

Minnesota Attorney General: Administrative Rules Proceedings

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Version 3
August 20, 2018

Our File No. 1241 05-0009, 0850

RULE REVIEW CHECKLIST

DATE RULE RECEIVED 1-17-86
DATE FOR REVIEW 1-27
DATE DUE 1-31

Adopted w/a hearing _____
Adopted w/o hearing ✓
Temporary rule _____

Approved 1-29-86 mjc Disapproved _____ Returned to Agency _____

Resubmitted _____ Due _____
Approved _____ Disapproved _____ Returned to Agency _____

Date filed w/Secretary of State 1-30-86 Revisor approved 1.21.86
disapproved _____

✓ Rule as Adopted

_____ Rule as Proposed

✓ Order Adopting 1.17.86 Date

✓ Notice of Intent to Solicit Outside Opinion SR. 2.11.85

✓ Order for rulemaking
N/A date of Hearing

N/A Certificate of Board's Authorizing Resolution

✓ Notice of rulemaking
✓ Sufficiency

✓ Affidavit of Mailing Notice or rulemaking
12.13.85 At least 30 days prior to ~~hearing~~/adoption
Affidavit of Additional Mailing

✓ Mailing list Certificate

✓ Publication in State Register
12.16.85 At least 30/~~20~~ days prior to ~~hearing~~/adoption

N/A Hearing Examiner's Report

Chief Hearing Examiner's Report(s)
_____ Approving H.E.'s Report
_____ Approving agency action

✓ Agency's Findings of Fact

N/A LCRAR Report or agency Affidavit

✓ Certificate of Board's Resolution Adopting Rules

N/A Order Approving Incorporation by Reference

✓ Statement of Need and Reasonableness

N/A Petition for Adoption of a Rule

✓ Record (includes transcript or tape, exhibits, comments received by agency, requests for a hearing, and other relevant materials)

✓ Certificate of Compliance w/Rulemaking Procedures

✓ Affidavit of Mailing Notice of Submission to Attorney General

✓ Notice of Submission to the Attorney General

SF-00006-03

STATE OF MINNESOTA

Office Memorandum

DEPARTMENT ATTORNEY GENERAL

TO: LEONARD W. LEVINE, Commissioner
Department of Human Services

DATE: 1/30/86

ATTN: BLAKE SHEPARD
Special Assistant Attorney General

FROM: MARTHA J. CASSERLY MJC
Special Assistant Attorney General

PHONE: 296-4692

SUBJECT: In the Matter of the Proposed Adoption of Rules of the State Department of Human Services Governing Referral of General Assistant Applicants and Recipients to Other Maintenance Benefit Programs

The above-referenced rule has been approved as to its legality by the Attorney General on January 29, 1986.

Enclosed is the agency's copy of the approved rule. This office has already filed two copies of the approved rule with the Secretary of State, who will forward one copy to the Revisor of Statutes. The fourth copy is being retained by this division of the Attorney General's Office for its records.

Also enclosed are any petitions, requests, submission or comments received by the agency and any extra copies of documents which the agency submitted to the Attorney General.

In order for a permanent rule without a hearing to become effective, your agency must publish a notice of adoption in the State Register in accordance with Minn. Stat. § 14.27. An emergency rule becomes effective five working days after approval by the Attorney General; however, the agency must publish a notice in the State Register in accordance with Minn. Stat. § 14.34.

If you have any questions in this regard, please contact me.

MJC:pmf

Enclosures

cc: Maryanne Hruby
Executive Director
Legislative Commission to Review
Administrative Rules

Duane Harves
Chief Administrative Law Judge
Office of Administrative Hearings

RR1247

AG copy

Department of Human Services

Adopted Rules Relating to Referral of General Assistance Applicants and Recipients to Other Maintenance Benefit Programs

Rules as Adopted

9500.1206 DEFINITIONS.

Subpart 1. **Scope.** As used in parts 9500.1200 to 9500.1256, the following terms have the meanings given them.

Subp. 2. **Adult child.** "Adult child" means a person aged 18 years or older.

Subp. 3. **Advanced age.** "Advanced age" means the condition that applies to a recipient who:

A. is age 55 or older and whose work history shows a marked deterioration compared to his or her work history prior to age 55 as indicated by decreasing occupational status, reduced hours of employment, or decreased periods of employment; or

B. if less than age 55, is evaluated by a vocational specialist as having significantly limited ability to obtain or retain suitable employment because of advancing age.

Subp. 4. **AFDC.** "AFDC" means the program authorized by title IV-A of the Social Security Act to provide financial assistance to needy families with dependent children.

Subp. 5. **Applicant.** "Applicant" means a person who has an application pending with the local agency for general assistance or work readiness.

Subp. 6. **Assistance standard.** "Assistance standard" means the amount established by the commissioner under Minnesota Statutes, section 256D.01, to provide for an assistance unit's shelter, fuel, food, clothing, utilities, necessary household supplies, and personal need items.

Subp. 7. **Assistance unit.** "Assistance unit" means a single person, a single person and his or her minor children, a married couple, or a married couple and the minor children of

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either of those persons. To be included together in an assistance unit, the persons must reside together and the assistance unit must meet the conditions of part 9500.1208.

Subp. 8. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or a designated representative.

Subp. 9. **Costs or disbursements.** "Costs" or "disbursements" means a qualified provider's actual out-of-pocket expenses incurred for the provision of special services to an applicant or recipient.

Subp. 10. **Countable income.** "Countable income" means net earned and unearned income that is not exempt or disregarded under the general assistance program and that is actually available to the recipient during the month covered by the grant.

Subp. 11. **Department.** "Department" means the Department of Human Services.

Subp. 12. **Director of the local agency.** "Director of the local agency" means the director of the local agency or the director's designated representative.

Subp. 13. **Fees.** "Fees" means a qualified provider's charge for the hours of direct provision of special services to an applicant or recipient.

Subp. 14. **Full-time student.** "Full-time student" means a student attending a postsecondary institution who:

A. attends training for a minimum of 25 hours per week if the training does not involve shop practice and for a minimum of 30 hours per week if the training does involve shop practice for a vocational or technical student; or

B. registers for and attends a minimum of 12 credit hours per semester or quarter.

Subp. 15. **Good cause.** "Good cause" means a reason for taking an action or failing to take an action that is reasonable and justified when viewed in the context of surrounding circumstances including: illness of the person, illness of another family member that requires the applicant's or recipient's presence, a family emergency, or the inability to

obtain transportation.

Subp. 16. **Initial supplemental security income payment or initial SSI payment.** "Initial supplemental security income payment" or "initial SSI payment" means the first payment of retroactive SSI benefits to the recipient ~~covering the~~ that includes a period when general assistance benefits were also paid. FF1

Subp. 17. **Interim assistance.** "Interim assistance" means the total amount of general assistance provided ~~to~~ for the ~~recipient's assistance unit~~ recipient, based ~~upon~~ on the state assistance standards and the negotiated rate provisions of part 9500.1249, to cover the period for which the initial payment of other maintenance benefits is made. The amount of general assistance considered interim assistance is limited to the amount the monthly payments for the assistance unit would have been reduced if the applicant or recipient had not been included in the assistance unit. The interim assistance period begins with the month of application for general assistance, the first month of eligibility for the other maintenance benefits, or the date the interim assistance authorization agreement is signed, whichever is latest. The interim assistance period ends with the last month covered by the initial payment of the other maintenance benefits. The term does not include per diem payments made to shelters for battered women pursuant to Minnesota Statutes, section 256D.05, subdivision 3. FF2

Subp. 18. **Interim assistance authorization agreement.** "Interim assistance authorization agreement" means the agreement in which the general assistance applicant or recipient agrees to reimburse the local agency for the amount of general assistance provided ~~to his~~ for him or her ~~assistance unit~~ during the period when eligibility for another maintenance benefit program is being determined. The agreement must require reimbursement to the local agency only when the general assistance applicant or recipient is found eligible for another maintenance benefit program and the initial payment of those other maintenance benefits has been made. FF3

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Subp. 19. **Local agency.** "Local agency" means a county or a multicounty agency that is authorized under Minnesota Statutes as the agency responsible for the administration of the general assistance program.

Subp. 20. **Medical certification.** "Medical certification" means a statement about a person's illness, injury, or incapacity that is signed by a licensed physician, licensed consulting psychologist, or licensed psychologist whose professional training and experience qualifies him or her to diagnose or certify the person's condition.

Subp. 21. **~~Mentally-ill~~ Mental illness.** "~~Mentally ill~~ Mental illness" means the condition of a person who has a psychological disorder resulting in behavior that severely limits the person in obtaining, performing, or maintaining suitable employment.

Subp. 22. **~~Mentally-retarded~~ Mental retardation.** "~~Mentally retarded~~ Mental retardation" means the condition of a person who has demonstrated deficits in adaptive behavior and intellectual functioning which is two or more standard deviations below the mean of a professionally recognized standardized test ~~that~~ and the condition severely limits the person in obtaining, performing, or maintaining suitable employment.

FF 4

Subp. 23. **Minor child.** "Minor child" means a person under the age of 18.

Subp. 24. **Negotiated rate.** Except for shelter facilities provided for under Minnesota Statutes, section 256D.05, subdivision 3, "negotiated rate" means a general assistance payment that includes room and board and is either set by the state or local agency or is negotiated by one of those agencies with a party not included in the assistance unit. The set or negotiated rate provides for an assistance unit's shelter, fuel, food, utilities, household supply need items, and other costs necessary to provide room and board. The rate shall pay only for those items. It shall not include the clothing and personal needs allowance under Minnesota Statutes, section 256D.06, subdivision 3, payments for foster care, child welfare services,

medical care, dental care, hospitalization, nursing care, drugs or medical supplies, program costs, or other social services.

Subp. 25. **Other maintenance benefits.** "Other maintenance benefits" means any of the following:

A. workers' compensation benefits as provided by Minnesota Statutes, chapter 176 and rules adopted thereunder;

B. unemployment compensation benefits as provided by Minnesota Statutes, sections 268.07 to 268.10 and rules adopted thereunder;

C. railroad retirement benefits as provided by United States Code, title 45, sections 231 to 231s;

D. veteran's disability benefits as provided by United States Code, title 38, sections 301 to 363;

E. supplemental security income benefits as provided by United States Code, title 42, sections 1381 to 1383c;

F. social security disability insurance benefits as provided by United States Code, title 42, section 423; or

G. other programs identified by the local agency that provide periodic payments that can be used to meet basic needs and ~~may~~ that, if received, would reduce or eliminate the need for general assistance. } FF5

Subp. 26. **Potentially eligible.** "Potentially eligible" means that the local agency has determined that the applicant or recipient appears to meet the eligibility requirements of another maintenance benefit program.

Subp. 27. **Qualified provider.** A "qualified provider" means the local agency, or:

(1) a nonprofit legal assistance organization;

(2) an agency that employs licensed practitioners or accredited counseling staff or staff with a master's degree from an accredited program in social work, psychology, counseling, occupational therapy, or physical therapy;

(3) a private attorney at law; or

(4) another organization or person determined by the local agency to have sufficient training or experience to be effective in assisting persons to apply for and establish

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eligibility for SSI benefits.

Subp. 28. **Recipient.** "Recipient" means a person who is currently receiving assistance under the general assistance program.

