gov

Disability Linkage Line

Do you have a disability? Are you on Medicare? If so, you may be able to save hundreds of dollars every year by enrolling in the Medicare Savings Programs. That's money you can use for medical bills, utilities, groceries or other necessities. The Disability Linkage Line is a free, statewide, information, referral and assistance service to help people with disabilities, chronic illnesses and their representatives connect to community services. Disability Linkage Line TM Resource Specialists will provide one-to-one assistance to help people learn about their options and connect with the supports and services they choose. To ask how to apply, call 1-866-333-2466. Further information on this site is available at www.dhs.state.mn.us

Disability Minnesota

The purpose of this website is to provide a single entry point to over 100 Minnesota state agency programs, products, and services that are devoted to the range of disability issues. This website also provides access to laws, statutes, and regulations in pertinent disability-related areas. www.disability.gov/state/minnesota/benefits

Disability Scoop

Disability Scoop is the premier source for developmental disability news. It provides a central, reliable source for news, information and resources, including original content and series, taking an in-depth look at the day's news as it pertains to developmental disabilities. www.disabilityscoop.com

Disability Specialists, Inc.

Disability Specialists, Inc. works with Social Security Disability Claimants at no cost. They offer complete assistance from application to subsequent appeals, including all paperwork and forms required by the Social Security Administration. 1-800 642-6393 (toll-free) 218-666-3136 (fax) www.disabilityspecialist.net/

Family Village

Family Village is a global community that integrates information, resources, and communication opportunities on the Internet for persons with cognitive and other disabilities, for their families, and for those that provide services and support. Their global community includes informational resources on specific diagnoses, communication connections, adaptive products and technology, adaptive recreational activities, education, worship, health issues, disability-related media and literature, and much more. Address: Family Village, Waisman Center, University of Wisconsin-Madison, 1500 Highland Avenue, Madison, WI 53705 www.familyvillage.wisc.edu/index.htmlx

Minnesota Organization on Fetal Alcohol Syndrome (MOFAS)

MOFAS is a state affiliate of the National Organization on Fetal Alcohol Syndrome (NOFAS), an organization that strives to eliminate birth defects from alcohol consumption during pregnancy and to improve the quality of life for those individuals and families affected with a fetal alcohol spectrum disorder. They sponsor community awareness events, trainings for professionals about diagnosing a fetal alcohol spectrum disorder, and a variety of trainings for families, professionals and providers about advocacy and effective interventions/supports for individuals with a fetal alcohol spectrum disorder. The website offers information about their FASD Community Grant Program, MN Regional Resource Coordinators and Resource Directory as well as links to FASD journal articles, handouts and other organizations. MOFAS 1885 University Avenue, Suite 395, St. Paul, MN 55104. 651-917-2370 or 1-866-90-MOFAS www.mofas.org

NORD, National Organization for Rare Diseases, Inc.

NORD is committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and service. NORD has an excellent Rare Disease Database and works closely with humanitarian-minded pharmaceutical and biotechnology companies to ensure that certain vital medications are available to those individuals whose income is too high to qualify for Medicaid but too low to pay for their prescribed medications. **The National Organization for Rare Disorders (NORD) Medical Foods Assistance Program** for Patients with Phenylketonuria (PKU) is now accepting applications for financial support. The program is a new safety net that provides financial support for PKU patients without benefit coverage to obtain their preferred medical food. (203) 744-0100 (800) 999-6673 (voicemail only) <http://www.rarediseases.org/>

Equipment

CCR is a volunteer organization that assists people with disabilities (hearing, vision or physical) to purchase adaptive equipment. Eligibility is individually determined and based on the CCR Board's decision. They do not pay for the purchase of vans (new or used) but may be able to assist with van adaptations such as hand brakes or a lift. They also do not pay for computers, software or computer adaptations. They may provide funding for hearing aids, glasses, & wheelchairs for example. They encourage collaborative funding from a variety of resources. For an application or more information contact Anne Marie Hennen, 5742 Rhode Island Ave. North Minneapolis, MN 55428 Phone: 763-550-0176. Further information on this program may be obtained on the Minnesota Star Program site: www.mnplan.state.mn.us/star/program.html?Id=7

Used Equipment Referral Service (UERS)

This website offers a nation wide list of agencies by state that offer used equipment services, Loan Closets and rental equipment. <http://www.uiowa.edu/infotech/Otheruse.doc>

Examples of some Minnesota agencies with used equipment information include:

Complete Mobility Systems (accessible vans). 1-800-570-0236. www.imedmobility.com

Telephone Equipment Distribution Program 1-800-657-3663. www.tedprogram.org

Goodwill Industries/Easter Seals Loan Closet 1-800-669-6719.

Kuehn Motor Company (accessible vans) 877-672-0774.
PACER Center 1-800-537-2237. www.pacer.org/STC/ email: pacer@pacer.org
Southeast Minnesota Center for Independent Living 507-285-1815 www.semcil.org

Family Support and Advocacy

The ARC of Minnesota

The Arc of Minnesota is a private, non-profit, statewide voluntary organization; local chapters of The Arc span the state of Minnesota. The Arc serves people of all ages with many kinds of developmental disabilities including, but not limited to, intellectual disabilities, Down Syndrome, autism, cerebral palsy, and Fetal Alcohol Spectrum Disorder. ARC is concerned with the total life of an individual, from birth to death, and with all services or needs an individual and his or her family may have. ARC provides crucial information for people with developmental disabilities and their families, connects them with resources, and stands with them when they need an advocate. Workshops, information and referral, one-on-one advocacy for families and their children with developmental disabilities, public policy advocacy, and support services are provided across the state by The Arc of Minnesota or local affiliated chapters of The Arc. The Arc fights for persons with developmental disabilities so they can reach for a brighter, more inclusive future.

Contact: The Arc of Minnesota, 770 Transfer Road, Suite 7A, St. Paul, MN 55114. Phone: 651-523-0823 or 1-800-582-5256. Website: www.thearcofminnesota.org or e-mail: mail@arcmn.org

Catholic Charities

It is one of the Twin Cities' largest private providers of social services, working to strengthen families, reduce poverty and build stronger communities in the Minneapolis and St. Paul metropolitan area through their advocacy efforts. They serve those most in need through four divisions: Children, Families, Housing, & Emergency Services and Advocacy. St. Joseph's Home for Children specializes in assessment, crisis intervention and residential programming, especially for children with severe emotional and behavioral problems. Offer supports and services for children, families, and the homeless. 651-664-8500. www.cetwincities.org

Community Action Agency

Offices are located throughout the state, with varying names. They often know what is available in the area for a variety of resources, including emergency food shelves, housing, and energy assistance, Head Start, low-cost medical care, county offices, and more. You can find a Community Action Agencies in your area by going to their Website at <http://www.mncaa.org/> or 100 Empire Drive, Suite 202; St. Paul, MN 55103. 651-645-7425

Community Services Locator

The Community Services Locator is an online directory for finding services for children and families in the communities in which they live. The locator, produced by the MCH Library, may be used by service providers and families to find available health, mental health, family support, parenting, child care, and other services. Topics include education and special needs, health and wellness, mental health and well-being, family support, parenting, child care and early childhood education, and financial support. A new A-Z Resources and Services Index offers another avenue for navigating the locator and the library's Web site. The locator along with all appropriate 1/800 numbers for all agencies is available at www.mchlibrary.info/KnowledgePaths/kp_community.html

Family Voices

Family Voices of Minnesota is a grass roots network of families whose children, youth and young adults have special health care needs and/or disabilities. Family Voices mission is to achieve family-centered care for all children and youth with special health care needs and/or disabilities. Through our state and national networks, we provide families tools to make informed decisions, advocate for improved public and private policies, build partnerships among professionals and families, and serve as a trusted resource on health care. Family Voices of MN includes a web-site: www.familyvoicesofminnesota.org an e-mail network through which local, state and national information is exchanged and there are occasional mailings. For more information contact the network

coordinators via e-mail: network@familyvoicesofminnesota.org or the national organization at www.familyvoices.org/

MinnesotaHelp.info is a centralized Internet entry point that contains information about services provided by both public and private entities throughout the state. The site is easy to use for both the beginner and the more experienced internet-savvy consumer or professional. The site contains information links for all ages. Information on many topics is available by County and may be accessed by zip codes or city and state. It includes shelters, crisis nurseries and vouchers for lodging. There is a Spanish information page and access to Minnesota Northstar government website. www.minnesotahelp.info

The Minnesota State Council on Disability (MSCOD)

MSCOD is an agency that collaborates, advocates, advises and provides information to expand opportunities, increase the quality of life and empower all persons with disabilities. Services are provided to individuals with disabilities and their families, the Governor and Legislature, government and private agencies, employees, and the general public. Services include: (1) Review of disability issues, programs and policies and advise the Governor, Legislature and State agencies; (2) Promote coordinated, collaborative, interagency efforts. (3) Provide information and referrals regarding disability issues, services and policies. (4) Collect, conduct and make disability related research and statistics available. (5) Advocate for policies and programs that promote the quality of life for people with disabilities. Address: The Minnesota State Council on Disability (MSCOD), 121 East Seventh Place, Suite 107, St. Paul, MN 55101. Phone: 651-361-7800 or 1-800-945-8913 (Voice or TTY) www.disability.state.mn.us

National Dissemination Center for Children with Disabilities (NICHCY)

This is the national information center that provides information on disabilities and disability-related issues. Anyone can use our services—families, educators, administrators, journalists, and students. Our special focus is children and youth (birth to age 22). NICHCY shares information about disabilities in children and youth. You can explore their Website, read their publications and share them with others, let them connect you with resources in your state and in the United States, and call them free of charge to talk with their information staff about your special concerns. They're bilingual, too! Address: NICHCY, 1825 Connecticut Avenue NW, Suite 700, Washington, DC 20009. Phone: 1-800-695-0285 (Voice or TTY). <http://nichcy.org>

PACER Center, Inc. (Parents' Advocacy Coalition for Education Rights)

Pacer's Health Information and Advocacy Center project provides a central source for families of children and young adults with disabilities to obtain support, advocacy and information about the health care system. Some of the information provided includes understanding insurance and filing insurance appeals, communicating with health care providers, making informed choices about health care providers, and general health resources. PACER offers workshops for parents and professionals, links with parent-to-parent support programs, puppet shows on disability sensitivity and preventing child abuse. They have many free publications. Address: PACER Center, Inc., 8161 Normandale Boulevard, Minneapolis, MN 55437. Phone: 952-838-9000 or 1-800-537-2237 (Voice) 952-838-0190 (TTY). www.pacer.org

PACER's Simon Technology Center

The Simon Technology Center, a project of PACER, provides numerous assistive technology services and programs for children, families, consumers, and professionals. Free assistive technology consultations for children and adults; A statewide loan library of software, devices, adapted toys, books and videos; Information and referral; A free online listing service for used assistive technology; Trainings on assistive technology for parents and professionals; A monthly electronic newsletter and a bi-annual print newsletter; An early childhood technology training program; Creation Station, a creative activities program for children with disabilities and their friends and family members; E.X.I.T.E. Camp, a day camp for middle school girls with disabilities that fosters interest in science and technology. Simon Technology Center, PACER Center, 8161 Normandale Blvd., Minneapolis, MN 55437-1044; Voice: 952-838-9000, Toll free 1-800-537-2237; TTY: 952-838-0190; FAX: 952-838-0199. For more information, visit www.pacer.org/stc

What does it mean to be an advocate? How and when should you advocate for yourself? This fact sheet by PACER Center has many helpful tips about self-advocacy.

<http://www.pacer.org/parent/php/PHP-c116.pdf>

Patient Advocate Foundation

The Patient Advocate Foundation is a national non-profit organization that seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability relative to their diagnosis of life threatening or debilitating diseases. The **“Fundraising Ideas for Patients”** is located thru the ‘The Patient Pal’ tab at the top of the Patient Advocate Foundation website.

www.patientadvocate.org

Respite Care

www.childneurologyfoundation.org/ “Our Family: A Respite Workbook for Families and Care-Providers” is available at the Child Neurology Foundation. This workbook is to be completed by families to provide all personal health information for temporary caregivers to ensure the best care for your child while in respite care. Copies are available from on this site under “Advocacy,” or call Toll Free: 1-800-263-5430.

Fatherhood Resources

“Fathers to the Forefront “

This action plan was written in 2007 and seeks to engage all fathers, especially fathers who are facing multiple barriers, so that they may become healthy assets for the development of their children, their families, and their communities. The authors of this action plan aim to increase levels of healthy father involvement in Minnesota’s urban, suburban, rural, and tribal communities by working in tandem with organizations that support healthy women and children. www.mnfathers.org/FathersToTheForefront.pdf

Minnesota Father’s and Families Network enhances healthy father-child relationships by promoting initiatives that inform public policy and further develop the field of fatherhood practitioners statewide. (651) 222-7432 <http://www.mnfathers.org/>

National Responsible Fatherhood Clearinghouse

The National Responsible Fatherhood Clearinghouse is designed to help you as a father or family member learn about the importance of being actively involved with your children and to learn creative and effective strategies for getting involved and staying involved in the lives of your children. <http://www.fatherhood.gov/father/>

Financial Information

Children’s Defense Fund and Children’s Defense Fund--Minnesota

The Children’s Defense Fund (CDF) is a private, nonprofit, nonpartisan research and advocacy organization supported by foundations, corporate grants and individual donations. They do not accept government funds. Using research and data, CDF focuses on educating others about the needs of the poor, of minority children and those with special needs. They encourage preventive investment before children get sick or into trouble, drop out of school, or suffer family breakdown. Their website has many informative resources including Minnesota county data, Minnesota Census Data and a Minnesota Legislative Scorecard. You can sign up to receive their newsletter or join their E-Advocacy Network. 651-227-6121 www.cdf-mn.org

Federal Earned Income Credit and the Minnesota Working Family Credit

The Earned Income Credit (EIC) is a special credit for low income working families that reduces the amount of federal tax you owe (if any). The credit is subtracted from the amount of tax you owe, so you pay less tax or get money back from the government. Even if you do not owe any tax liability, you might still get some money back. You must meet certain eligibility requirements in order to claim the credit. Taxpayers who qualify for the

federal EIC qualify for the Minnesota Working Family Credit. For more information on federal tax credits and refunds and to see if you are eligible, call (800) 829-1040. For information on state tax credits, call 651-296-3781.

The Minnesota Governor's Council on Developmental Disabilities

The Minnesota Governor's Council on Developmental Disabilities works toward assuring that people with developmental disabilities receive the necessary support to achieve independence, self determination, productivity, integration and inclusion into the community. One program that was created by this Council is the Partners in Policymaking leadership training program for adults with disabilities and parents of young children with developmental disabilities. The purpose of the program is twofold: To teach best practices in disability, and the competencies of influencing public officials. For more information go to www.partnersinpolicymaking.com Address: Minnesota Governor's Council on Developmental Disabilities; 370 Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155. Phone: 651-296-4018 or 1-877-348-0505. www.mnddc.org

Minnesota Supplemental Aid (MSA)

MSA pays people with low incomes who are elderly, blind, or disabled to bring their income to a set amount. Many people on MSA get SSI. MSA uses Social Security disability criteria. MSA has income and asset limits and applications must be made through your local county human services agency. The best way to find more information on MSA is to use Google and type in Minnesota Supplemental Aid. www.dhs.state.mn.us/main and look under "Economic Supports."

Food Support

Angel Food Ministries

By buying food from first rate suppliers at substantial volume discounts, Angel Food Ministries is able to provide families with approximately \$65 worth of quality nutritious food for \$30. <http://www.angelfoodministries.com/>

Bridge to Benefits

Bridge to Benefits is a multi-state project by Children's Defense Fund Minnesota to improve the well-being of families and individuals by linking them to public work support programs and tax credits. A section is included on the School Meal Program (Free/Reduced-Price School Breakfast & Lunch) explaining who is eligible for free/reduced school breakfast and lunch: Children attending public and private schools grades K-12. All foster children can get free meals. If your family is getting help from Food Support (stamps), MFIP, or FDPIR (Food Distribution Program on Indian Reservations), you can get free meals. Otherwise, if you are not on these programs, your family has to have an income below the limits to get help. Some families can get free meals and others can get a reduced (lower) price on their meals. The most you currently pay for a reduced-price lunch is 40 cents. You may also be eligible for busing, field trips, after school enrichment classes, athletics and summer programs sponsored by the school district. www.mn.bridgetobenefits.org

Emergency Foodshelf Network

The mission of the Emergency Foodshelf Network is to provide high quality food and essential support services to hunger relief programs in the community. Search by county. www.emergencyfoodshelf.org/

FARE For All (formerly Fare Share)

Fare For All stands for **F**ood **A**nd **R**esource **E**xchange and is a non-profit volunteer-based cooperative food-buying program that allows people to stretch their food purchasing power. Two hours of community service, benefiting someone else or your community entitles you to purchase a monthly food package consisting of fresh meats, fruits and vegetables and other grocery items. The savings is up to 40% to 50% one would pay at their local grocery store. This program is in several states. There are no income requirements. Phone: 763-450-3880 or 1-800-582-4291. www.fareforall.org

Food Coop

The Coop Directory Service is an online source of information about natural food co-ops www.coopdirectory.org/

Food Support (Previously called food stamp program)

Food support is a program that helps people with lower incomes pay for nutritious food, which helps kids to grow up strong and helps adults to stay healthy. Food Support does not pay for all the food that a person or a family needs each month, just some of it. The Food Support program is administered by the Minnesota Department of Human Services but eligibility and case management is done by county human services departments. Food Support is the name of Food Stamps in Minnesota. We don't call the program "Food Stamps" anymore because you don't get stamps to buy food. You get a card. As of October 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program.

Food Shelves

On the top of the page is a path "Click Here to Find Emergency Food." This will take you to Hunger Solutions: A Statewide Partnership of Organizations Fighting Hunger. www.mnhungerpartners.org/

You can look up locations of Foodshelf, Meals on Wheels, Summer Feeding, Food Support Office, WIC. Use the search criteria to find a location near you. www.hungersolutions.org/find Phone: 651-486-9860

Minnesota Food Helpline

Launched in June 2009 by Hunger Solutions Minnesota (HSM), the Minnesota Food Helpline provides a vital service to Minnesotans at risk for hunger. The multilingual staff will help enroll low-income Minnesotans in the Food Support (Food Stamps) program and help callers find emergency food assistance in their area. No one in Minnesota should go hungry. If you, your family or someone you know are having difficulty making ends meet, please call the helpline at 1-888-711-1151. www.hungersolutions.org/

Women, Infants and Children (WIC)

The WIC Program is a supplemental food and nutrition program for low-income pregnant, breastfeeding, and postpartum women, and infants and young children who are at nutritional risk. The purpose of the WIC Program is to prevent health problems and to improve the health of program participants during critical times of growth and development. The WIC Program provides nutrition education, access to health services, referrals to health and other human services and vouchers for supplemental foods. To locate your nearest WIC office, contact them at 651-201-5000 or for Minnesota callers outside the metro area toll-free 1-888-345-0823 or visit the website: <http://www.health.state.mn.us/divs/fh/wic>

Free or Low-Cost Dental Care Resources in Minnesota

Children's Defense Fund-Minnesota (CDF-MN)

CDF-MN provides a low-cost health care directory including dental care that is available at www.cdf-mn.org click on "low-cost health care directory" on the left side of the home page. **NOTE:** The low-cost health care directory is being revised at the time of this printing. Please check back later for a full listing. Call 489-CARE to be referred to affordable medical, dental or mental health services in Minnesota for people who are uninsured or underinsured.

Children's Dental Services

Providing low-cost or free dental care to pregnant women and children 0-18 years whose families cannot pay for dental care or have no insurance. Clinic staff assists families in completing applications for public assistance programs. Children with challenging behaviors or needing emergency care are also seen. Clinic staff is multilingual, speaking at least 13 languages. There are 13 clinic sites throughout the metro area available to people living anywhere in Minnesota or the United States. 612-746-1530 for scheduling.

www.childrensdentalservices.org

National Foundation of Dentistry for the Handicapped

There are dentists in Minnesota who have volunteered to provide comprehensive dental care to people of all ages, who, because of a serious disability, advanced age or medical problems, lack adequate income to pay for needed care. 888-471-6334; (direct) 866-242-6290. www.nfdh.org

University of MN Pediatric Dental School

The University dental school provides care for children 16 years old and younger; including general anesthesia or sedated dentistry as needed for special needs children; 24 hour emergency care is available; treatment is provided by two year fellows and graduate dental students, under the supervision of the dental faculty. 888-749-8108.

Hibbing Community College: pediatric through adult dental care is provided by UH dental students. For more information or appointments, call 218-263-2916 or 1-888-749-8108.