Subp. 29. **Responsible relative.** "Responsible relative" means the spouse of an applicant or recipient, the parent of a minor child who is an applicant or recipient, or the parent of an adult child who resides with the parent and is an applicant or recipient.

Subp. 30. **SSI.** "SSI" means the supplemental security income program administered by the Social Security Administration under United States Code, title 42, sections 1381 to 1383c.

Subp. 31. **State participation.** "State participation" means state aid to local agencies for general assistance expenditures as specified in Minnesota Statutes, section 256D.03, subdivision 2.

Subp. 32. **Suitable employment.** "Suitable employment" means a job that:

A. meets existing health and safety standards set by federal, state, or local regulations;

B. is within the physical and mental ability of a person;

C. pays at least the minimum wage prescribed by state or federal law and provides more than 60 hours of work per month; and

D. does not include temporary day labor.

Subp. 33. **Vocational specialist.** "Vocational specialist" means a counselor of the Department of Jobs and Training or Division of Vocational Rehabilitation, or another similarly qualified person who advises persons about occupational goals and employment.

9500.1200 PURPOSE AND APPLICABILITY.

Subpart 1. **Purpose.** Parts 9500.1200 to 9500.1256

establish the rights and responsibilities of the Department of Human Services, local agencies, and recipients of general assistance as they pertain to the administration of the general assistance program.

Subp. 2. **Applicability.** Parts 9500.1254 to 9500.1256 govern application for maintenance benefits from other sources, execution of an interim assistance authorization agreement, provision of special services to assist the applicant or recipient in applying for other maintenance benefits, reimbursement for interim assistance, and reimbursement for provision of special services. When parts 9500.1254 to 9500.1256 conflict with parts 9500.1236 to 9500.1248, then parts 9500.1254 to 9500.1256 shall prevail.

9500.1254 REFERRAL TO OTHER MAINTENANCE BENEFIT PROGRAMS.

Subpart 1. **Screening requirement.** The local agency must determine the potential eligibility of each general assistance applicant or recipient for other maintenance benefits as follows:

A. The local agency must determine an applicant's potential eligibility for other maintenance benefits when application for general assistance is made.

B. The local agency must determine a recipient's potential eligibility for other maintenance benefits at the recipient's semiannual redetermination of eligibility for general assistance. The local agency must also determine a recipient's potential eligibility for other maintenance benefits whenever it determines that changes in the recipient's circumstances, including eligibility for medical assistance, indicate potential eligibility for other maintenance benefits.

C. If the local agency determines that the applicant or recipient is potentially eligible for other maintenance benefits, the local agency must document its determination on forms prescribed by the commissioner and must retain the forms in the local agency case record for the applicant or recipient.

FF9.

Subp. 2. **Informing <u>and referral</u> requirement.** When the local agency determines that the applicant or recipient is

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potentially eligible for other maintenance benefits, the local agency shall ~~inform~~ refer the applicant or recipient to the other maintenance benefit program on a form prescribed by the commissioner by informing the applicant or recipient orally and in writing of the following:

FF9 FF6

how can information be given "orally" on a form?

A. that the applicant or recipient must apply for the other maintenance benefit program, in accordance with subpart 4, item A;

B. that the applicant or recipient must execute an interim assistance authorization agreement, in accordance with subpart 4, item D;

C. that the applicant or recipient must comply with all procedures necessary to determine his or her eligibility or ineligibility for the other maintenance benefits in accordance with subpart 4, item C;

D. that the applicant or recipient must authorize the local agency and the qualified provider, when one is chosen, to exchange relevant data concerning the applicant's or recipient's eligibility with the other maintenance benefit program office, in accordance with subpart 4, item B;

E. the estimated amount of benefits the applicant or recipient may be eligible to receive under the other maintenance benefit program, if known;

F. the address at which the applicant or recipient shall apply for the other maintenance benefit program;

G. general instructions regarding how to apply for the other maintenance benefit program;

H. that the applicant or recipient may elect to receive special services to assist him or her in applying for SSI benefits, in accordance with part 9500.1256, subpart 1, and that the applicant or recipient has a right to choose to receive special services from ~~the local agency or from another~~ a qualified provider;

FF9

I. notice of the actions which the local agency must take, in accordance with subpart 5, if the applicant or recipient fails to comply with the requirements under subpart 4,

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items A to D; and

J. notice of the applicant's or recipient's right to appeal a determination of ineligibility for general assistance due to noncompliance with subpart 4, items A to D.

Subp. 3. **Special referral requirement provisions.** When the local agency determines that the applicant or recipient is potentially eligible for another maintenance benefit program, the local agency shall refer the applicant or recipient to a chosen qualified provider and the other maintenance benefit program ~~as follows~~ in accordance with items A and B:

~~A. The referral must be made on a form prescribed by the commissioner. A copy of the referral form must be mailed to the other maintenance benefit program office.~~

~~B.~~ If the applicant or recipient is determined to be potentially eligible for maintenance benefits from SSI, the local agency shall:

(1) offer to provide special services to the applicant or recipient in accordance with part 9500.1256, subpart 1, to assist him or her in applying for and obtaining SSI;

(2) furnish the applicant or recipient with a list of qualified providers with whom the local agency has contracted to provide special services to applicants or recipients or who have asked to be included on the list;

(3) ~~refer the applicant or recipient to the Social Security Administration's local office to apply for SSI benefits;~~

~~(4) promptly~~ notify the Social Security Administration's local office of the applicant's or recipient's potential eligibility for SSI on the date of referral so that the earliest potential date of eligibility for SSI can be established; and

~~(5)~~ (4) if the applicant or recipient elects at any time to receive the special services specified in part 9500.1256, subpart 1 from a qualified provider other than the local agency, the local agency shall refer the applicant or

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recipient to the chosen provider. If the local agency has not contracted with the chosen provider, the local agency must enter into a contract with that qualified provider to provide special services to applicants or recipients who apply for SSI benefits.

~~c.~~ B. If the local agency determines that an applicant or recipient is potentially eligible for another maintenance benefit program, and the applicant or recipient has previously applied for and been found ineligible for that other maintenance benefit program, he or she shall not be required to appeal from that decision or to reapply for that other maintenance benefit program unless one of the following conditions is met:

(1) the local agency determines that the applicant's or recipient's health or circumstances have changed and the change may result in eligibility for that other maintenance benefit program; or

(2) the eligibility requirements or procedures of the other maintenance benefit program have changed and the change may result in the applicant or recipient being found eligible for that other maintenance benefit program.

Subp. 4. **Requirements upon referral for other maintenance benefits.** When the local agency refers an applicant or recipient to another maintenance benefit program as provided under subpart ~~3~~ 2, the applicant or recipient shall do the following: } FFQ.

A. The applicant or recipient shall apply for those benefits within 30 days of the date of referral. If the recipient has not provided the local agency with verification of his or her application for those benefits within 30 days of the date of referral, the local agency must contact the other maintenance benefit program local office to determine if the recipient has applied for benefits. If the local office of the other maintenance benefit program verifies that the recipient has applied for those benefits, the recipient shall be deemed to have met the requirement of applying for other maintenance benefits. If the local office of the other maintenance benefit

program verifies that the recipient has not applied for those benefits, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

B. The applicant or recipient shall, within 30 days of the date of referral, provide his or her informed written consent and authorization for the local agency or a qualified provider, if one is chosen, to exchange data concerning the applicant or recipient with the other maintenance benefit program local office. The data exchanged must be relevant to a determination of the applicant's or recipient's eligibility or ineligibility for benefits from the other program.

For purposes of exchanging private or confidential data about a person for whom a qualified provider has contracted to provide special services, a qualified provider other than the local agency shall not be considered part of the welfare system under Minnesota Statutes, section 13.46, subdivision 1.

If the local agency determines that the recipient has not given informed written consent and authorization for the local agency or a qualified provider to exchange data concerning his or her eligibility or ineligibility for the other maintenance benefit program within the prescribed 30 days, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

C. A recipient shall comply with all procedures necessary to determine his or her eligibility or ineligibility for the other maintenance benefit program.

If the local agency determines that the recipient has not complied with the procedures necessary to determine his or her eligibility or ineligibility for other maintenance benefits, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

D. An applicant or recipient shall execute an interim assistance authorization agreement with the local agency within 30 days of the date of referral.

If the recipient fails to execute an interim assistance

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authorization agreement within the 30 days prescribed, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

Subp. 5. **Ineligibility.** This subpart governs termination of general assistance eligibility for a recipient who fails, without good cause, to comply with the requirements of subpart 4.

A. Upon determining that a recipient has failed, without good cause, to comply with the requirements of subpart 4, items A to D, the local agency shall mail or give the recipient notification of termination from general assistance. The local agency shall hand deliver or mail the written notice to the recipient at least 30 days before reducing, suspending, or terminating the recipient's monthly general assistance payment. The notice must be on a form prescribed by the commissioner and must:

(1) list the requirements with which the local agency believes the recipient has not complied and inform the recipient that he or she must comply with the requirements to avoid or end a period of ineligibility;

(2) inform the recipient that he or she will be terminated from general assistance if the recipient fails to comply with the listed requirements, specify the date that the recipient's general assistance will be terminated if he or she does not comply, and explain the recipient's right to appeal the action in accordance with subpart 6;

(3) offer assistance to resolve the circumstances or concerns which prevent the recipient from complying with the requirements of subpart 4; and

(4) inform the recipient of the continued availability of special services provided under part 9500.1256, subpart 1.

B. If the recipient complies with the requirements specified in the notice in item A prior to the termination date stated in the notice, a period of ineligibility must not be imposed.

C. A recipient who fails to comply with the

requirements specified in the notice in item A prior to the termination date stated in the notice is ineligible for general assistance. The period of ineligibility begins on the date specified in the notice and continues until the person fulfills the requirements of subpart 4. The period of ineligibility always begins on the first day of a calendar month. If the ineligible person subsequently applies for general assistance, the application must be denied unless the requirements of subpart 4 have been met.

D. If the person is determined to be ineligible under item C, the assistance standard applicable to the person's assistance unit must be based on the number of remaining eligible members of the assistance unit.

Subp. 6. **Appeals.** A recipient to whom the local agency has given or mailed a notice of termination in accordance with subpart 5 may appeal the determination by submitting a written request for a hearing in accordance with Minnesota Statutes, section 256.045. If the recipient files a written request for an appeal on or before the first day of the period of ineligibility under subpart 5, item C, the recipient shall continue to receive general assistance while the appeal is pending, provided that the recipient is otherwise eligible for general assistance.

Subp. 7. **Reimbursement for interim assistance.** A local agency must seek reimbursement for the interim assistance provided to a person who has executed an interim assistance authorization agreement under subpart 4, item D, when the person receives a retroactive payment from the other maintenance benefit program unless reimbursement is prohibited under federal or state law. Reimbursement for interim assistance and special services provided to an SSI applicant or recipient is governed by part 9500.1256, subpart 2. FF 10

The local agency must request reimbursement for interim assistance from the person receiving other retroactive maintenance benefits, except for SSI~~, and~~. If a request for reimbursement under this subpart is denied, the local agency may FF10

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institute a civil action~~, if appropriate,~~ to recover the interim assistance based on the interim assistance authorization agreement. The local agency must take no action other than a civil action to recover the interim assistance. From the interim assistance recovered, the local agency may retain 25 percent as reimbursement for the county's share of the interim assistance provided, and must credit the balance to the state as an advance payment to the local agency for the state's share of the next month's general assistance grants. FF10

9500.1256 SPECIAL SERVICES FOR SSI APPLICANTS.

Subpart 1. **Special services.** A recipient who is referred to SSI in accordance with part 9500.1254, ~~subpart~~ subparts 2 and 3, item B, may elect to receive special services to assist him or her in obtaining SSI benefits. Special services for which reimbursement for fees, costs, or disbursements may be claimed under subpart 2 or 3 are limited to the following: FF 9

A. explaining to or counseling the applicant or recipient about the application procedures and benefits available through the SSI program;

B. assisting the applicant or recipient in completing the application for SSI and arranging appointments related to application for SSI;

C. assisting the applicant or recipient in assessing his or her disability in relation to SSI eligibility, and identifying probable issues that may arise during the SSI eligibility determination process;

D. providing the applicant or recipient with medical or vocational evidence, social history, or expert testimony currently available to substantiate the presence and severity of the applicant's or recipient's blindness or disability;

E. assisting the applicant or recipient in obtaining and using medical or vocational evidence, social history, or expert testimony and in cooperating with the Social Security Administration and its agents, procedures, and requirements;

F. assisting the applicant or recipient with

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necessary transportation;

G. preparing for and representing the applicant or recipient at interviews, hearings, or appeals related to application for SSI or appeal of the Social Security Administration's determination of ineligibility for SSI;

H. the local agency's preparation of a contractual agreement with a qualified provider chosen by the applicant or recipient; and

I. providing other services to assist the applicant or recipient to establish eligibility for SSI benefits.

Subp. 2. **Reimbursement for interim assistance and special services.** A local agency must be reimbursed for providing interim assistance and special services to an SSI applicant or recipient in the following manner:

A. Upon receiving the initial SSI payment for a person who has executed an interim assistance authorization agreement as specified in part 9500.1254, subpart 4, item D, the local agency may recover the amount of interim assistance provided. After recovering the interim assistance from the initial SSI payment, the local agency shall pay the remainder to the person or to a representative payee identified by the Social Security Administration within ten days of receiving the initial SSI payment. From the amount of interim assistance recovered, the local agency:

(1) shall retain 25 percent as reimbursement for the county's share of the interim assistance provided;

(2) may retain, subject to the provisions of subpart 3, item E, an additional 25 percent as an advocacy incentive for providing the special services specified in subpart 1, items A to D;

(3) may retain from the remaining 50 percent, subject to the provisions of subpart 3, item E, reimbursement for actual reasonable fees, costs, and disbursements related to appeals and litigation and provision of special services under subpart 1.

B. The local agency may not seek reimbursement from

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the applicant or recipient for the fees, costs, or disbursements of providing special services except as provided in item A.

C. The balance of the amount of interim assistance that is not retained by the local agency pursuant to item A or paid to another qualified provider under subpart 3 must be credited to the state as an advance payment to the local agency for the state's share of the next month's general assistance grants.

D. The local agency must document the fees, costs, and disbursements which it incurs in providing the special services to claim reimbursement. The local agency shall be reimbursed under item A, subitem (3), only for the direct costs of providing special services.

Subp. 3. **Reimbursement to qualified providers under contract with the local agency to provide special services.** Qualified providers under contract with the local agency to provide special services to general assistance applicants or recipients shall be reimbursed from the amount of interim assistance recovered by the local agency under subpart 2 in the following manner:

A. To receive reimbursement for the fees, costs, and disbursements related to appeals and litigation and the provision of special services as provided in subpart 1, the qualified provider shall enter into a contract with the local agency and provide one or more of the special services specified in subpart 1.

The contract must be on a form prescribed by the commissioner except that the local agency may add to or modify the form without changing the substance of the contract in order to meet standard contracting procedures established by the county board.

B. The local agency must reimburse a qualified provider under contract with the local agency for the provider's reasonable actual fees, costs, and disbursements, including medical reports and expert testimony related to appeals, litigation, and providing special services to an applicant or

recipient in accordance with the following:

(1) a qualified provider shall not be reimbursed by the local agency for any fees, costs, or disbursements unless the applicant or recipient has requested the services, the local agency has referred the applicant or recipient to the qualified provider, and the local agency has received the initial SSI payment for the recipient served;

(2) the qualified provider shall be reimbursed by the local agency for fees related to the provision of special services at the rate determined by the qualified provider, but not to exceed $75 per hour of service; and

(3) when a qualified provider requests reimbursement from the local agency for fees, costs, or disbursements related to services provided, the qualified provider shall document the total number of hours of services provided to the applicant or recipient and provide a record of its costs and disbursements. } FF 13

C. A qualified provider under contract to provide special services must comply with the following:

(1) a qualified provider shall not require prepayment of any fees, costs, or disbursements from the applicant or recipient; and

(2) a qualified provider shall not seek reimbursement from the applicant or recipient for fees related to the provision of special services. If a qualified provider intends to seek reimbursement for costs and disbursements from an applicant or recipient in the event the applicant or recipient is determined to be ineligible for SSI and the qualified provider therefore will not be fully reimbursed by the local agency, the qualified provider must so inform the applicant or recipient and obtain the applicant's or recipient's written consent prior to providing the special services. ~~In addition,~~ The qualified provider must also inform the applicant or recipient that he or she may receive the special services from the local agency without cost ~~and must obtain the applicant's or recipient's consent to provide the special~~ } FF 14

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~~services~~ to the applicant or recipient.

D. The total reimbursement for special services made by the local agency to all qualified providers must not exceed the amount of interim assistance retained by the local agency as specified in subpart 2, item A, subitems (2) and (3), unless the excess is expressly authorized by the local agency and paid for exclusively with local agency funds.

E. If more than one qualified provider provides special services to an applicant or recipient, and the amount of interim assistance retained by the local agency will not fully reimburse all qualified providers, the reimbursement to each qualified provider for fees, costs, and disbursements shall be calculated by multiplying the total amount of funds available to the local agency as specified in subpart 2, item A, subitems (2) and (3), including any excess funds authorized by the local agency under item D, by the qualified provider's reimbursement percentage. The qualified provider's reimbursement percentage shall be determined by dividing the number of hours spent by each qualified provider who provided special services by the total number of hours spent by the local agency and all other qualified providers under contract with the local agency who have provided special services to the applicant or recipient.

F. If the local agency and one or more other qualified providers provide special services to an applicant or recipient, and the amount of interim assistance recovered by the local agency under subpart 2, item A, subitems (2) and (3), exceeds the amount necessary to fully reimburse the qualified providers for fees, costs, and disbursements, the local agency may retain ~~up-to-the-full-amount-of-interim-assistance-recovered~~ the excess to the extent allowed under subpart 2, item A, subitem (2). FF 15

G. The local agency ~~may~~ shall reimburse a qualified provider for fees, costs, and disbursements for special services provided during the six-month period before the applicant or recipient was referred to the qualified provider, unless ~~the~~ general contracting procedures of the particular county prohibit FF 16

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this payment. The provider's fees, costs, or disbursements for special services provided before the person's application for general assistance may be reimbursed only if funds remain after reimbursement for special services provided to the person after the person made application for general assistance.

H. The local agency and another qualified provider may contract to jointly provide the special services specified in subpart 1.

Subp. 4. **Termination of special services and contracts.** Special services and contracts must be terminated in the following manner:

A. If an applicant or recipient requests in writing that the local agency terminate the special services agreement with a qualified provider, the special services agreement for that applicant or recipient must be terminated, and the local agency shall mail written notice of the termination to the qualified provider. The notice must include a copy of the applicant's or recipient's written request for termination of the special services agreement. Termination of the agreement is effective three days after the date when the notice is mailed. The qualified provider shall not be reimbursed for fees, costs, or disbursements for special services provided to an applicant or recipient after the effective date of termination.

B. If a qualified provider decides to stop providing special services to an applicant or recipient, the qualified provider shall give or mail the following information to the applicant or recipient and, if the qualified provider is not the local agency, to the local agency:

(1) the status of the applicant's or recipient's application for SSI benefits;

(2) any deadlines that must be met regarding the applicant's or recipient's application for SSI benefits;

(3) the right of the applicant or recipient to choose another qualified provider, and the local agency's obligation to enter into a contract with a new qualified provider to provide the special services specified if the

applicant or recipient chooses a qualified provider other than the local agency; and

(4) that a list of qualified providers may be obtained from the local agency.

Termination of the contract is effective three days after the date the provider gives or mails the information required in subitems (1) to (4) to the client.

C. If a qualified provider fails to perform all or part of the terms of the contract with the local agency, the local agency may terminate the contract with the provider. The local agency shall terminate the contract and mail written notice to the qualified provider and to the recipients served by the qualified provider. The notice must specify the local agency's grounds for terminating the contract. Termination of the contract is effective three days after the notice is mailed to the qualified provider. The local agency shall also give the recipient a list of other qualified providers who have contracted with the local agency to provide the special services specified in subpart 1 or who have asked to be included on the list. The qualified provider shall not be reimbursed for fees, costs, or disbursements related to special services provided after the effective date of termination.

FF17

REPEALER. Minnesota Rules, parts 9500.0500, 9555.3401, 9555.3403, 9555.3404, 9555.3406, and 9500.0530, item E, are repealed.

RENUMBERING INSTRUCTION. Each Minnesota Rules part in column A shall be renumbered with the Minnesota Rules part set forth in column B.

Column A	Column B
9500.0510	9500.1202
9500.0520	9500.1204
9555.3400	9500.1206
9500.0530	9500.1208
9500.0531	9500.1210

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1	9500.0532	9500.1212
2	9500.0540	9500.1234
3	9500.0550	9500.1236
4	9500.0560	9500.1238
5	9500.0570	9500.1240
6	9500.0580	9500.1242
7	9500.0590	9500.1244
8	9500.0600	9500.1246
9	9500.0610	9500.1248
10	9555.3402	9500.1249
11	9555.3408	9500.1250
12	9555.3409	9500.1252

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
JAN 30 1986
Secretary of State

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Joan Anderson Growe
Secretary of State
9:10PM

APPROVED AS TO FORM AND LEGALITY
January 29 1986
HUBERT H. HUMPHREY, III
ATTORNEY GENERAL
BY MJ Cassedy
SPECIAL ASSISTANT ATTORNEY GENERAL

Department of Human Services

Proposed Rules Relating to Referral of General Assistance Applicants and Recipients to Other Maintenance Benefit Programs

Rules as Proposed

9555.3400 9500.1206 DEFINITIONS.

Subpart 1. **Scope.** As used in parts 9500.0530 9500.1200 to 9500.0532 and 9555.3400 to 9555.3410 9500.1256, the following terms have the meanings given them.

Subp. 2. **Adult child.** "Adult child" means a person aged 18 years or older.

Subp. 3. **Advanced age.** "Advanced age" means the condition that applies to a recipient who:

A. is age 55 or older and whose work history shows a marked deterioration compared to that his or her work history prior to age 55 as indicated by decreasing occupational status, reduced hours of employment, or decreased periods of employment; or

B. if less than age 55, is evaluated by a vocational specialist as having significantly limited ability to obtain or retain suitable employment because of advancing age.