Rice Regional Dental Clinic in Willmar: located in Willmar is also staffed by UH dental students, under the supervision of an experienced dentist and will pediatric through adult dental care is provided by UH dental students. For more information call 320-235-4543.

Give Kids A Smile Day

The first Saturday of February each year, all dentists across the state are asked to provide free dental care to children. An appointment needs to be scheduled by calling the University of Minnesota at 612-625-4967.

Free or Low-Cost Health Care Resources in Minnesota

Bridge to Benefits Minnesota

This is a multi-state project by Children's Defense Fund Minnesota to improve the well-being of families and individuals by linking them to public work support programs and tax credits. By clicking on the link below, a person can use the Eligibility Screening Tool to see what services they may be eligible for. 555 Park Street, Suite 410; St. Paul, MN 55103; Phone: 651-227-6121; Fax: 651-227-2553. www2.bridgetobenefits.org/

Children's Defense Fund Minnesota / Minnesota Low Cost Health Care Directory

This directory was compiled to help uninsured or underinsured families understand what health care options are available to them. Low-cost health care options are listed by County. www.cdf-mn.org **NOTE:** The low-cost health care directory is being revised at the time of this printing. Please check back later for a full listing. Call 489-CARE to be referred to affordable medical, dental or mental health services in Minnesota for people who are uninsured or underinsured.

Find a Health Center

The U.S. Department of Health and Human Services, Health Resource and Services Administration (HRSA) has a web based tool called, **Find a Health Center**, which lists federally-funded health centers providing care for people, even if they have no health insurance. Individuals pay what they can afford, based on their income. Health centers provide a wide range of services including: checkups for individuals who are well or sick, pregnancy care, immunizations, dental care, and mental health and substance abuse care. Health centers are in most cities and many rural areas. findahealthcenter.hrsa.gov/

MinnesotaHelp.info

This is an easy-to-use, centralized Internet entry point that contains information about services provided by both public and private entities throughout the state. This English/Spanish site contains information links for all ages. Use the Search feature to find free and reduced health care services by County. www.minnesotahelp.info

The Neighborhood Health Care Network

This is a health care consortium of community clinics in Ramsey, Hennepin and Washington Counties serving economically and ethnically diverse populations such as immigrants and refugees or others who have limited

incomes and may not have health insurance. Callers are directed to affordable primary health care centers in their area, are screened for possible eligibility for Minnesota State Health Care Programs, and offered assistance completing applications. Interpreters are available. **Call 651 489-CARE (2273), or 1-866-489-4899 (toll free).**
www.nhcn.org

Portico Health Net

This program helps individuals and families **living in Ramsey, Washington, or Dakota county** to connect with a health care program. It helps people fill out applications for Minnesota Health Care Programs (such as MinnesotaCare, Medical Assistance, or General Assistance Medical Care). It also has provided its own health access program for people without health insurance. It also can help identify other community resources that may be helpful for you. To find out if you may be eligible for a low cost or even free health care program call (651) 603-5100 or 866-430-5111. You can also check out their website at: For a fact sheet describing the Portico Health net coverage program, go to: <http://www.porticohealthnet.org/docs/fact-sheet.pdf>;
www.porticohealthnet.org.

Shriner's Hospital for Children Twin Cities

A 40-bed children's hospital facility providing high quality pediatric orthopedic care. The hospital provides comprehensive medical, surgical and rehabilitative care for children with orthopedic conditions. Children up to age 18 are eligible for care if, in the opinion of Shriner's Hospital physicians, there is a reasonable possibility they can benefit from the specialized services available. There is no charge for any care or services provided within Shriners Hospitals for Children facilities. Twin Cities Shriner's Hospital, 2025 East River Parkway, Minneapolis, MN 55414. Metro Phone: 612-596-6100; 888-293-2832, extension 6105.
<http://www.shrinershq.org/hospitals/TwinCities> For a listing of all Shriner's hospitals and services in the U.S.:
<http://www.shrinershq.org/Hospitals/Main>

Free or Low-Cost Women's Health Care Resources in Minnesota

The Minnesota Family Planning Program (MFPP)

Family planning and related health care services for people who are NOT enrolled in Minnesota Health Care Programs. Check the site for services offered. This program is administered by the Department of Human Services. For more information call the Minnesota Family Planning Hotline 800-783-2287 or visit the website www.dhs.state.mn.us/familyplanning

Primary Care Resources

A list of providers who serve persons even if they do not have insurance. These providers may charge a fee based on a persons ability to pay. This list was updated as of **July 2009**. It is organized by County and may or may not include all of the providers in a specific County.
edocs.dhs.state.mn.us/lfserver/legacy/DHS-4741-ENG

Health Care Services

Courage Center

The mission of Courage Center is to empower people with physical disabilities to reach for their full potential in every aspect of life. They are guided by the vision that one day, all people will live, work, learn and play in a community based on abilities not disabilities. They provide rehabilitation services for people with physical disabilities and/or sensory impairments, parent support groups, recreational and camping programs, and transitional rehabilitation programs. Their Website lists classes, tips, publications and more. Address: Courage Center, 3915 Golden Valley Road, Golden Valley, MN. Phone: 763-588-0811 or 1-888-846-8253. www.courage.org

My Health Minnesota → Go Local

A free, online directory of health care services and providers throughout Minnesota, including clinics, hospitals, nursing homes, assisted living facilities, health screening programs, and more. All 87 counties in Minnesota are covered. **My Health Minnesota → Go Local** is a joint project of the National Library of Medicine and the Health Sciences Libraries of the University of Minnesota, the Mayo Clinic Libraries, and the MINITEX Library Information Network. You can access this resource at: www.medlineplus.gov/minnesota

Shriners Hospitals for Children

Shriners Hospitals is an international health care system for children to the age of 18. It provides specialty pediatric care, innovative research and outstanding teaching programs for children with orthopedic conditions, burns, spinal cord injuries and cleft lip and palate. Eligible children receive care in a family-centered environment at no financial obligation to patients or families. In the U.S.: 1-800-237-5055.

<http://www.shrinershq.org/Hospitals/Main>

“Uncompensated Care”

Some large clinics &/or hospitals may have internal “charity” funds to help some families reduce their outstanding payments. Families should contact the business office or social services office at the clinic/hospital to discuss past due bills, or “holds” on getting future appointments due to the outstanding bill. The decision is often based on a combination of family circumstances (making it difficult to pay the bills - not just because they just don’t want to pay) and the type of care the patient needs. If families have a new funding source (ex: just became eligible for a Minn. Health Care Program such as Medical Assistance), the business office may “reconsider” what was due before that eligibility began, to help reduce the outstanding balance. The business office often has a “financial questionnaire” for families to complete, regarding income coming into the family, expenses going out, and assets. Sometimes families can talk with their doctor, nurse, or a social worker at the clinic/hospital where they are receiving the care. These people may be able to help as “advocates” for families in working with the business office.

Hearing

The Deaf and Hard of Hearing Services Division (DHHSD) at the Department of Human Services offers information about hearing loss, available referral services including interpreters and legal services, assistive technology, publications and other resources for individuals, families and professionals. Their website www.dhhsd.org. This web site also provides information on alternative communication accessibility options including Sign language interpreters, CART services, Cued language transliteration, services for deaf and blind consumers, and information on job coaches fluent in sign language for deaf and hard of hearing employees. 651-431-5940 (Voice) 1-888-206-6513 (TTY).

Hearing Aids

Minnesota law requires a health plan, including those issued by Health Maintenance Organizations, to cover hearing aids for children age 18 or younger for hearing loss due to functional congenital malformation of the ears that is not correctable by other covered procedures. Coverage is limited to one hearing aid per ear every three years. A plan may apply deductibles, coinsurance, and copayments generally applicable to other covered services to the hearing aid coverage (Minn. Stat. Ann. §§ 62Q. 675 and 62A. 011). This bill does not apply to employers who are self-insured [ERISA]. Contact your employer’s Human Resource Department to determine if your health plan is self-insured. For assistance with coverage under an ERISA plan, call the Minnesota Department of Commerce at 651-296-2488 or 1-800-657-3602.

The Lions Infant Hearing Program established a hearing instrument loaner bank for Minnesota's newly identified infants and young children with hearing loss. New and reconditioned behind-the-ear hearing aids are available to loan for a six-month period of time. The loan period is designed to provide families with adequate time to investigate and purchase amplification for their child without delaying intervention. Each device will carry a warranty. However, audiological services, batteries and ear molds will need to be obtained through the dispensing audiologist at the families' expense.

To request a hearing aid list and request form, the audiologist should contact the Lions Infant Hearing Screening Program. Upon receipt, complete the request form and return via fax or mail. The instrument(s) will be mailed to you within one week and may be used for a maximum of six months. Please email or phone if you have any questions about the Lions Infant Hearing Program Loaner Hearing Instruments Bank. Email: lionsear@umn.edu
Fax: 612-625-8901 Phone: 612-626-0946

Financial Resources for Parents with Deaf and Hard of Hearing Children

If your insurance company is not responsible for providing hearing aids for your child under legislation enacted in 2003, you can get a list of organizations to determine eligibility for assistance at:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Recondition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs_id_018498

Minnesota DeafBlind Technical Assistance Project

The Minnesota DeafBlind Technical Assistance Project is federally funded under the Individuals with Disabilities, Education Act (IDEA). The Project provides technical assistance which supports Minnesota children and youth, birth to 21 years, who have BOTH a vision and hearing impairment. These services are in addition to those provided by schools, and other state and local agencies. Minnesota DeafBlind Technical Assistance Project; 3055 Old Highway 8, Suite 302, St. Anthony MN.55418. Telephone: 612.638.1525 or 1526; Fax: 612.706.0811; Toll Free: 800.848.4905; TTY: 612.706.0808. www.dbproject.mn.org

Minnesota Hands & Voices – Life Track Resources

Minnesota Hands and Voices is a state-wide organization that provides parent-to-parent support to families of children who are deaf or hard of hearing. Services include speech, occupational, and physical therapies, deaf mentors, educational workshops, seminars and social events. For more information, call 651-227-8471 (voice), 651-227-3779 (TTY) or go to: www.lifetrackresources.org

Newborn Hearing Screening – is now mandated in the state of Minnesota. For more information on the mandate and other hearing resources for children, go to the MDH web site at:
www.health.state.mn.us/newbornscreening

Housing and Housing Issues

The Arc of Minnesota Housing Opportunities Program

Persons with developmental disabilities (DD) and their families or representatives are offered help with minor or major housing issues. Support is offered through three programs:

Housing Counseling:

Counseling help with housing questions, information and referrals. Topics can cover any housing issue but generally cover items such as: ownership, rental, social service supports, trusts, licensing, maintenance, roommates, and many other residential issues. Also, counseling help with home financing and other residential costs. This involves finding financial assistance through mortgage programs, grants and other sources for the purchase, construction, repair, accessibility, remodeling, etc. of a home.