Subp. 4. **AFDC.** "AFDC" means the program authorized by title IV-A of the Social Security Act to provide financial assistance to needy families with dependent children.

Subp. 5. **Applicant.** "Applicant" means a person who has a pending an application pending with the local agency for general assistance with a local agency or work readiness.

Subp. 5 6. **Assistance standard.** "Assistance standard" means the amount established by the commissioner under Minnesota Statutes, section 256D.01, to provide for an assistance unit's shelter, fuel, food, clothing, utilities, necessary household supplies, and personal need items.

Subp. 6 7. **Assistance unit.** "Assistance unit" means a single person, a single person and his or her minor children, a married couple, or a married couple and the minor children of

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either of those persons. To be included together in an assistance unit, the persons must ~~share-a-living-arrangement-and receive-general-assistance~~ reside together and the assistance unit must meet the conditions of part 9500.1208.

Subp. ~~7~~ 8. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or a ~~designee~~ designated representative.

Subp. 9. **Costs or disbursements.** "Costs" or "disbursements" means a qualified provider's actual out-of-pocket expenses incurred for the provision of special services to an applicant or recipient.

Subp. 8 10. **Countable income.** "Countable income" means net earned and unearned income that is not exempt or disregarded under the general assistance program and ~~which~~ that is actually available to the recipient during the month covered by the grant.

Subp. 9 11. **Department.** "Department" means the Department of Human Services.

Subp. ~~10~~ 12. **Director of the local agency.** "Director of the local agency" means the director of the local agency or the director's ~~designee~~ designated representative.

Subp. 13. **Fees.** "Fees" means a qualified provider's charge for the hours of direct provision of special services to an applicant or recipient.

Subp. ~~11~~ 14. **Full-time student.** "Full-time student" means a student attending a postsecondary institution who:

A. attends training for a minimum of 25 hours per week if the training does not involve shop practice and for a minimum of 30 hours per week if the training ~~involves~~ does involve shop practice for a vocational or technical student; or

B. registers for and attends a minimum of 12 credit hours per semester or quarter.

Subp. ~~12~~ 15. **Good cause.** "Good cause" means a reason for taking an action or failing to take an action that is reasonable and justified when viewed in the context of surrounding circumstances ~~beyond-the-applicant's-or-recipient's-control,~~ including~~,-but-not-limited-to~~: illness of the person, illness

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of another family member ~~which~~ that requires the applicant's or recipient's presence, a family emergency, or the inability to obtain transportation.

~~Subp. 13. Grant. "Grant" means the amount paid to a general assistance recipient as determined in part 9555.3402.~~

Subp. 16. **Initial supplemental security income payment or initial SSI payment.** "Initial supplemental security income payment" or "initial SSI payment" means the first payment of retroactive SSI benefits to the recipient covering the period when general assistance benefits were also paid.

Subp. 17. **Interim assistance.** "Interim assistance" means the total amount of general assistance provided to the recipient's assistance unit, based upon the state assistance standards and the negotiated rate provisions of part 9500.1249, to cover the period for which the initial payment of other maintenance benefits is made. The interim assistance period begins with the month of application for general assistance, the first month of eligibility for the other maintenance benefits, or the date the interim assistance authorization agreement is signed, whichever is latest. The interim assistance period ends with the last month covered by the initial payment of the other maintenance benefits. The term does not include per diem payments made to shelters for battered women pursuant to Minnesota Statutes, section 256D.05, subdivision 3.

Subp. 18. **Interim assistance authorization agreement.** "Interim assistance authorization agreement" means the agreement in which the general assistance applicant or recipient agrees to reimburse the local agency for the amount of general assistance provided to his or her assistance unit during the period when eligibility for another maintenance benefit program is being determined. The agreement must require reimbursement to the local agency only when the general assistance applicant or recipient is found eligible for another maintenance benefit program and the initial payment of those other maintenance benefits has been made.

Subp. ~~14~~ 19. **Local agency.** "Local agency" means a county,

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or a multicounty agency~~,~~ that is authorized under Minnesota Statutes as the agency responsible for the administration of the general assistance program.

Subp. ~~15~~ 20. **Medical certification.** "Medical certification" means a statement about a person's illness, injury, or incapacity that is signed by a licensed physician ~~or~~, licensed consulting psychologist ~~about-a-person's-illness,-injury,-or-incapacity~~, or licensed psychologist whose professional training and experience qualifies him or her to diagnose or certify the person's condition.

~~Subp.-16.--MEED-program.--"MEED-program"-means-the-Minnesota-Emergency-Employment-Development-Act,-under-Minnesota-Statutes,-sections-268.60-to-268.77.~~

Subp. ~~17~~ 21. **Mentally ill.** "Mentally ill" means the condition of a person who has a ~~medically-certified~~ psychological disorder resulting in behavior that severely limits the person ~~from~~ in obtaining, performing, or maintaining suitable employment.

Subp. ~~18~~ 22. **Mentally retarded.** "Mentally retarded" means the condition of a person who ~~is-medically-certified-as-having~~ has demonstrated deficits in adaptive behavior and intellectual functioning which is two or more standard deviations below the mean of a professionally recognized standardized test that severely limits the person in obtaining, performing, or maintaining suitable employment.

Subp. ~~19~~ 23. **Minor child.** "Minor child" means a person under the age of 18.

Subp. ~~20~~ 24. **Negotiated rate.** Except for shelter facilities provided for under Minnesota Statutes, section 256D.05, subdivision 3, "negotiated rate" means a general assistance payment ~~which~~ that includes room and board and ~~which~~ is either set by the state or local agency or is negotiated by one of those agencies with a party not included in the assistance unit. The set or negotiated rate ~~is-deemed-to-provide~~ provides for an assistance unit's shelter, fuel, food, utilities, household supply need items, and other costs

necessary to provide room and board. The rate shall pay only for those items. It shall not include the clothing and personal needs allowance under Minnesota Statutes, section 256D.06, subdivision 3, payments for foster care, child welfare services, medical care, dental care, hospitalization, nursing care, drugs or medical supplies, program costs, or other social services.

~~Subp. 21. Program. "Program" means the general assistance program established under the General Assistance Act, Minnesota Statutes, sections 256D.01 to 256D.21.~~

Subp. 25. **Other maintenance benefits.** "Other maintenance benefits" means any of the following:

A. workers' compensation benefits as provided by Minnesota Statutes, chapter 176 and rules adopted thereunder;

B. unemployment compensation benefits as provided by Minnesota Statutes, sections 268.07 to 268.10 and rules adopted thereunder;

C. railroad retirement benefits as provided by United States Code, title 45, sections 231 to 231s;

D. veteran's disability benefits as provided by United States Code, title 38, sections 301 to 363;

E. supplemental security income benefits as provided by United States Code, title 42, sections 1381 to 1383c;

F. social security disability insurance benefits as provided by United States Code, title 42, section 423; or

G. other programs identified by the local agency that provide periodic payments that can be used to meet basic needs and may reduce or eliminate the need for general assistance.

Subp. 26. **Potentially eligible.** "Potentially eligible" means that the local agency has determined that the applicant or recipient appears to meet the eligibility requirements of another maintenance benefit program.

Subp. 27. **Qualified provider.** A "qualified provider" means the local agency, or:

(1) a nonprofit legal assistance organization;

(2) an agency that employs licensed practitioners or accredited counseling staff or staff with a master's degree

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from an accredited program in social work, psychology, counseling, occupational therapy, or physical therapy;

(3) a private attorney at law; or

(4) another organization or person determined by the local agency to have sufficient training or experience to be effective in assisting persons to apply for and establish eligibility for SSI benefits.

Subp. ~~22~~ 28. **Recipient.** "Recipient" means a person who is currently receiving assistance under the general assistance program.

Subp. ~~23~~ 29. **Responsible relative.** "Responsible relative" means the spouse of an applicant or recipient, the parent of a minor child who is an applicant or recipient, or the parent of an adult child who resides with the parent and is an applicant or recipient.

Subp. 30. **SSI.** "SSI" means the supplemental security income program administered by the Social Security Administration under United States Code, title 42, sections 1381 to 1383c.

Subp. 31. **State participation.** "State participation" means state aid to local agencies for general assistance expenditures as specified in Minnesota Statutes, section 256D.03, subdivision 2.

Subp. ~~24~~ 32. **Suitable employment.** "Suitable employment" means a job that:

A. meets existing health and safety standards set by federal, state, or local regulations; ~~and~~

B. is within the physical and mental ability of a person ~~as-determined-by-a-vocational-specialist; and~~

C. pays at least the minimum wage prescribed by state or federal law and provides more than 60 hours of work per month; ~~or~~ and

D. ~~is-provided-through-the-MEED-program~~ does not include temporary day labor.

Subp. ~~25~~ 33. **Vocational specialist.** "Vocational specialist" means a counselor of the Department of ~~Economic~~

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Security Jobs and Training or Division of Vocational Rehabilitation, or another similarly qualified person who advises persons about occupational goals and employment.

~~Subp. 26. Vocational or technical training program. "Vocational or technical training program" means a training program of two years or less which requires that the person be a full time student and which is undertaken at a postsecondary area vocational technical institute or a private business, trade, vocational, or technical school accredited, licensed, or approved under state laws and rules.~~

~~Subp. 27. Vocational rehabilitation training program. "Vocational rehabilitation training program" means a program undertaken under an individualized written rehabilitation plan developed by the division of vocational rehabilitation or a vocational specialist.~~

~~Subp. 28. Work experience and work training program. "Work experience" and "work training program" means an employment related experience or training program or a short term employment or training readiness program provided or supervised by a publicly funded agency.~~

Rules as Proposed (all new material)

9500.1200 PURPOSE AND APPLICABILITY.

Subpart 1. **Purpose.** Parts 9500.1200 to 9500.1256 establish the rights and responsibilities of the Department of Human Services, local agencies, and recipients of general assistance as they pertain to the administration of the general assistance program.

Subp. 2. **Applicability.** Parts 9500.1254 to 9500.1256 govern application for maintenance benefits from other sources, execution of an interim assistance authorization agreement, provision of special services to assist the applicant or recipient in applying for other maintenance benefits, reimbursement for interim assistance, and reimbursement for provision of special services. When parts 9500.1254 to 9500.1256 conflict with parts 9500.1236 to 9500.1248, then parts

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9500.1254 to 9500.1256 shall prevail.

9500.1254 REFERRAL TO OTHER MAINTENANCE BENEFIT PROGRAMS.

Subpart 1. **Screening requirement.** The local agency must determine the potential eligibility of each general assistance applicant or recipient for other maintenance benefits as follows:

A. The local agency must determine an applicant's potential eligibility for other maintenance benefits when application for general assistance is made.

B. The local agency must determine a recipient's potential eligibility for other maintenance benefits at the recipient's semiannual redetermination of eligibility for general assistance. The local agency must also determine a recipient's potential eligibility for other maintenance benefits whenever it determines that changes in the recipient's circumstances, including eligibility for medical assistance, indicate potential eligibility for other maintenance benefits.

C. If the local agency determines that the applicant or recipient is potentially eligible for other maintenance benefits, the local agency must document its determination on forms prescribed by the commissioner and must retain the forms in the local agency case record for the applicant or recipient.

Subp. 2. **Informing requirement.** When the local agency determines that the applicant or recipient is potentially eligible for other maintenance benefits, the local agency shall inform the applicant or recipient in writing of the following:

A. that the applicant or recipient must apply for the other maintenance benefit program, in accordance with subpart 4, item A;

B. that the applicant or recipient must execute an interim assistance authorization agreement, in accordance with subpart 4, item D;

C. that the applicant or recipient must comply with all procedures necessary to determine his or her eligibility or ineligibility for the other maintenance benefits in accordance with subpart 4, item C;

D. that the applicant or recipient must authorize the

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local agency and the qualified provider, when one is chosen, to exchange relevant data concerning the applicant's or recipient's eligibility with the other maintenance benefit program office, in accordance with subpart 4, item B;

E. the estimated amount of benefits the applicant or recipient may be eligible to receive under the other maintenance benefit program, if known;

F. the address at which the applicant or recipient shall apply for the other maintenance benefit program;

G. general instructions regarding how to apply for the other maintenance benefit program;

H. that the applicant or recipient may elect to receive special services to assist him or her in applying for SSI benefits, in accordance with part 9500.1256, subpart 1, and that the applicant or recipient has a right to choose to receive special services from the local agency or from another qualified provider;

I. notice of the actions which the local agency must take, in accordance with subpart 5, if the applicant or recipient fails to comply with the requirements under subpart 4, items A to D; and

J. notice of the applicant's or recipient's right to appeal a determination of ineligibility for general assistance due to noncompliance with subpart 4, items A to D.

Subp. 3. **Referral requirement.** When the local agency determines that the applicant or recipient is potentially eligible for another maintenance benefit program, the local agency shall refer the applicant or recipient to the other maintenance benefit program as follows:

A. The referral must be made on a form prescribed by the commissioner. A copy of the referral form must be mailed to the other maintenance benefit program office.

B. If the applicant or recipient is determined to be potentially eligible for maintenance benefits from SSI, the local agency shall:

(1) offer to provide special services to the

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applicant or recipient in accordance with part 9500.1256, subpart 1, to assist him or her in applying for and obtaining SSI;

(2) furnish the applicant or recipient with a list of qualified providers with whom the local agency has contracted to provide special services to applicants or recipients;

(3) refer the applicant or recipient to the Social Security Administration's local office to apply for SSI benefits;

(4) promptly notify the Social Security Administration's local office of the date of referral so that the earliest potential date of eligibility for SSI can be established; and

(5) if the applicant or recipient elects to receive the special services specified in part 9500.1256, subpart 1 from a qualified provider other than the local agency, the local agency shall refer the applicant or recipient to the chosen provider. If the local agency has not contracted with the chosen provider, the local agency must enter into a contract with that qualified provider to provide special services to applicants or recipients who apply for SSI benefits.

C. If the local agency determines that an applicant or recipient is potentially eligible for another maintenance benefit program, and the applicant or recipient has previously applied for and been found ineligible for that other maintenance benefit program, he or she shall not be required to appeal from that decision or to reapply for that other maintenance benefit program unless one of the following conditions is met:

(1) the local agency determines that the applicant's or recipient's health or circumstances have changed and the change may result in eligibility for that other maintenance benefit program; or

(2) the eligibility requirements or procedures of the other maintenance benefit program have changed and the change may result in the applicant or recipient being found

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eligible for that other maintenance benefit program.

Subp. 4. **Requirements upon referral for other maintenance benefits.** When the local agency refers an applicant or recipient to another maintenance benefit program as provided under subpart 3, the applicant or recipient shall do the following:

A. The applicant or recipient shall apply for those benefits within 30 days of the date of referral. If the recipient has not provided the local agency with verification of his or her application for those benefits within 30 days of the date of referral, the local agency must contact the other maintenance benefit program local office to determine if the recipient has applied for benefits. If the local office of the other maintenance benefit program verifies that the recipient has applied for those benefits, the recipient shall be deemed to have met the requirement of applying for other maintenance benefits. If the local office of the other maintenance benefit program verifies that the recipient has not applied for those benefits, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

B. The applicant or recipient shall, within 30 days of the date of referral, provide his or her informed written consent and authorization for the local agency or a qualified provider, if one is chosen, to exchange data concerning the applicant or recipient with the other maintenance benefit program local office. The data exchanged must be relevant to a determination of the applicant's or recipient's eligibility or ineligibility for benefits from the other program.

For purposes of exchanging private or confidential data about a person for whom a qualified provider has contracted to provide special services, a qualified provider other than the local agency shall not be considered part of the welfare system under Minnesota Statutes, section 13.46, subdivision 1.

If the local agency determines that the recipient has not given informed written consent and authorization for the local

agency or a qualified provider to exchange data concerning his or her eligibility or ineligibility for the other maintenance benefit program within the prescribed 30 days, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

C. A recipient shall comply with all procedures necessary to determine his or her eligibility or ineligibility for the other maintenance benefit program.

If the local agency determines that the recipient has not complied with the procedures necessary to determine his or her eligibility or ineligibility for other maintenance benefits, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

D. An applicant or recipient shall execute an interim assistance authorization agreement with the local agency within 30 days of the date of referral.

If the recipient fails to execute an interim assistance authorization agreement within the 30 days prescribed, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

Subp. 5. **Ineligibility.** This subpart governs termination of general assistance eligibility for a recipient who fails, without good cause, to comply with the requirements of subpart 4.

A. Upon determining that a recipient has failed, without good cause, to comply with the requirements of subpart 4, items A to D, the local agency shall mail or give the recipient notification of termination from general assistance. The local agency shall hand deliver or mail the written notice to the recipient at least 30 days before reducing, suspending, or terminating the recipient's monthly general assistance payment. The notice must be on a form prescribed by the commissioner and must:

(1) list the requirements with which the local agency believes the recipient has not complied and inform the recipient that he or she must comply with the requirements to avoid or end a period of ineligibility;

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(2) inform the recipient that he or she will be terminated from general assistance if the recipient fails to comply with the listed requirements, specify the date that the recipient's general assistance will be terminated if he or she does not comply, and explain the recipient's right to appeal the action in accordance with subpart 6;

(3) offer assistance to resolve the circumstances or concerns which prevent the recipient from complying with the requirements of subpart 4; and

(4) inform the recipient of the continued availability of special services provided under part 9500.1256, subpart 1.

B. If the recipient complies with the requirements specified in the notice in item A prior to the termination date stated in the notice, a period of ineligibility must not be imposed.

C. A recipient who fails to comply with the requirements specified in the notice in item A prior to the termination date stated in the notice is ineligible for general assistance. The period of ineligibility begins on the date specified in the notice and continues until the person fulfills the requirements of subpart 4. The period of ineligibility always begins on the first day of a calendar month. If the ineligible person subsequently applies for general assistance, the application must be denied unless the requirements of subpart 4 have been met.

D. If the person is determined to be ineligible under item C, the assistance standard applicable to the person's assistance unit must be based on the number of remaining eligible members of the assistance unit.

Subp. 6. **Appeals.** A recipient to whom the local agency has given or mailed a notice of termination in accordance with subpart 5 may appeal the determination by submitting a written request for a hearing in accordance with Minnesota Statutes, section 256.045. If the recipient files a written request for an appeal on or before the first day of the period of

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ineligibility under subpart 5, item C, the recipient shall continue to receive general assistance while the appeal is pending, provided that the recipient is otherwise eligible for general assistance.

Subp. 7. **Reimbursement for interim assistance.** A local agency must seek reimbursement for the interim assistance provided to a person who has executed an interim assistance authorization agreement under subpart 4, item D, when the person receives a retroactive payment from the other maintenance benefit program. Reimbursement for interim assistance and special services provided to an SSI applicant or recipient is governed by part 9500.1256, subpart 2.

The local agency must request reimbursement for interim assistance from the person receiving other retroactive maintenance benefits, except for SSI, and may institute a civil action, if appropriate, to recover the interim assistance based on the interim assistance authorization agreement. From the interim assistance recovered, the local agency may retain 25 percent as reimbursement for the county's share of the interim assistance provided, and must credit the balance to the state as an advance payment to the local agency for the state's share of the next month's general assistance grants.

9500.1256 SPECIAL SERVICES FOR SSI APPLICANTS.

Subpart 1. **Special services.** A recipient who is referred to SSI in accordance with part 9500.1254, subpart 3, item B, may elect to receive special services to assist him or her in obtaining SSI benefits. Special services for which reimbursement for fees, costs, or disbursements may be claimed under subpart 2 or 3 are limited to the following:

A. explaining to or counseling the applicant or recipient about the application procedures and benefits available through the SSI program;

B. assisting the applicant or recipient in completing the application for SSI and arranging appointments related to application for SSI;

C. assisting the applicant or recipient in assessing

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his or her disability in relation to SSI eligibility, and identifying probable issues that may arise during the SSI eligibility determination process;

D. providing the applicant or recipient with medical or vocational evidence, social history, or expert testimony currently available to substantiate the presence and severity of the applicant's or recipient's blindness or disability;

E. assisting the applicant or recipient in obtaining and using medical or vocational evidence, social history, or expert testimony and in cooperating with the Social Security Administration and its agents, procedures, and requirements;

F. assisting the applicant or recipient with necessary transportation;

G. preparing for and representing the applicant or recipient at interviews, hearings, or appeals related to application for SSI or appeal of the Social Security Administration's determination of ineligibility for SSI;

H. the local agency's preparation of a contractual agreement with a qualified provider chosen by the applicant or recipient; and

I. providing other services to assist the applicant or recipient to establish eligibility for SSI benefits.

Subp. 2. **Reimbursement for interim assistance and special services.** A local agency must be reimbursed for providing interim assistance and special services to an SSI applicant or recipient in the following manner:

A. Upon receiving the initial SSI payment for a person who has executed an interim assistance authorization agreement as specified in part 9500.1254, subpart 4, item D, the local agency may recover the amount of interim assistance provided. After recovering the interim assistance from the initial SSI payment, the local agency shall pay the remainder to the person or to a representative payee identified by the Social Security Administration within ten days of receiving the initial SSI payment. From the amount of interim assistance recovered, the local agency:

(1) shall retain 25 percent as reimbursement for the county's share of the interim assistance provided;

(2) may retain, subject to the provisions of subpart 3, item E, an additional 25 percent as an advocacy incentive for providing the special services specified in subpart 1, items A to D;

(3) may retain from the remaining 50 percent, subject to the provisions of subpart 3, item E, reimbursement for actual reasonable fees, costs, and disbursements related to appeals and litigation and provision of special services under subpart 1.

B. The local agency may not seek reimbursement from the applicant or recipient for the fees, costs, or disbursements of providing special services except as provided in item A.

C. The balance of the amount of interim assistance that is not retained by the local agency pursuant to item A or paid to another qualified provider under subpart 3 must be credited to the state as an advance payment to the local agency for the state's share of the next month's general assistance grants.

D. The local agency must document the fees, costs, and disbursements which it incurs in providing the special services to claim reimbursement. The local agency shall be reimbursed under item A, subitem (3), only for the direct costs of providing special services.