Housing Access Coordination (HAC):

HAC is an approved service within the MR/RC Waiver. The cost for this service is paid by the Waiver. HAC service allows an authorized consultant to provide direct housing support to a client or his or her representatives, to assist them with housing decisions or the implementation of their housing plans. For example, this service might help with: 1) seeking subsidized rental programs; 2) locating an available apartment; 3) obtaining mortgage financing; 4) finding a home to purchase; 5) constructing a home; 6) deciding on house mates; 7) maintenance planning; 8) and much, much more.

Demonstration Housing Programs:

The Arc of Minnesota plays a major role in several trial housing programs designed to improve or expand housing opportunities for persons with DD. Currently The Arc of Minnesota is a part of the HomeChoice program (a mortgage program for people with disabilities) and the Landlord Partnership Program (coordinating Hennepin County and the Section 8 program). (For more details contact Dennis Collins at 651-523-0823 or 1-800-582-5256, ext. 111, email: dennisC@arcmn.org website: www.arcofminnesota.org

Catholic Charities offers a variety of housing and emergency services for the homeless and those in need of food. <http://www.cccspm.org/> Phone: (612)-664-8500.

Centers for Independent Living (CIL)

Minnesota's eight Centers for Independent Living (Centers or CIL) are non-residential, consumer-controlled non-profit organizations serving people of all ages with physical, sensory, mental or other disabilities. The philosophy guiding all Centers and CIL services is people with disabilities have the right to control their own lives and fully participate in all areas and aspects of society. The services offered by Minnesota's Centers are designed to assist individuals with disabilities to live with greater independence, to contribute their talents and creativity, to expand their options and secure their basic rights in areas such as housing, transportation, education and employment. Centers are located in St. Cloud, Rochester, Mankato, East Grand Forks, Marshall, Moorhead, Hibbing and St. Paul.

Consumer control is the key element of the Independent Living (IL) philosophy. A majority of every Center's governing board, managers and staff are people with disabilities. Each CIL in Minnesota offers differing ancillary services. All of Minnesota's Centers, however, are mandated to provide the following services: IL Skills Evaluation and Training, Peer Counseling, Advocacy, and Information and Referral.

For additional information on Minnesota's Centers and/or State IL Services, please contact David Sherwood-Gabrielson, Department of Employment and Economic Development at 1-800-328-9095, or 651-259-7350, or TTY 651-296-3900. <http://www.macil.org/>

Heat Share (1-800-842-7279)

Heat Share is a statewide energy assistance program available through the Salvation Army. Families call the 800 number and enter their zip code to be transferred to the Heat Share office closest to them. This is a program of "last resort" (i.e.: the household has received a shut off notice). There are income guidelines. Families must first apply for emergency assistance through their county and to the Energy Assistance Program and show proof of these program acceptances or denials. Heat Share pays the electric or heat provider directly. The link below lists phone numbers specific to your service area: www.thesalarmy.com

HousingLink provides affordable-housing, waiting list, and section 8 voucher information to the Twin Cities metropolitan area and selected regions of Greater Minnesota. 612-522-2500; <http://www.housinglink.org>

HousingLink provides affordable-housing, waiting list, and section 8 voucher information to the Twin Cities metropolitan area and selected regions of Greater Minnesota. 612-522-2500. <http://www.housinglink.org>

Housing Resources ToolBox

The Housing Resources ToolBox provides information on: 1) housing options in Minnesota; 2) services to help keep you in your home; 3) affordable housing programs; and 4) searchable databases for locating housing.

Individuals and their families, county staff, and housing and services providers may access information to address the unique needs of older adults, refugees, people with disabilities, and the homeless. Included are descriptions of living arrangements, homelessness prevention and programs, housing information for refugees, information and resources on housing rights, innovative housing options for people with disabilities, resources for relocation/nursing home transition, services and programs to keep individuals in their own homes, vacancies lists and public housing waiting list information, and web resources to locate housing services. www.dhs.state.mn.us and click on the Economic Supports tab.

Minnesota Energy Assistance Programs

Minnesota Department of Commerce (MDC) This website is dedicated to Minnesota energy information. The Energy Info Center, Utility Information and Energy Assistance information are all included on this site. 1-800-657-3710 (MN only) <http://www.energy.mn.gov>

Minnesota Help Info

The website contains searchable databases and up-to-date lists for locating housing and service providers in Minnesota according to zip codes or city and state. Includes shelters, crisis nurseries and vouchers for lodging. www.minnesotahelp.info

Minnesota Housing Finance Agency (MHFA)

Financial and advance affordable housing opportunities for low and moderate income Minnesotans. www.mnhousing.gov/ Address: MHFA, Home Improvement Division, 400 Sibley St., Suite 300, St. Paul, MN 55101. Phone: 651-296-7608 or 1-800-657-3769 outside Metro area.

National Association of Hospital Hospitality Houses, Inc

A caring association of more than 150 nonprofit organizations located throughout the U.S. that provide family-centered lodging and support services to families and their loved ones who are receiving medical treatment far from their home communities. 800-542-9730 http://www.nahhh.org/about_history.php

Rebuilding Together – Twin Cities

An affiliate of the national non-profit Rebuilding Together organization, Rebuilding Together Twin Cities works with volunteers and partners in the metro area to preserve and revitalize low-income homes. www.rebuildingtogether-twincities.org

Information and Referral Resources

2-1-1

These community services provide information and referral regarding a broad variety of community resources. You will receive confidential, anonymous information about health education, education, legal services, counseling, food &/or clothing shelves, diapers, formula and more. Help is available to individuals, families and agencies at no charge, by telephone (Twin Cities metro area, call 2-1-1 anytime, 24 hr/day, or 651-291-0211, outside the metro area, call 1-800-543-7709) www.211.org

The Beehive

The Beehive is an online place to go for information and resources around the things that matter in our lives: money, health, jobs, school and family. <http://www.thebeehive.org/>

Family Planning Program

The Minnesota Family Planning Program (MFPP) provides coverage of family planning and related health care services for people who are NOT enrolled in Minnesota Health Care Programs. Eligible persons are Minnesota residents who are not pregnant, between the ages of 15 and 50 with income at or below 200 percent of the federal

poverty guidelines and a US citizen or a noncitizen qualified to participate in federally funded programs. Covered services include office visits and family planning education, testing and treatment for sexually transmitted diseases found during a family planning visit, birth control and sterilizations. Services NOT covered include abortion services, infertility treatments, treatment for HIA/AIDS and inpatient family planning services. This program is administered by the Department of Human Services. For more information call 651-431-3480 (metro) or 1-888-702-9968 toll free. www.dhs.state.mn.us/familyplanning

GovBenefits.gov

GovBenefits.gov will help you discover if there are government benefit programs available to help you. Our online screening tool is free, easy-to-use, and completely confidential. It does not require your name, phone number, Social Security number, or any other identifying information. You answer a series of questions about yourself, and GovBenefits.gov returns a list of government benefit programs you may be eligible to receive along with information about how you can apply. Whether it's a direct payment, a loan, insurance, training, or other services - there may be programs available to help you. To get started, go to www.govbenefits.gov and select "Start here."

Minnesota Children and Youth with Special Health Needs (MCYSHN) Information and Assistance Line

The MCYSHN Information and Assistance Line is for families, health care providers, teachers, social workers and anyone who needs help identifying and locating resources for children with special health needs. A staff person will discuss services and resources provided by public and private agencies. Both national and state information is available. Call 651-201-3650 or toll free 1-800-728-5420 weekdays from 8 a.m. to 4:30 p.m.

www.health.state.mn.us/mcshn

Minnesota Department of Commerce Links to information on Federal Agencies, Energy Companies, Energy Assistance, MN power companies, Telecom Companies, Non-Profit Organizations, Insurance, etc.

www.commerce.state.mn.us

Public Health

Public Health Nurses can be valuable resources in the care of a child with special needs. They may provide information and referral to resources (including information on health services & other resources in the county, health and developmental screening, Child and Teen Check-ups, Women, Infants and Children (WIC), and in general, address a wide range of health and medical needs of the community. Some county public health agencies also provide home care services. To locate the nearest Public Health agency, go to:

<http://www.health.state.mn.us/divs/cfh/ophp/index.html> Call # 651-201-3880 or email health.ophp@state.mn.us

Social Services (Department of Human Service)

Human Service Agencies are responsible for administering social services, child support services, and financial assistance programs under state supervision. They are responsible for providing protective services to vulnerable adults and children, helping the elderly and disabled to achieve their highest level of independence, providing child support services to custodial and non-custodial parents, and assisting indigent and low-income families and individuals to meet their basic needs or to become self-sufficient. To locate the nearest human service agency, go to: <http://www.dhs.state.mn.us> and click on Counties/Regional offices (left side of page).

Spanish Language Government Services

The government's new Spanish-language information web portal links visitors to the entire spectrum of Spanish-language websites and web pages available from federal and state governments.

<http://firstgov.gov/Espanol/index.shtml>

Special Education Mediation Service

Minnesota Special Education Mediation Service (MNSEMS) provides a method of settling disagreements about a student's educational needs among parents, schools, and agency personnel. It is used to resolve issues such as: conflicts concerning the identification, evaluation, and educational placement; provision of a free appropriate public education; and the payment for such services. Additionally, MNSEMS offers facilitated IEP meetings. For more information, contact the Minnesota Department of Education at 651-582-8222. Further information can be found at www.education.state.mn.us

Insurance

Consolidated Omnibus Budget Reconciliation Act (COBRA)

Cobra is an option offered to employees who have been terminated or had work hours decreased, to buy group insurance coverage for a limited period of time (maximum 18 months). Employers with 2 or more permanent employees must offer COBRA (including the employee and dependents). To be eligible for the federal COBRA subsidy, an individual must: 1) be involuntarily terminated from employment between September 1, 2008, and May 31, 2010; and 2) be eligible for COBRA coverage as a result of that termination. The coverage must be the same as provided prior to termination. Premiums usually are quite costly. **COBRA Premium Subsidy** – The federal government's American Recovery and Reinvestment Act of 2009 (ARRA) subsidizes 65% of the COBRA premium for individuals. **Minnesota has an additional state COBRA premium subsidy**, which covers the remaining 35% portion of the premiums. The eligibility period for the Minn. COBRA Premium Subsidy is the number of months the enrollee meets eligibility criteria and receives the federal COBRA subsidy. To be eligible for the Minn. COBRA Premium Subsidy, an individual must: 1) elect COBRA coverage; and 2) receive the federal COBRA subsidy; and 3) be a Minn. resident and otherwise eligible for a Minnesota Health Care Program (MHCP). [Persons must be within the MinnesotaCare income limits.] Once their COBRA coverage ends, state law exempts former enrollees of the Minn. COBRA Premium Subsidy from the MinnesotaCare four-month waiting rule. The 2010 Minnesota Legislature extended the Minnesota COBRA premium subsidy until Feb. 28, 2011. [NOTE: Payments made by the Minn. COBRA Premium Subsidy can be counted toward a household member's medical "Spendedown" for Medical Assistance (MA). Individuals on MA generally do not need the Minn. COBRA Premium Subsidy since their share of COBRA premiums may be reimbursed as cost effective health care coverage.]

Employee Benefits Security Administration (EBSA)

The website offers a great deal of valuable information in both English and Spanish. EBSA is an agency whose mission is to protect the integrity of pensions, health plans, and other employee benefits for people. There are some exemptions where MHPA does not apply; such as for small employer group plans with 2-50 employees. This law does not apply to benefits for substance abuse or chemical dependency. Toll-free hotline: 1-866-444-EBSA. www.dol.gov/ebsa

HealthCare.gov is a new consumer web site that provides transparency into the health care marketplace. Through HealthCare.gov, individuals will have more control over their health care as informed and empowered consumers. The easy to use website provides one stop shopping access to a wealth of information, including new consumer rights and benefits under the Affordable Care Act, a timeline of when new programs under the new law will come online and a new insurance finder that makes it easy to find both private and public health insurance options. <http://www.healthcare.gov/>

Insurance - "A Consumer's Guide to Getting and Keeping Health Insurance in Minnesota"

Written in January 2006 by the Georgetown University Health Policy Institute, this 36 page guide describes your protections as a Minnesota resident when you seek to buy, keep or switch your health insurance, even if you or a family member has a serious health condition. It describes your protections under group health plans, individual health insurance and as a small employer or self-employed person. There is a 3-page summary of numerous state and federal laws (including the Health Insurance Portability and Accountability Act or HIPAA) and a chapter on Financial Assistance for Minnesota residents who cannot afford to buy health insurance. <http://healthinsuranceinfo.net/>

Minnesota Disability Health Options (MnDHO)

This is a program for people with physical disabilities who are eligible for Medical Assistance (MA) or Medicare. This program is there for you 24 hours a day, seven days a week. People with physical disabilities can choose to join MnDHO or stay in their current MA program. There is no additional cost to join MnDHO. To be eligible for MN DHO you must: 1) be between 18 and 65 years old; 2) have a physical disability; 3) be eligible for MA (including MA for Employed Persons with Disabilities) or both MA and Medicare; and 4) live in one of the following counties: Hennepin, Ramsey, Anoka, Dakota, Carver, Scott, or Washington. The program is

administered by DHS along with UCare Complete (a health plan) and AXIS Healthcare (a care management organization for people with physical disabilities). AXIS Healthcare is a partnership between Sister Kenny Institute and the Courage Center. The health plan assigns a health care coordinator to each enrollee to help with paperwork and getting health care and support services. MnDHO offers all MA and Medicare services (if you also have Medicare). The health plan also may offer services that are normally not covered by MA or Medicare, such as modifications to the home or vehicle, extended personal care attendant services, and others. To enroll in MnDHO, contact UCare Complete at 612.676.3554. You can also contact your county Department of Human Services (only in one of the seven counties listed above). www.dhs.state.mn.us

Job Resources

Access to Telework

This is a finance program supporting employment for people with disabilities. This project will support the purchase of employment equipment and support to establish or expand home based self employment.

Website: www.atmn.org Email: info@atmn.org Phone: 763-479-8239, Toll Free 866-535-8239, Minnesota Relay service 1-800-627-3529.

AmeriCorps and ServeMinnesota

People with disabilities who have a desire to give back to the community, gain career skills & experience and earn financial support for education are urged to consider joining AmeriCorps. ServeMinnesota, is the nonprofit agency that administers the AmeriCorps program in Minnesota. Often referred to as the “domestic Peace Corps,” AmeriCorps offers opportunities for people age 17 and older from all walks of life to serve their communities. Minnesota is recognized as a national leader in its efforts to include people with disabilities in AmeriCorps. Currently, 23 percent of Minnesota AmeriCorps members report having a disability. AmeriCorps members are serving community needs from building affordable housing and tutoring children to securing employment for individuals with disabilities and mentoring at-risk teens. Some funds are set aside to provide reasonable accommodations to help provide equal access to AmeriCorps service positions. Individuals who join AmeriCorps commit to part-time or full-time service for one or two years. AmeriCorps is open to U.S. citizens, nationals or lawful permanent residents. AmeriCorps members receive a modest living allowance. At the successful completion of their term of service, they are awarded an Education Award, which may be used to pay future education costs or repay qualified college loans. To learn more about AmeriCorps or ServeMinnesota call (612) 333-7740 or go to their website at: www.serveminnesota.org

Job Accommodation Network (JAN)

JAN's mission is to facilitate the employment and retention of workers with disabilities by providing employers, employment providers, people with disabilities, their family members and other interested parties with information on job accommodations, self-employment and small business opportunities and related subjects. JAN's efforts are in support of the employment, including self-employment and small business ownership, of people with disabilities. JAN represents the most comprehensive resource for job accommodations available. 800-526-7234 (Voice); 877-781-9403 (TTY) <http://janweb.icdi.wvu.edu/>

Minnesota Work Incentives Connection

It helps people with disabilities understand how work affects their government benefits. Services provided include: a hotline to answer questions about how work affects government benefits and benefits analysis. Specifically, the Minnesota Work Incentives Connection can help you understand how work effects SSI - Supplemental Security Income, SSDI - Social Security Disability Insurance, Health Insurance - Medical Assistance, Medicare, other health programs, Food Support , Subsidized housing and Other Government benefits. Appointments are necessary. Minnesota Work Incentives Connection, (800) 976-6728 or (651) 632-5113, TTY (651) 632-5110 or MN Relay - 711 www.mnworkincentives.com

Legal

Citizenship

There is information pertaining to becoming a U.S. citizen available from Minneapolis Legal Aide. www.LawHelpMN.org or www.midmnlegal.org

“**Getting Child Support** Metro Office: Mid Minnesota Legal Assistance; 430 First Avenue North, Suite 300, Minneapolis, MN 55401-1780; 612-332-1441. Information on all the state offices is listed on this site. This particular fact sheet requires a little bit of exploring. ” www.midmnlegal.org

LawHelp Minnesota

Information for low income Minnesotans to solve civil legal problems. The website is available in English and Spanish with services in several other languages and can help you answer to legal questions, find a legal aid office and get court information. Topics include issues related to housing, education, public benefits, family and juveniles, employment and others. There is also a wide variety of important **Fact Sheets**, such as “MFIP for Parents Under Age 18,” “Unemployment Benefits,” “Becoming a US Citizen,” “Public Benefits for Non-citizens” and “Guardianships and Conservatorship.” The website has links to several publications regarding domestic violence, such as: “How Do I Apply for Immigration Benefits as a Battered Spouse or Child” (from the U.S. Citizenship and Immigration Services) These documents can be accessed by going to: www.LawHelpMN.org, then click on Immigration/Immigrants, then click on Battered Women / Domestic Violence

Minnesota Disability Law Center (MDLC)

MDLC is a statewide project of the Legal Aid Society of Minneapolis. It addresses the unique needs of people with disabilities in Minnesota and provides legal assistance and advocacy on disability-related matters. Address: Minnesota Disability Law Center, 430 First Avenue North, Suite 300, Minneapolis, MN 55401. Phone: 612-332-1441 or 1-800-292-4150. <http://www.lawhelp.org/Program/2393/index.cfm>
The Fact sheets can be found at www.mylegalaid.org/mdlc/mdlc-publications

Minnesota Legal Services Coalition (MLSC)

Founded in 1981, The Minnesota Legal Services Coalition (MLSC) is an association of seven Minnesota regional legal services programs. Formed to enhance cooperation and coordination, MLSC supports the regional programs that help low-income Minnesotans with a broad range of civil legal matters. Minnesota Legal Services Coalition; Midtown Commons - Suite #101B; 2324 University Avenue West, St. Paul, MN 55114; Telephone: 651-228-9105 <http://www.mnlegalservices.org>

Minnesota Organizations Offering Pro Bono Services to Clients

From the American Bar Association Directory. Click on “find legal help” or use the interactive map. <http://www.abanet.org/legalservices/probono/directory.html>

Medication/Prescription Drugs

Free Medicine Program

Most drug manufacturers help people in financial need, regardless of their age. However, in order to qualify you need to meet the following three basic requirements: (1) You do not currently have insurance coverage for outpatient prescription medicines; and (2) Your income is at a level that causes hardship when prescription medicines are purchased at retail price; and (3) You do not qualify for a government or third party programs that provides for prescription medicine coverage. www.freemedicineprogram.com

Medication Therapy Management for People Who Suffer from Chronic Health Conditions and Are on a State Health Care Program This is a new service provided by pharmacists for people enrolled in State Health Care Programs (MA, MinnesotaCare, Home & Community Based Waivers, etc.) Local pharmacists, enrolled with the Department of Human Services (DHS), will provide individualized, face-to-face health care and medication

advice. Clients who are taking four or more prescriptions to treat or prevent two or more chronic conditions such as asthma, diabetes, or cardiovascular disease can qualify to receive the service. Pharmacists give the client an individualized medication plan that can identify unneeded medications as well as opportunities to select less expensive alternatives or new medications. Important information on the proper use of medications and other advice on lifestyle choices from diet to exercise are also offered.