Subp. 3. **Reimbursement to qualified providers under contract with the local agency to provide special services.** Qualified providers under contract with the local agency to provide special services to general assistance applicants or recipients shall be reimbursed from the amount of interim assistance recovered by the local agency under subpart 2 in the following manner:

A. To receive reimbursement for the fees, costs, and disbursements related to appeals and litigation and the provision of special services as provided in subpart 1, the qualified provider shall enter into a contract with the local

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agency and provide one or more of the special services specified in subpart 1.

The contract must be on a form prescribed by the commissioner except that the local agency may add to or modify the form without changing the substance of the contract in order to meet standard contracting procedures established by the county board.

B. The local agency must reimburse a qualified provider under contract with the local agency for the provider's reasonable actual fees, costs, and disbursements, including medical reports and expert testimony related to appeals, litigation, and providing special services to an applicant or recipient in accordance with the following:

(1) a qualified provider shall not be reimbursed by the local agency for any fees, costs, or disbursements unless the applicant or recipient has requested the services, the local agency has referred the applicant or recipient to the qualified provider, and the local agency has received the initial SSI payment for the recipient served;

(2) the qualified provider shall be reimbursed by the local agency for fees related to the provision of special services at the rate determined by the qualified provider, but not to exceed $75 per hour of service; and

(3) when a qualified provider requests reimbursement from the local agency for fees, costs, or disbursements related to services provided, the qualified provider shall document the total number of hours of services provided to the recipient and provide a record of its costs and disbursements.

C. A qualified provider under contract to provide special services must comply with the following:

(1) a qualified provider shall not require prepayment of any fees, costs, or disbursements from the applicant or recipient; and

(2) a qualified provider shall not seek reimbursement from the applicant or recipient for fees related

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to the provision of special services. If a qualified provider intends to seek reimbursement for costs and disbursements from an applicant or recipient in the event the applicant or recipient is determined to be ineligible for SSI and the qualified provider therefore will not be fully reimbursed by the local agency, the qualified provider must so inform the applicant or recipient prior to providing the special services. In addition, the qualified provider must inform the applicant or recipient that he or she may receive the special services from the local agency without cost and must obtain the applicant's or recipient's consent to provide the special services.

D. The total reimbursement for special services made by the local agency to all qualified providers must not exceed the amount of interim assistance retained by the local agency as specified in subpart 2, item A, subitems (2) and (3), unless the excess is expressly authorized by the local agency and paid for exclusively with local agency funds.

E. If more than one qualified provider provides special services to an applicant or recipient, and the amount of interim assistance retained by the local agency will not fully reimburse all qualified providers, the reimbursement to each qualified provider for fees, costs, and disbursements shall be calculated by multiplying the total amount of funds available to the local agency as specified in subpart 2, item A, subitems (2) and (3), including any excess funds authorized by the local agency under item D, by the qualified provider's reimbursement percentage. The qualified provider's reimbursement percentage shall be determined by dividing the number of hours spent by each qualified provider who provided special services by the total number of hours spent by the local agency and all other qualified providers under contract with the local agency who have provided special services to the applicant or recipient.

F. If the local agency and one or more other qualified providers provide special services to an applicant or recipient, and the amount of interim assistance recovered by the local agency under subpart 2, item A, subitems (2) and (3),

exceeds the amount necessary to fully reimburse the qualified providers for fees, costs, and disbursements, the local agency may retain up to the full amount of interim assistance recovered under subpart 2, item A, subitem (2).

G. The local agency may reimburse a qualified provider for fees, costs, and disbursements for special services provided during the six-month period before the applicant or recipient was referred to the qualified provider, unless the contracting procedures of the particular county prohibit this payment. The provider's fees, costs, or disbursements for special services provided before the person's application for general assistance may be reimbursed only if funds remain after reimbursement for special services provided to the person after the person made application for general assistance.

H. The local agency and another qualified provider may contract to jointly provide the special services specified in subpart 1.

Subp. 4. **Termination of special services and contracts.** Special services and contracts must be terminated in the following manner:

A. If an applicant or recipient requests in writing that the local agency terminate the special services agreement with a qualified provider, the special services agreement for that applicant or recipient must be terminated, and the local agency shall mail written notice of the termination to the qualified provider. The notice must include a copy of the applicant's or recipient's written request for termination of the special services agreement. Termination of the agreement is effective three days after the date when the notice is mailed. The qualified provider shall not be reimbursed for fees, costs, or disbursements for special services provided to an applicant or recipient after the effective date of termination.

B. If a qualified provider decides to stop providing special services to an applicant or recipient, the qualified provider shall give or mail the following information to the applicant or recipient and, if the qualified provider is not the

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local agency, to the local agency:

(1) the status of the applicant's or recipient's application for SSI benefits;

(2) any deadlines that must be met regarding the applicant's or recipient's application for SSI benefits;

(3) the right of the applicant or recipient to choose another qualified provider, and the local agency's obligation to enter into a contract with a new qualified provider to provide the special services specified if the applicant or recipient chooses a qualified provider other than the local agency; and

(4) that a list of qualified providers may be obtained from the local agency.

Termination of the contract is effective three days after the date the provider gives or mails the information required in subitems (1) to (4) to the client.

C. If a qualified provider fails to perform all or part of the terms of the contract with the local agency, the local agency may terminate the contract with the provider. The local agency shall terminate the contract and mail written notice to the qualified provider and to the recipients served by the qualified provider. The notice must specify the local agency's grounds for terminating the contract. Termination of the contract is effective three days after the notice is mailed to the qualified provider. The local agency shall also give the recipient a list of other qualified providers who have contracted with the local agency to provide the special services specified in subpart 1. The qualified provider shall not be reimbursed for fees, costs, or disbursements related to special services provided after the effective date of termination.

REPEALER. Minnesota Rules, parts 9500.0500, 9555.3401, 9555.3403, 9555.3404, 9555.3406, and 9500.0530, item E, are repealed.

RENUMBERING INSTRUCTION. Each Minnesota Rules part in

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column A shall be renumbered with the Minnesota Rules part set forth in column B.

Column A	Column B
9500.0510	9500.1202
9500.0520	9500.1204
9555.3400	9500.1206
9500.0530	9500.1208
9500.0531	9500.1210
9500.0532	9500.1212
9500.0540	9500.1234
9500.0550	9500.1236
9500.0560	9500.1238
9500.0570	9500.1240
9500.0580	9500.1242
9500.0590	9500.1244
9500.0600	9500.1246
9500.0610	9500.1248
9555.3402	9500.1249
9555.3408	9500.1250
9555.3409	9500.1252

APPROVED AS TO FORM
REVISOR OF STATUTES
OFFICE BY:

OFFICE OF THE REVISOR OF STATUTES

Proposed Rule

RD710

Agency: Department of Human Services

Division: Assistance Payments

Agency Contact: Rae Bly

Minnesota Rules: Parts 9500.1200; 9500.1206; 9500.1254; 9500.1256

Title: Proposed Rules Relating to Referral of General Assistance Applicants and Recipients to Other Maintenance Benefit Programs

Type of Rules: Permanent

Incorporations by Reference: None

Steven C. Cross
Revisor of Statutes

Susan E. Quayle
Assistant Revisor
Phone: 296-0956
Date: November 25, 1985

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF RULES OF THE STATE DEPARTMENT OF HUMAN SERVICES GOVERNING REFERRAL OF GENERAL ASSISTANT APPLICANTS AND RECIPIENTS TO OTHER MAINTENANCE BENEFIT PROGRAMS, MINNESOTA RULES, PARTS 9500.1200, 9500.1206, 9500.1254 AND 9500.1256

ORDER ADOPTING RULES

Notice of the Commissioner's intent to adopt the above-entitled rules without a public hearing was published in the State Register on December 16, 1985, and was sent by United States mail to all persons on the list maintained by the agency pursuant to Minnesota Statutes, section 14.14, subdivision 1a, on December 13, 1985. After affording interested and affected persons an opportunity to submit comments for 30 days after Notice, receiving fewer than 25 written requests for a public hearing within the 30-day comment period, reviewing and considering the comments, and determining the need for and reasonableness of the above-captioned rules,

NOW, THEREFORE, IT IS ORDERED that these rules identified as the rules governing referral of General Assistance applicants and recipients to other maintenance benefit programs, Minnesota Rules, parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256 are adopted this 17 day of January, 1986, pursuant to authority vested in me by Minnesota Statutes, sections 256D.06, subdivision 5 and 256D.04, subdivision 2.

STATE OF MINNESOTA

COMMISSIONER OF HUMAN SERVICES

Department of Health
Emergency Medical Services

Emergency Medical Services Licensure Application—F-M Ambulance Service Inc., Fargo ND

As of February 11, 1985 a complete application for scheduled advanced life support transportation service by air was submitted by F-M Ambulance Service, Inc. to operate a base of operation at Hector Airport, Fargo, North Dakota to provide intra-state and/or inter-state transportation service.

This notice is given pursuant to Minnesota Statutes 1979, Section 144.802, which requires in part that the Commissioner of Health publish the notice in the *State Register* at the applicant's expense.

Each municipality, county, community health services agency, and any other interested person wishing to comment on this application may submit comments to Min-Dak Health Systems Agency, 632 Center Avenue, Moorhead, Minnesota 56560. Attention: Michael Pattee, Executive Director, 218/233-4070. The comments must reach the Health Systems Agency before March 13, 1985 or be submitted at the public hearing.

After a public hearing has been held, the Health Systems Agency shall recommend that the Commissioner of Health grant or deny a license or recommend that a modified license by granted. The Health Systems Agency shall make the recommendations and reasons available to any individual requesting them.

Within 30 days of receipt of the recommendation to the Commissioner of Health, the Commissioner shall grant or deny the license to the applicant.

Department of Health
Emergency Medical Services

Emergency Medical Services Licensure Application—Life Star Ambulance System, Winona

As of February 11, 1985 a complete application for a advanced life support transportation service was submitted by Life Star Ambulance Systems to operate a base of operation at 703 West 4th Street, Winona, Minnesota.

This notice is given pursuant to Minnesota Statutes 1979, Section 144.802, which requires in part that the Commissioner of Health publish the notice in the *State Register* at the applicants expense.

Each municipality, county, community health services agency, and any other interested person wishing to comment on this application may submit comments to the State Health Planning Agency, Room 100, Capitol Square Building, 550 Cedar Street, St. Paul, Minnesota 55101, Attention: John Dilley, 612/296-2407. The comments must reach the Health Planning Agency before March 13, 1985 or be submitted at the public hearing.

After a public hearing has been held, the Health Planning Agency shall recommend that the Commissioner of Health grant or deny a license or recommend that a modified license be granted. The Health Planning Agency shall make the recommendations and reasons available to any individual requesting them.

Within 30 days of receipt of the recommendation to the Commissioner of Health, the Commissioner shall grant or deny the license to the applicant.

Department of Human Services
Income Maintenance Bureau
Assistance Payments Division

Outside Opinion Sought Concerning Proposed Rules Governing the General Assistance Program

Notice is hereby given that the Minnesota Department of Human Services is seeking information or opinions from sources outside the agency in preparing to promulgate permanent rules governing the General Assistance Program including applications for

assistance, eligibility requirements, real and personal property, income, assistance standards, grant calculation, payment provisions, client responsibilities, ineligibility and disqualification, rights of applicants and recipients, support from financially responsible persons, wrongfully obtained assistance, emergency general assistance, special grant provisions, and interim assistance.

Once the permanent rules are promulgated, they will replace Parts 9500.0500 to 9500.0610, 9555.3400 to 9555.3409, 9555.3410 to 9555.3412 [Emergency], 9555.3415 [Emergency], and 9555.1317 [Emergency]

The promulgation of permanent rules is authorized by Minnesota Statutes, sections 256D.01, subdivision 1b., 256D.111, subdivision 5, and 256D.41.

The Minnesota Department of Human Services requests information and comments concerning the subject of these rules. Interested or affected persons or groups may submit statements of information or comment orally or in writing.

Written statements should be addressed to:

John Anderson
Rulemaking Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55101

Oral statements of information and comment will be received over the telephone at (612) 297-1489 between the hours of 9:00 a.m. and 4:00 p.m.

All statements of information and comment shall be accepted until further notice. Any written material received by the Minnesota Department of Human Services shall become a part of the rule file in the event that the rules are promulgated.

State Retirement System
Board of Directors, Regular Meeting

A meeting of the Board of Directors, Minnesota State Retirement System will be held on Friday, February 15, 1985, at 8:30 a.m., in the office of the System, 529 Jackson Street, St. Paul, Minnesota.

Department of Transportation

Petition of Stearns County for a Variance from State Aid Standards for Design Speed

Notice is hereby given that the County Board of Stearns County has made a written request to the Commissioner of Transportation pursuant to Minnesota Rules § 8820.3300 for a variance from minimum standards for replacing Bridge No. 194 on CSAH 65 over the Burlington Northern with Bridge No. 73538 and approach grading.

The request is for a variance from Minnesota Rules for State Aid Operations § 8820.9910 adopted pursuant to Minnesota Statutes Chapters 161 and 162, so as to permit a design speed of 30 instead of the required 40 miles per hour.

Any person may file a written objection to the variance request with the Commissioner of Transportation, Transportation Building, St. Paul, Minnesota 55155.

If a written objection is received within 20 days from the date of this notice in the *State Register*, the variance can be granted only after a contested case hearing has been held on the request.

January 29, 1985

Richard P. Braun
Commissioner of Transportation

Department of Transportation

Petition of the City of Austin for a Variance from State Aid Standards for Street Width

Notice is hereby given that the City Council of Austin has made a written request to the Commissioner of Transportation pursuant to Minnesota Rules § 8820.3300 for a variance from minimum standards for a reconstruction project on CSAH 23 from 4th Avenue Southwest to a point 800 feet South.

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Rules of the State Department of Human Services Governing Referral of General Assistance Applicants and Recipients to other Maintenance Benefit Programs, Minnesota Rules, parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256

ORDER FOR NOTICE OF INTENT TO ADOPT RULES WITHOUT PUBLIC HEARING

IT IS ORDERED this 22nd day of November, 1985 that a Notice of Intent to Adopt Rules Without Public Hearing in the above-entitled matter be given to all persons who have registered their names with the State Department of Human Services for that purpose and be published in the State Register.

STATE OF MINNESOTA

COMMISSIONER OF HUMAN SERVICES

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF DEPARTMENT OF HUMAN SERVICES RULES GOVERNING REFERRAL OF GENERAL ASSISTANCE APPLICANTS AND RECIPIENTS TO OTHER MAINTENANCE BENEFIT PROGRAMS, MINNESOTA RULES, PARTS 9500.1200, 9500.1206, 9500.1254 AND 9500.1256

ORDER FOR HEARING

IT IS ORDERED this 22 day of November, 1985 that a public hearing on the proposed rules captioned above be held in the Veterans Service Building, 20 West 12th St., St. Paul, Minnesota 55155 in Room D, 5th Floor on January 24, 1986 commencing at 9:00 a.m. and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard.

IT IS FURTHER ORDERED that notice of said hearing be given to all persons who have registered their names with the Department of Human Services for that purpose and be published in the State Register.

STATE OF MINNESOTA

LEONARD W. LEVINE, Commissioner
Department of Human Services

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Rules of the State Department of Human Services Governing Referral of General Assistance Applicants and Recipients to other Maintenance Benefit Programs, Minnesota Rules, parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256

NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING AND NOTICE OF INTENT TO ADOPT A RULE WITH A PUBLIC HEARING IF TWENTY-FIVE OR MORE PERSONS REQUEST A HEARING

Notice is hereby given that the State Department of Human Services proposes to adopt the above-mentioned rule without a public hearing following the procedures set forth in Minnesota Statutes, sections 14.22 to 14.28. The specific statutory authority to adopt the rule is Minnesota Statutes, sections 256D.06, subdivision 5 and 256D.04, subdivision 2.

Persons interested in this rule shall have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule and comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, sections 14.131 to 14.20. PLEASE NOTE THAT IF TWENTY-FIVE OR MORE PERSONS SUBMIT WRITTEN REQUESTS FOR A PUBLIC HEARING WITHIN THE 30-DAY COMMENT PERIOD, A HEARING WILL BE HELD ON JANUARY 24, 1986 IN ACCORDANCE WITH THE NOTICE OF PUBLIC HEARING ON THESE SAME RULES PUBLISHED IN THIS STATE REGISTER AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between January 16, 1986 and January 23, 1986 at (612) 297-1489.

Persons who wish to submit comments or a written request for a public hearing must submit such comments or requests to:

Rae Bly
Rulemaking Division
Department of Human Services
444 Lafayette Road, 6th Floor
St. Paul, MN 55101
Telephone (612) 297-1489

Comments or requests for a public hearing must be received by the Department by 4:30 p.m. on January 15, 1986.

The proposed rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed rule as noticed.

These rules, parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256 require local agencies to refer GA applicants and recipients to other maintenance benefit programs when it appears the applicant or recipient is eligible for the other program. The rules also specify the special services which the local agency must offer to recipients who are referred to SSI. These rules include definitions; scope and applicability statements; rules governing the referral of general assistance applicants and recipients to other maintenance benefit programs; provisions for special services to SSI applicants; interim assistance agreements and procedures for recovery of interim assistance; and procedures for reimbursement to qualified providers of special services. A revisor's re-numbering instruction is also included.

The proposed rules will replace Minnesota Rules, part 9555.3417 [Emergency]. The emergency rules were the framework for the proposed permanent rules. The department believes these rules are noncontroversial because the emergency rules generated very little controversy and have been operating effectively for the past year. Referring general assistance applicants and recipients to other maintenance benefit programs has conserved both state and county funds, and has enabled the county and the qualified provider to receive reimbursement for the provision of special services.

A copy of this rule is available upon request for your review from:

Mike Sirovy
Assistance Payments Division
Department of Human Services
444 Lafayette Road, 2nd Floor
St. Paul, MN 55101
Telephone (612) 297-2011

A Statement of Need and Reasonableness that described the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available from Mike Sirovy upon request.

The Department estimates that no additional spending will be required by local public bodies as a result of adoption of these rules. A fiscal note is not required for these rules according to Minnesota Statutes, section 3.983, subdivision 3(e).

If no hearing is required upon adoption of the rule, the rule and the required supporting documents will be delivered to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to Rae Bly.

State of Minnesota

LEONARD W. LEVINE, Commissioner
Department of Human Services

11-22-85
Date

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF DEPARTMENT OF HUMAN SERVICES RULES GOVERNING REFERRAL OF GENERAL ASSISTANCE APPLICANTS AND RECIPIENTS TO OTHER MAINTENANCE BENEFIT PROGRAMS, MINNESOTA RULES, PARTS 9500.1200, 9500.1206, 9500.1254 AND 9500.1256

NOTICE OF HEARING AND NOTICE OF INTENT TO CANCEL HEARING IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO NOTICE OF INTENT TO ADOPT RULES WITHOUT A PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held in the Veterans Service Building, 20 West 12th St., St. Paul, Minnesota 55155 in Room D, 5th floor on January 24, 1986 commencing at 9:00 a.m. and continuing until all interested or affected persons have an opportunity to participate. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

PLEASE NOTE, HOWEVER, THAT THE HEARING WILL BE CANCELLED IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO THE NOTICE OF INTENT TO ADOPT THESE SAME RULES WITHOUT A PUBLIC HEARING PUBLISHED IN THIS STATE REGISTER AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between January 16, 1986 and January 23, 1986 at (612) 297-1489.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of the hearing which is to be included in the hearing record may be mailed to Peter Erickson, Administrative Law Judge, Office of Administrative Hearings, 400 Summit Bank Building, 310 South Fourth Avenue, Minneapolis, Minnesota 55415; telephone 612/341-7606, either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge, may at the hearing, order the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during the three-day period. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law Judge will write a report as provided for in Minnesota Statutes, section 14.50. The rule hearing is governed by Minnesota Statutes, section 14.01 to 14.56 and by Minnesota Rules, parts 1400.0200 to 1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

These rules, parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256 require local agencies to refer GA applicants and recipients to other maintenance benefit programs when it appears the applicant or recipient is eligible for the other program. The rules also specify the special services which the local agency must offer to recipients who are referred to SSI. These rules include definitions; scope and applicability statements; rules governing the referral of general assistance applicants and recipients to other maintenance benefit programs; provisions for special services to SSI applicants; interim assistance agreements and procedures for recovery of interim assistance; and procedures for reimbursement to qualified providers of special services. A revisor's re-numbering instruction is also included.

The agency's authority to adopt the proposed rules is contained in Minnesota Statutes, sections 256D.06, subdivision 5 and 256D.04, subdivision 2. The Department estimates that no additional spending will be required by local public bodies as a result of adoption of these rules. A fiscal note is not required for these rules according to Minnesota Statutes, section 3.983, subdivision 3(e).

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to Mike Sirovy, Assistance Payments Division, Department of Human Services, 444 Lafayette Road, 2nd floor, St. Paul, MN 55101, telephone 612/ 297-2011.

Additional copies will be available at the hearing. If you have any questions on the content of the rule, contact Mike Sirovy.

NOTICE: Any person may request notification of the date on which the Administration Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is now available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

Minnesota Statutes, chapter 10a, requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minnesota Statutes, section 10A.01, subdivision 11, as any individual:

(a) engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than

five hours in any month or more than $250, not including travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or adminstrative action by communication or urging others to communicate with public officials; or

(b) who spends more than $250, not including traveling expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials. The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 41 State Office Building, St. Paul, Minnesota, 55155, telephone 612/296-5615.

LEONARD W. LEVINE, Commissioner
Department of Human Services

Dated: 11-22-85

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Rules of the State Department of Human Services Governing Referral of General Assistance Applicants and Recipients to other Maintenance Benefit Programs, Minnesota Rules, parts 9500.1200, 9500. 1206, 9500.1254 and 9500.1256

AFFIDAVIT OF MAILING

I, Nancy Storelee, being first duly sworn, deposes and says:

That on the 13th day of December, 1985, at the City of St. Paul, County of Ramsey, State of Minnesota, I served the attached Notices by depositing in the State of Minnesota Central Mail System for first class mailing, copies thereof, properly enveloped, with postage prepaid, on all persons and associations who have requested that their names be placed on file with the Department of Human Services for the purpose of receiving notices of the proposed adoption of rules by this Department.

Nancy Storelee

Subscribed and sworn to before me

this 13 day of December, 1985.