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_145798

Minnesota Rx Connect

This website provides Minnesotans information on issues related to prescription medicine, safety and cost-saving tips, and programs to help low-income Minnesotans pay for prescription drugs. This site also provides Minnesotans with information about accessing lower-cost prescription medication from Canada. RxConnect at 1-800-333-2433 www.minnesotarxconnect.com

Partnership for Prescription Assistance (PPA)

This is a nationwide program (with a Minnesota Chapter) bringing together pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and others to help qualifying patients who lack prescription get the medicines they need through the public or private programs that are right for them. Each patient assistance program has its own eligibility criteria. To contact PPA, call toll free at 1-888-477-2669. www.pparx.org or the Minnesota Chapter at www.pparxmn.org

Mental Health

American Academy of Child & Adolescent Psychiatry

This website offers information for families including: 1.) Up-to-date information on issues affecting children, teenagers and their families. 2.) Definitions of major mental disorders in easily understandable language along with a resource list, 3.) The latest information on children and psychiatric medications. www.aacap.org

Children's Mental Health Collaboratives

Children with emotional disorders and their families frequently seek services from many agencies because no one agency offers all the services they need. Children's Mental Health Collaboratives strive to be a local, integrated system of care providing a cohesive array of services. Communities bring together representatives from at least one county, school or special education cooperative, corrections and local mental health organization. Parents and representatives from other agencies are also typically part of their local Children's Mental Health Collaborative. You will find a list of contacts by county at: <http://edocs.dhs.state.mn.us/lfserver/legacy/DHS-4069-ENG>

Children's Mental Health Network: Minnesota Statewide Family Network (MSFN)

MSFN is a statewide non-profit parent-directed organization in Minnesota, whose mission is to expand opportunities and enhance the lives of children with mental health disorders and their families. MSFN helps connect parents with other parents and resources. It provides individual advocacy, workshops on a variety of topics (including accessing the children's mental health system, Positive Behavior Intervention and understanding the special education system for children with mental health needs), written materials and a website with children's mental health information and links to other related sites. A unique part of this organization is the Youth Advisory Board, whose mission is to create a youth leadership presence in Minnesota as self-advocates, share ideas on existing services, present at conferences and maintain a web site specific to adolescents and teens with a mental health need. Address: 8161 Normandale Blvd, Minneapolis, MN 55437. Voice: 952-838-1360 Toll-free for MN parents: 866-204-1360 www.cmhn.org

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Involuntary Commitment and Court-Ordered Treatment

Office of the Ombudsman for Mental Health and Developmental Disabilities; 121 7th Place East, Suite 420; St. Paul, Minnesota 55101-2117; 651-757-1800 or 1-800-657-35066 (Voice) TTY/voice-Minnesota Relay Service 711. www.ombudmhm.state.mn.us

Minnesota Association for Children's Mental Health (MACMH)

MACMH provides information, education, advocacy and materials for families with children with emotional/behavioral disorders and mental health needs. Address: MACMH, 165 Western Avenue, St. Paul, MN 55102. Phone: 651-644-7333 or 1-800-528-4511. This site includes a Spanish language information site. www.macmh.org

Minnesota Parent Leadership Network (MPLN)

The Minnesota Parent Leadership Network (MPLN) is a parent driven organization made up of parents of children with mental health needs. The structure of the network consists of a Board of Directors, regional and ethnic community representatives, and our parent leaders from across the state. Beyond the structure of this grassroots organization, it is the passion, dedication and commitment to the work before us in developing a strong voice for children in our mental health system of care. For more information MPLN; 369 Wendell Street; Paynesville, MN 56362; phone: 1-866-837-3393 or www.mpln.org

National Alliance on Mental Illness (NAMI)

NAMI is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. NAMI offers support, education and legislative advocacy. There are NAMI organizations in every state and in over 1100 local communities across the country. There are 21 affiliates in Minnesota (see State website). NAMI, 2107 Wilson Boulevard, Suite 300, Arlington, VA 22201-3042; Main: (703) 524-7600; Information Helpline: 800-950-NAMI (6264). National website: www.nami.org (the national website is offered in English and Spanish and the toll free line offers more than 150 languages). Minnesota phone number: 651-645-2948 or 1-888-626-4435 and website: www.namimn.org

Office of the Ombudsman for Mental Health and Developmental Disabilities

An ombudsperson is an official who is designated to assist you to overcome the delay, injustice or impersonal delivery of services. The Minnesota Ombudsman for Mental Health and Developmental Disabilities performs in the following three areas: (1) client services (or general ombudsman services); (2) medical review (death and serious injury reporting); and (3) civil commitment training. Call for culturally specific ombudsperson. For more information you can go to: <http://www.ombudmhm.state.mn.us> or call 651-757-1800 or 1-800-657-3506. Office of the Ombudsman for Mental Health and Developmental Disabilities; 121 7th Place E, Ste 420, Metro Square Bldg, St. Paul, MN 55101

www.wilder.org/research The Wilder Research Report titled "Immigrant and Refugee Mental Health" can be found on the Wilder Research website. Click on "Find a Report" and type in "immigrant" or the entire title to access this document.

Military

Child Care Programs for Military Families

There are a number of child care programs for military families, some specific to a branch of service, others for all branches of services. These programs include: Military Child Care In Your Neighborhood; Operation Child Care; Operation Military Child Care; and Quality Family Child Care. For more information contact the Child Care Aware hotline at (800) 424-2246 or go online for help with applying for the subsidy and location help.

<http://www.childcareaware.org>

www.daddydolls.com To provide the family with quality products that will ease the stresses of separation due to deployments, business trips, hospitalizations, or living far from loved ones.

www.deploymentkids.com This is a site for kids to help work through a parent's deployment; where is my parent? How far away is that? How can I keep in touch? etc.

www.guardfamily.org This is the National Guard Bureau Family Program website and opens to the Minnesota National Guard Family Program site. Information is offered on the six-step Family Program model. The purpose of the program is to keep "serving families" informed of programs, benefits, resources, etc. and include family, youth and community outreach initiatives, national-level calendar events, and basically support, educate, refer, and assist in any way necessary.

www.health.state.mn.us/military/ Military/Veterans Resources listed on the Minnesota Department of Health's resource page for military members, veterans and their families. It includes the military County Reference Guide (PDF:768KB/204 pages) Updated September 2007.

www.militaryonesource.com Military OneSource is a 24/7 (365 days) online service for Military Members, including National Guard, and their families. 1.800.342.9647 is the telephone number for the U.S., but the site has telephone numbers for most countries. This site supplements existing installation services, provides free help and information by phone with professionally trained consultants on a wide range of issues that affect you and your family, from budgeting and investing to relationships and deployments.

www.ourmilitarykids.org This organization provides support for the National Guard and Reserve families one child at a time.

www.minnesotanationalguard.org

This is the Minnesota National Guard website. The Minnesota National Guard has pioneered a program in hopes of changing how Soldiers and Airmen are reintegrated back to their communities. Called Beyond the Yellow Ribbon, the program is named as a reminder that the support of Soldiers cannot end when they return from deployment and the yellow ribbons are untied.

www.naccrra.org/militaryprograms/

The National Association of Child Care Resource & Referral Agencies working with the U.S. Military Service to provide Operation: Military Child Care. They provide a subsidy for service members on active duty who have children in state licenses childcare. With questions, call Child Care Aware at 1-800-424-2246.

www.mngyc.com National Guard Youth and Teen Camp (ages 7-17). The Minnesota National Guard Youth and Team Camp is for dependents, nieces, nephews, brothers, sisters, and grandchildren of Minnesota Guard members. They spend seven days exploring Camp Ripley and the surrounding environment during the one-week camp session. For further information, contact the Minnesota National Guard Youth Camps/Teen Camps; 211 North McCarrons Boulevard; Roseville, MN 55113; Telephone: 763-670-1251; Fax: 651-558-2340.

www.myarmyonesource.com Information for both military personnel and their families.

www.nmfa.org Operation Purple Camp (ages 7-17) National Military Family Association. NMFA is an organization dedicated to serving military families. They recognized the need for more resources to support military children. The Operation Purple Program was created as a way to help military children struggling with the stresses of war. These free, week-long, overnight camps are open to all military children ages 7-17 and aims to help military kids experience carefree fun while also learning coping skills to deal with deployment-related stress and fostering relationships with other children who know what they are going through.

Suicide: A Veterans hotline is part of a specialized effort by the Department of Veterans Affairs to reduce suicide by enabling counselors to instantly check a veteran's medical records and then combine emergency response with local follow up services. 800-723-TALK (8255).

www.va.gov/kids This is a part of the Veterans Affairs site. It includes information on VA Kids – K-5th grade, VA Kids – 6th-12th grade, and teachers. It has games, information on the VA and veterans, VA volunteers and scholarships, and other links.

Out of Home Placement

American Association of Retired Persons (AARP)

AARP has a wealth of information on this websites for grandparents raising grandchildren.

<http://www.aarp.org/relationships/grandparenting/>

The GrandCare Support Locator, a service of AARP Foundation connects grandparents with national, state, and local groups, programs, resources and services that support grandparents or other relative caregivers as well as grandparents facing visitation issues

http://www.giclocalsupport.org/pages/gic_db_home.cfm

Adoption Assistance

Adoption Assistance is provided by the Minnesota Department of Human Services (DHS) making adoption possible for children from the foster care system with special needs who may otherwise not be adopted without such assistance. The program reimburses families for the costs of non-medical items and provides adoptive parents with financial assistance to assist with the care of the child's special needs. A child eligible for adoption assistance is also eligible for the medical assistance program in the state in which the adoptive family resides. In conjunction with the adoptive families' private health insurance, Minnesota's medical assistance program may supplement medical coverage for the child.

For further information, write or call the: Adoption Assistance Program, Family and Children's Services Division, Minn. Dept. of Human Services, PO Box 64944, St. Paul, MN 55164-0944. Telephone: 651-431-4656. For further information search "adoption - publications." on the DHS website www.dhs.state.mn.us

American Bar Association

The American Bar Association (ABA) Center on Children and the Law is a program of the Young Lawyers Division, aiming to improve children's lives through advances in law, justice, knowledge, practice and public policy. Areas of expertise include child abuse and neglect, child welfare and protective services system enhancement, foster care, family preservation, termination of parental rights, parental substance abuse, adolescent health and domestic violence. This site has information on the "*Fostering Connections to Success and Adoptions Act of 2008*" including a question and answer segment "*New Help for Children Raised by Grandparents and Other Relatives.*" abanet.org/child/home.html

"Answers to Grandparents' Questions about Child Support"

This Department of Human Services brochure answers some frequently asked questions grandparents have about child support. <http://edocs.dhs.state.mn.us/lfservlet/Legacy/DHS-3393B-ENG>

Children's Home Society and Family Services

Since 1889, Children's Home Society & Family Services (CHSFS) has met the needs of children and families through our adoption, child abuse and neglect prevention, early childhood education, and comprehensive family counseling and support services. As a statewide non-profit 501(c)(3) organization, CHSFS is committed to help children thrive and to build, strengthen and sustain individual, family and community life. For more information please log on to www.chsfs.org or call 651-646-7771 or 1-800-952-9302.

Education and Training Voucher (ETV)

This program is federally funded through the Chafee Foster Care Independence Act, which was enacted to help provide opportunities for youth who age out of the foster care system to attend post-secondary education and training programs. ETV awards can be up to \$5,000 per school year to pay for tuition, fees, books, housing, transportation and other school-related costs.

All ETV applicants must be both:

- under age 21 at the time of the application deadline and
- accepted into an accredited post-secondary or training program (college, vocational, technical or trade school).

In addition, applicants must meet at least **one** of the following:

- in foster care on or after their 16th birthday and continue to be in foster care up to or beyond their 18th birthday;
- adopted from foster care after their 16th birthday;
- in foster care on or after their 16th birthday when a relative/kin accepted a transfer of permanent legal and physical custody through a juvenile court order; and/or
- were under state guardianship (also known as "state wards").

Forgotten Children's Fund

This fund was established by the American Legion Auxiliary and is administrated by the Minnesota Department of Human Services (DHS). It provides up to \$300 per child per year so foster families can purchase special items and services. For example, it allows families to pay for things such as bikes, class rings, art supplies, sports equipment, driver's education, graduation expenses or camp registrations and fees for their foster children. Contact Thom Campbell at the Minnesota Department of Human Services, P.O. Box 0934, St. Paul, Minnesota 55164-0934, or email: thom.campbell@state.mn.us
http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs16_139938.pdf

Fostering Connections

The *Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections)* made critically important changes to improve the lives of children, youth, and families affected by the nation's child welfare system. The new law aims to promote permanency and improved outcomes for children in foster care. The fostering connections resource center's website is a one-stop-shop for a range of online tools and technical support on all aspects of the law, including a transition planning toolkit to help youth transition from foster care successfully. <http://www.fosteringconnections.org/>

The Fostering Connections Kinship Toolkit: <http://www.fosteringconnections.org/resources?id=0002>

Grandfamilies of America

The mission of Grandfamilies of America is to provide grandparents and relatives caregivers of relative children, with the necessary tools to navigate the complex systems they come in contact with. 1-866-203-8926
<http://grandfamiliesofamerica.com/index.html>

Generations United

Generations United (GU) is the national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational strategies, programs, and public policies. One initiative of GU is to improve the circumstances of grand families. There are Fact Sheets such as “Grandfacts: Data, interpretation, and implications for caregivers.” 202-289-3979 <http://www.gu.org/>

Lutheran Social Services

Since the early 1990s, Lutheran Social Service has provided support and education to grandparents and others who are raising relative children. They serve Hennepin, Ramsey, Anoka, Dakota and Washington counties. Grandparents and others often take on this role of parenting for the following reasons: drugs, mental illness, incarceration, death, and child abuse or neglect related to drug addiction and mental illness. Their services include individual consultation, support groups throughout the metro, educational workgroups about raising relative children, recreational activities and a GrandFamily Connection newsletter. You can also find “*Legal Steps Getting Started Raising Relatives’ Children*” on this website. 1-800-582-5260 or 612-879-5307 <http://www.lssmn.org/grandfamilies/default.htm>

Minnesota Department of Human Services

A wealth of information on foster care and out of home placement. Go to the DHS website, click on “A-Z Topics” and the “F” for Foster Care. www.dhs.state.mn.us

Minnesota Kinship Caregivers Association (MKCA)

A not-for-profit organization that advocates for, supports, and provides information and resources to people raising their grandchildren or children of other kin and friends. MKCA reaches out to people throughout Minnesota through “relative as parents” (RAP) programs. Check the website for further information, including numerous helpful hints, Legal Steps 2008 and links to other resources. Minnesota Kinship Caregivers Association, 161 St. Anthony Ave., Suite 940, St. Paul MN 55103. Phone: 651-917-4640 or 1-877-917-4640 www.mkca.org

National Foster Parent Association

The National Foster Parent Association (NFPA) offers scholarships for foster youth who wish to further their education beyond high school including college or university studies, vocational and job training, and correspondence courses, GED. Scholarships are also available for birth and adopted youth in foster homes. Also, available on this website are many additional links to other financial aid resources. NFPA; 2313 Tacoma Avenue South, Tacoma WA 98402. Phone: 1-800-557-5238 www.nfpainc.org

National Indian Child Welfare Association

The National Indian Child Welfare Association can connect inquiries to local areas for assistance regarding children of American Indian tribal affiliation. www.ncwa.org

“Paths to Permanency: Information for Minnesota Foster Families”

A discussion of the key differences between adoption and transfer of permanent legal custody.

<http://www.mnadopt.org/Downloads/DHS-4907-ENGpathsperm2007.pdf>

Relative Custody Assistance

A Department of Human Services program providing help for people who accept custody of a child through juvenile court. Relative custody transfers permanent legal and physical custody of a child to a relative (a person linked to the child through blood, marriage, adoption or important friendship). With this transfer of authority, the relative becomes the child’s custodian able to make decisions for the child as if the child were born to them, including the protection, education and care of the child. The court may order the birth parents to pay child support. Two types of financial help are available to legal custodians: (1) Minnesota Family Investment Plan (MFIP) Child Only Grant. (<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5561-ENG>) This grant is based on the child’s income. Through this, they may receive a monthly MFIP grant, a food subsidy and the child will, also, receive Medical Assistance (MA). (2) Relative Custody Assistance (RCA)

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4769-ENG> which is limited to families with a gross annual income three times more than the federal poverty guidelines and where custody of a child was received through a

Minnesota juvenile court. Eligibility is determined by the county. With RCA and MFIP together, the child receives the same monthly financial help as the child would receive from Adoption Assistance through DHS. For more information go to the DHS website www.dhs.state.mn.us (Click "Children" and "Foster Care.") or Minnesota Kinship Caregivers Association at 651-917-4642 for your regional contact. www.mkca.org

Recreation

Access Tours

A non-profit organization packaging all-accessible tours of the American West, including national parks, etc. Access Tours is a service of the Access Institute. For more information contact Access Tours at 1-800-929-4811 or www.accesstours.org

Disabled Travelers

This site offers a comprehensive listing of businesses specializing in disability travel, including travel agents, accessible cruises, accessible van rentals and equipment, access guides and more. www.disabledtravelers.com

The Guided Tour, Inc.

This organization offers supervised travel and vacation programs in the US and overseas for individuals with developmental and physical challenges. They accommodate individuals, ages 17 and up and it is staffed by professionals who have experience working in the field of mental retardation and developmental disabilities. For more information call 1-800-783-5841 or www.guidedtour.com

Family Village

Special needs camps listed by state for the entire U.S.
www.familyvillage.wisc.edu/Leisure/camps.html#Minnesota

The Open Directory Project

The Open Directory Project is a volunteer-edited directory on the internet with a large volume of information, including camps nationwide for handicapped children. www.dmoz.org/

Wilderness Inquiry (WI)

This is a non-profit organization that focuses on getting people from all walks of life to personally experience the natural world through outdoor adventures in a variety of geographic locations such as the Boundary Waters Canoe Adventure, Mexico's Cooper Canyon or the Kenyan Safari Adventure. The trips are integrated to include older people, younger people, people with and without disabilities, physicians, veterans, accountants and people who live in large cities and in the country. WI staff are skilled wilderness guides and also come from a variety of professional backgrounds. WI also conducts a variety of activities including community events, research, equipment designs and trail and facility assessments. www.wildernessinquiry.org

Service Organizations

Most communities have a variety of services clubs that may contribute funds or organize a fund-raiser for individuals who live in their areas. Examples of service organizations include: Lions Club <http://www.lions5m1.org/lionnetmn/> (list of clubs in MN), Kiwanis Club www.mndak-kiwanis.org/public_district/index.aspx the Rotary, the Knights of Columbus www.mnknights.org the American Legion www.mnlegion.org and Legion Auxiliary, Moose Club, Masons www.mn-masons.org Sertoma Club, etc. Contact your local Chamber of Commerce for a listing of the service organization in the area and the contact person. The area's Community Action Agency may also know. The contact person from the service club will know what type of request the group considers and how to bring a request before them.

Technology

Alternate Finance Program (AFP), Managed by Assistive Technology of Minnesota (ATMn*) ATMn provides low interest loans to consumers, their families, and employers for the purchase of assistive technology devices and services. Federal funding is now available to assist ATMn* with the restructuring of it AFP. The current model is being restructured by adding a revolving loan program and a loan guarantee to increase the options available for individuals with disabilities in need of financial support, thus providing funding opportunities for people who previously were ineligible for a traditional loan.

The STAR Program, Minnesota's AT Act Project will oversee the project through its contractual arrangement with ATMn*. Contact ATMn* for more information" ATMn*, P.O. Box 310, Maple Plain MN 55359-0310, 763-479-8239, Toll Free: 866-535-8239, Minnesota Relay Service: 1-800-627-3529; email: info@atmn.org;
Web site: www.atmn.org

The Family Center on Technology and Disability (FCTD)

"The Family Center is a resource designed to support organizations and programs that work with families of children and youth with disabilities. FCTD offers a range of information and services on the subject of assistive technologies." FCTD has a regular newsletter called "News and Notes", which can be found at: www.fctd.info
Phone: 202-884-8068.

Assistive Technology and Modifications Toolkit

The toolkit from the Department of Human Services contains products, services and a list of organizations and resources people may use to plan independent lives. Twice a year, the Disability Services Division updates the resources to reflect newly identified products, services and organizations. <http://www.atmn.org/atmodtoolkit.pdf>

"Really Useful" (Technology for Students with Learning Disabilities):

This downloadable 30 page booklet contains brief descriptions of software and assistive technology devices that have been successfully used by students of all ages with learning disabilities. Type in "Really Useful" at www.pacer.org/publications/stc.asp

System of Technology to Achieve Results (STAR) Program

A System of Technology to Achieve Results (STAR) is Minnesota's Assistive Technology Act program. STAR publishes a Directory of Funding Resources for Assistive Technology. This directory lists national and state funding resources, as well as, provides a 10-step Funding Strategy Plan. An online version of this directory is available in English and Spanish at www.starprogram.state.mn.us. To request a free copy of the directory, call 651-201-2640, Minnesota Relay Service at 7-1-1 or 1-800-627-3529 or email star.program@state.mn.us.

Telephone Assistance

Minnesota Telephone Equipment Distribution Program (TED)

This program can provide telephone equipment at NO CHARGE to Minnesota residents of all ages. Eligibility requirements do apply. The equipment includes amplified (corded or cordless) phones, speakerphones, captioned telephones, telephone ring signalers, deafblind equipment and other special equipment. To learn more, visit their web site at www.tedprogram.org or contact them at 1-800-657-3663, 1-888-206-6555 TTY

Telephone Assistance

Minnesota local service providers are authorized to provide two federally-funded and one state-funded telephone service discount programs. The Link-Up program provides a discount on new service connection charges when installing new telephone service. The Lifeline and Telephone Assistance Plan programs provide a monthly discount on your local telephone service. To be eligible, the telephone service must be in your name and you must participate in at least one of the qualifying public assistance programs (such as Medical Assistance, Food Support, SSI, etc.) or one of the qualifying programs for persons living on a reservation (such as Bureau of Indian Affairs

General Assistance) or be below 135% of the federal poverty guidelines to be eligible. To apply go to the website for an application to complete. Mail the application, along with proof you are on one of the qualifying programs or proof of your income, to your local phone company. www.puc.state.mn.us (Click on Consumer Info, and go to Consumer Assistance on the left, scroll down and click on Telephone Service Discounts). Consumer Assistance: 651-296-0406

Twin Cities Community Voice Mail (TCCVM)

Twin City Community Voice Mail is a program to provide free voice mail for up to 6 months for people who are looking for a job, looking for a place to live, are in an abusive situation, or need a way for their medical contacts to leave messages for them. To learn more about TCCVM call 651-643-0883 or <http://www.tccvm.org/>

Vision

Minnesota Vision Project

Program is available on a year-round, state-wide basis. The program can be accessed by contacting Louise Simmons, Salvation Army Headquarters, 651-746-3400. The program will cover eye exams by selected optometrists as well as provide glasses for children whose families meet the criteria listed below: 1) someone in the family needs to be employed; 2) the child/adult cannot be eligible for medical Assistance or MinnesotaCare; 3) if the family has insurance, it cannot cover either eye exams or glasses; 4) the child/adult cannot have had an eye exam with the previous two years (24 months); and 5) the family's income must meet criteria based on Federal Poverty Guidelines.

The National Eye Institute www.nei.nih.gov/health/financialaid.asp

The National Eye Institute (NEI) is a part of the federal government's National Institutes of Health. NEI's purpose is to conduct and support research and training, to disseminate information pertaining to eye diseases, disorders and the special health problems and requirements of the blind.

State Services for the Blind & Visually Handicapped

State Services for the Blind is a division of the Minn. Dept. of Employment and Economic Development and is a partner in Minnesota's WorkForce Center System. This division provides services/resources for children, youth, working adults, seniors, etc. It can lead you to an array of informative resources, including: internet sites, books, audio tapes, service provider and community links, kinds of assistive technology available, and a child newsletter. Address: 2200 University Ave. West #240, St. Paul, MN 55114-1840. Phone: 651-642-0500 or Toll free 1-800-652-9000. <http://www.mnssb.org/>

Young Children / B-3

The Center for Early Education and Development (CEED)

CEED is located at the University of Minnesota and has spent over 30 years helping children from infancy through age eight learn and develop to the best of their abilities. They are a valuable resource for early childhood teachers including Head Start and special education, home visitors, child care workers, psychologists and social workers. CEED strives to improve developmental outcomes for children by applied research to identify pressing community needs and conducting focused, high-impact studies to solve the problems. They also identify experiences and program options that promote young children's development. CEED provides research-based training to current and future early childhood professionals and utilizes a variety of outreach strategies to share their knowledge to support early childhood program and policy development. They publish newsletter, offer onsite and online courses, as well as chairing groups for supervisors, social workers and practitioners working with young children. CEED publishes training manuals for trainers of early childhood professionals and parents. Special projects are also created which integrate STEEP parenting support services and high quality child care and blending technology and technical assistance. CEED also produces many training videos, CD-ROMS and Tip Sheets. <http://cehd.umn.edu/CEED/> Phone: 612-625-3058 Fax: 612-625-2093

Directory of Resources for Children and Families in Minnesota

This directory provides information on resources that may help families, providers and others working with families and children. Users are able to search for resources by specific counties or school districts (Help Me Grow - Early Intervention only). There is also information included within each search that provides statewide resources and programs available to Minnesota families. The directory is available at the following web address: <http://www.health.state.mn.us/mcyshn> For those who do not have Internet access, please contact the Minnesota Children and Youth with Special Health Needs Information and Assistance Line at: 651-201-3650 or 1-800-728-5420 for assistance in locating services or resources.

Help Me Grow

If your child has problems or difficulties with development or if you are concerned about your child's development, there is one number to call in every community. Parents and professionals work together to plan the services your child and family need. For children under the age of three, you can call one number to help you decide if your child would benefit from early intervention services. To locate your nearest Local Early Intervention contact, call your local school district or the Minnesota Department of Education at 1-866-693-4769.

Minnesota Parents Know

Minnesota Parents Know is a resource filled with convenient and trusted child development, health and parenting information. The Minnesota Parents Know Website is founded on the belief that parents are the first and most important teacher in a child's life. Parents are likely to benefit, however, from the aid and support of experts' information on child health, development, nutrition and safety in raising strong and healthy children. The site has been developed for parents with extensive input of parents and provides up-to-date research-based information on children from birth through grade 12, strategies to support children's learning, newsletters, expert tips, an interactive early childhood and child care search, connections to Minnesota services and resources, video clips, a parent Web literacy tutorial and a customized search function of high quality, non-commercial child development and health websites. Minnesota Department of Education (MDE), 1500 Highway 36 West, Roseville, Minnesota 55113 www.parentsknow.state.mn.us

Youth

Children, Youth and Family Consortium

Information & resources about children and families. McNamara Alumni Center, Suite 270A; 200 Oak Street SE; Minneapolis, MN 55455; 612-625-7849 <http://www.cyfc.umn.edu/>

Office of Youth Development

The Office of Youth Development is located within the Minnesota Department of Employment and Economic Development. It provides funding for a wide array of employment and training services for economically disadvantaged and at-risk youth. Other programs include more recent initiatives to expand employment and training opportunities for youth with disabilities and young adults with barriers to employment. In addition to general information about programs offered through the Office of Youth Development, a significant amount of resource material, policy information and technical documents are available for practitioners and others interested in learning more about these programs which include. The website offers a "Find a Youth Employment Program", by your county. Phone: 651-259-7555 www.deed.state.mn.us/youth

Miscellaneous

Domestic Violence

Minnesota Specific Resources by county

www.aardvarc.org/dv/states/minndv.shtml

The Minnesota Department of Human Services

DHS has a brochure titled “*Domestic Violence Information*” (DHS-3477) which describes the domestic violence waivers. If you are eligible for public assistance and you experience domestic violence, certain program requirement may be temporarily waived, meaning they may not apply in your situation. Waivers are available for the following programs: Food Support, General Assistance, General Assistance Medical Care, Diversionary Work Program, Minnesota Family Investment Program, Medical Assistance, and MinnesotaCare. www.dhs.state.mn.us

Migrant and Seasonal Farmworker Program (Intercambio de información para trabajadores migrantes)

The Minnesota Department of Employment and Economic Development offers a Migrant and Seasonal Farmworker (MSFW) Program in designated WorkForce Centers. This program specializes in providing assistance to employees and employers seeking to obtain work or workers in agricultural and nonagricultural employment. Located in these “designated” WorkForce Centers is a Migrant Labor Representative. This person is bilingual (Spanish/English) and available to assist Migrant and Seasonal Farmworkers in obtaining employment and referring them to other services in the community such as education, training, health and legal services. There is also a link to Minnesota government benefits on their website. For additional information, contact the State Monitor Advocate/Consumer Affairs Specialist (Se habla español; 1st National Bank Building; 332 Minnesota Street, Suite E200; Saint Paul, MN 55101-1351; 651-259-7513 <http://www.deed.state.mn.us/migrant/index.htm>

National Center for Complementary and Alternative Medicine

CAMBASICS <http://nccam.nih.gov/>

The National Center for Complementary and Alternative Medicine (NCCAM) is the Federal Government's lead agency for scientific research on complementary and alternative medicine (CAM). They are 1 of the 27 institutes and centers that make up the National Institutes of Health (NIH) within the U.S. Department of Health and Human Services.

National Patient Air Transport HELPLINE (1-800-296-1217)

This provides information about all forms of charitable, long-distance medical air transportation and provides referrals to all appropriate sources of help available in the national charitable medical air transportation network. Parents can learn how they can obtain travel help for repeated trips back & forth to distant specialized care. Patients may make multiple trips and there is no age limit. In virtually all cases, when a patient reaches the charitable medical air transportation program that is best suited to meet their needs, they will be asked to verify financial hardship and the patient's primary physician will be asked to sign a form indicating that the travel is for essential and necessary medical care. www.patienttravel.org

Service Animals

Helping Paws

Helping Paws is an accredited member of Assistance Dogs International, a nonprofit organization whose purpose is to improve the areas of training, placement, and utilization of Assistance Dogs. Helping Paws service dogs promote self-sufficiency and empower people with physical disabilities. Any adult with a physical disability, other than sight or hearing impairments, may apply for a Helping Paws service dog. The dogs are provided at no charge to applicants. There is a minimal application fee and an equipment fee for the applicant.

www.helpingpaws.org/

Assistance Dog United Campaign

The ADUC is a health and human welfare organization providing financial assistance to individuals who have the need for an assistance dog but have difficulty in raising the necessary funds and to people and programs whose purpose is to provide assistance dogs to people with disabilities. Assistance dogs provide a very serious and meaningful service to people with disabilities or disabling conditions. The ADUC Board of Directors raises funds for assistance dog placements, for grants to support industry research, development efforts, and for scholarships for individuals attending the Bergin University of Canine Studies in pursuit of an Associate of Science degree in Assistance Dog Education. ADUC's funding for assistance dog placements is unique in that seventy percent of the donations are earmarked as vouchers. These vouchers are provided to the assistance dog user applicant who can then choose whichever ADUC member provider program they wish to enroll in. This unique disbursement method was designed to place some fiscal empowerment in the hands of the assistance dog user applicant, thereby ensuring that the provider program be accountable to the applicant for quality service.

www.assistancedogunitedcampaign.org

You may use the voucher system to obtain an assistance dog from any of the ADUC member programs listed on www.assistancedogunitedcampaign.org/programlist.html. If you do not see the name of a program you are interested in, have them contact ADUC or visit our website to get information regarding membership.