Claudia A. Eliason

CLAUDIA A. ELIASON
NOTARY PUBLIC-MINNESOTA
WASHINGTON COUNTY
MY COMMISSION EXPIRES NOVEMBER 15, 1990

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF DEPARTMENT OF HUMAN SERVICES RULES GOVERNING REFERRAL OF GENERAL ASSISTANCE APPLICANTS AND RECIPIENTS TO OTHER MAINTENANCE BENEFIT PROGRAMS, MINNESOTA RULES, PARTS 9500.1200, 9500.1206, 9500.1254 AND 9500.1256

NOTICE OF HEARING AND NOTICE OF INTENT TO CANCEL HEARING IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO NOTICE OF INTENT TO ADOPT RULES WITHOUT A PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held in the Veterans Service Building, 20 West 12th St., St. Paul, Minnesota 55155 in Room D, 5th floor on January 24, 1986 commencing at 9:00 a.m. and continuing until all interested or affected persons have an opportunity to participate. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

PLEASE NOTE, HOWEVER, THAT THE HEARING WILL BE CANCELLED IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO THE NOTICE OF INTENT TO ADOPT THESE SAME RULES WITHOUT A PUBLIC HEARING PUBLISHED IN THIS STATE REGISTER AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between January 16, 1986 and January 23, 1986 at (612) 297-1489.

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These rules, parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256 require local agencies to refer GA applicants and recipients to other maintenance benefit programs when it appears the applicant or recipient is eligible for the other program. The rules also specify the special services which the local agency must offer to recipients who are referred to SSI. These rules include definitions; scope and applicability statements; rules governing the referral of general assistance applicants and recipients to other maintenance benefit programs; provisions for special services to SSI applicants; interim assistance agreements and procedures for recovery of interim assistance; and procedures for reimbursement to qualified providers of special services. A revisor's re-numbering instruction is also included.

The agency's authority to adopt the proposed rules is contained in Minnesota Statutes, sections 256D.06, subdivision 5 and 256D.04, subdivision 2. The Department estimates that no additional spending will be required by local public bodies as a result of adoption of these rules. A fiscal note is not required for these rules according to Minnesota Statutes, section 3.983, subdivision 3(e).

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to Mike Sirovy, Assistance Payments Division, Department of Human Services, 444 Lafayette Road, 2nd floor, St. Paul, MN 55101, telephone 612/ 297-2011.

Additional copies will be available at the hearing. If you have any questions on the content of the rule, contact Mike Sirovy.

NOTICE: Any person may request notification of the date on which the Administration Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is now available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

Minnesota Statutes, chapter 10a, requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minnesota Statutes, section 10A.01, subdivision 11, as any individual:

(a) engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than

five hours in any month or more than $250, not including travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or adminstrative action by communication or urging others to communicate with public officials; or

(b) who spends more than $250, not including traveling expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials. The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 41 State Office Building, St. Paul, Minnesota, 55155, telephone 612/296-5615.

LEONARD W. LEVINE, Commissioner
Department of Human Services

Dated: 11-22-85

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Rules of the State Department of Human Services Governing Referral of General Assistance Applicants and Recipients to other Maintenance Benefit Programs, Minnesota Rules, parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256

NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING AND NOTICE OF INTENT TO ADOPT A RULE WITH A PUBLIC HEARING IF TWENTY-FIVE OR MORE PERSONS REQUEST A HEARING

Notice is hereby given that the State Department of Human Services proposes to adopt the above-mentioned rule without a public hearing following the procedures set forth in Minnesota Statutes, sections 14.22 to 14.28. The specific statutory authority to adopt the rule is Minnesota Statutes, sections 256D.06, subdivision 5 and 256D.04, subdivision 2.

Persons interested in this rule shall have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule and comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, sections 14.131 to 14.20. PLEASE NOTE THAT IF TWENTY-FIVE OR MORE PERSONS SUBMIT WRITTEN REQUESTS FOR A PUBLIC HEARING WITHIN THE 30-DAY COMMENT PERIOD, A HEARING WILL BE HELD ON JANUARY 24, 1986 IN ACCORDANCE WITH THE NOTICE OF PUBLIC HEARING ON THESE SAME RULES PUBLISHED IN THIS STATE REGISTER AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between January 16, 1986 and January 23, 1986 at (612) 297-1489.

Persons who wish to submit comments or a written request for a public hearing must submit such comments or requests to:

Rae Bly
Rulemaking Division
Department of Human Services
444 Lafayette Road, 6th Floor
St. Paul, MN 55101
Telephone (612) 297-1489

Comments or requests for a public hearing must be received by the Department by 4:30 p.m. on January 15, 1986.

The proposed rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed rule as noticed.

These rules, parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256 require local agencies to refer GA applicants and recipients to other maintenance benefit programs when it appears the applicant or recipient is eligible for the other program. The rules also specify the special services which the local agency must offer to recipients who are referred to SSI. These rules include definitions; scope and applicability statements; rules governing the referral of general assistance applicants and recipients to other maintenance benefit programs; provisions for special services to SSI applicants; interim assistance agreements and procedures for recovery of interim assistance; and procedures for reimbursement to qualified providers of special services. A revisor's re-numbering instruction is also included.

The proposed rules will replace Minnesota Rules, part 9555.3417 [Emergency]. The emergency rules were the framework for the proposed permanent rules. The department believes these rules are noncontroversial because the emergency rules generated very little controversy and have been operating effectively for the past year. Referring general assistance applicants and recipients to other maintenance benefit programs has conserved both state and county funds, and has enabled the county and the qualified provider to receive reimbursement for the provision of special services.

A copy of this rule is available upon request for your review from:

Mike Sirovy
Assistance Payments Division
Department of Human Services
444 Lafayette Road, 2nd Floor
St. Paul, MN 55101
Telephone (612) 297-2011

A Statement of Need and Reasonableness that described the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available from Mike Sirovy upon request.

The Department estimates that no additional spending will be required by local public bodies as a result of adoption of these rules. A fiscal note is not required for these rules according to Minnesota Statutes, section 3.983, subdivision 3(e).

If no hearing is required upon adoption of the rule, the rule and the required supporting documents will be delivered to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to Rae Bly.

State of Minnesota

LEONARD W. LEVINE, Commissioner
Department of Human Services

11-22-85
Date

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Rules of the State Department of Human Services Governing Referral of General Assistance Applicants and Recipients to other Maintenance Benefit Programs, Minnesota Rules, parts 9500.1200, 9500.1206, 9500,1254 and 9500.1256

AFFIDAVIT OF ADDITIONAL MAILING

I, Nancy Storelee, being first duly sworn, deposes and says:

That on the 13th day of December, 1985, at the City of St. Paul, County of Ramsey, State of Minnesota, in addition to serving the attached Notices to all persons and associations who have requested that their names be placed on file for the purpose of receiving notices of the proposed adoption of rules by this Department, I also served the attached Notices by depositing in the State of Minnesota Central Mail System for first class mailing, copies thereof, properly enveloped, with postage prepaid, to the following agencies:

- .The 87 Minnesota county human service agencies
- .County GA panel
- .GA Rules Public Advisory Committee
- .Social Security Administration
- .Office of Full Productivity and Opportunity

Nancy Storelee

Subscribed and sworn to before me

this 13 day of December, 1985.

Claudia A. Eliason

CLAUDIA A. ELIASON
NOTARY PUBLIC-MINNESOTA
WASHINGTON COUNTY
MY COMMISSION EXPIRES NOVEMBER 15, 1990

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF DEPARTMENT OF HUMAN SERVICES RULES GOVERNING REFERRAL OF GENERAL ASSISTANCE APPLICANTS AND RECIPIENTS TO OTHER MAINTENANCE BENEFIT PROGRAMS, MINNESOTA RULES, PARTS 9500.1200, 9500.1206, 9500.1254 AND 9500.1256

NOTICE OF HEARING AND NOTICE OF INTENT TO CANCEL HEARING IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO NOTICE OF INTENT TO ADOPT RULES WITHOUT A PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held in the Veterans Service Building, 20 West 12th St., St. Paul, Minnesota 55155 in Room D, 5th floor on January 24, 1986 commencing at 9:00 a.m. and continuing until all interested or affected persons have an opportunity to participate. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

PLEASE NOTE, HOWEVER, THAT THE HEARING WILL BE CANCELLED IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO THE NOTICE OF INTENT TO ADOPT THESE SAME RULES WITHOUT A PUBLIC HEARING PUBLISHED IN THIS STATE REGISTER AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between January 16, 1986 and January 23, 1986 at (612) 297-1489.

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The agency's authority to adopt the proposed rules is contained in Minnesota Statutes, sections 256D.06, subdivision 5 and 256D.04, subdivision 2. The Department estimates that no additional spending will be required by local public bodies as a result of adoption of these rules. A fiscal note is not required for these rules according to Minnesota Statutes, section 3.983, subdivision 3(e).

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to Mike Sirovy, Assistance Payments Division, Department of Human Services, 444 Lafayette Road, 2nd floor, St. Paul, MN 55101, telephone 612/ 297-2011.

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LEONARD W. LEVINE, Commissioner
Department of Human Services

Dated: 11-22-75

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

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Rae Bly
Rulemaking Division
Department of Human Services
444 Lafayette Road, 6th Floor
St. Paul, MN 55101
Telephone (612) 297-1489

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Mike Sirovy
Assistance Payments Division
Department of Human Services
444 Lafayette Road, 2nd Floor
St. Paul, MN 55101
Telephone (612) 297-2011

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State of Minnesota

LEONARD W. LEVINE, Commissioner
Department of Human Services

11-22-85
Date

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Rules of the State Department of Human Services Governing Referral of General Assistance Applicants and Recipients to other Maintenance Benefit Programs, Minnesota Rules, parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256

Certificate

I hereby certify that the list of persons, associations, and other interested groups who have requested, pursuant to Minnesota Statute 14.14 subdivision 1, that their names be placed on file with and maintained by the Department of Human Services for the purpose of receiving notices of the proposed adoption of rules by this Department is accurate and complete as of 1:00 p.m., this 13th day of December, 1985.

Nancy Storelee

Rule Hearing Mailing List
Inter Office
Page One

F. James Rybak, Ph.D.
MN Dept. of Economic Security
690 American Center Bldg. OEO
150 East Kellogg Blvd.
St. Paul, MN 55101

J. Poupart
Ombudsman
Department of Ombudsman for Corrections
333 Sibley Street, Suite 895

Director,
Office of Community Development
Minn. Dept. of Health

Charles Schaffer
MN Dept. of Energy, Planning & Development
980 American Center
150 East Kellogg

Jean Dawson, Editor
The Minnesota Governement Report
B-12 Press Room,
State Capitol

MN Board on Aging
204 Metro Square Bldg.
St. paul, MN 55101

Executive Secretary
MN Board of Pharmacy
717 Delaware St. SE #351
Mpls., MN 55414

Office of the Commissioner
MN Dept. of Energy and Economic Development
900 American Center Bldg.

Jonathan A. Balk
Chief Executive Officer
Cambridge State Hospital

Director,
Developmental Disabilities
Planning Office
201 Capitol Square Bldg.

Maryanne V. Hruby
Executive Director, LCRAR
55 State Office Building

Martha Schmitt, Research Cons.
DFL Caucus Research
MN House of Representatives
Room 264, State Office Bldg.

Charles V. Turnbull
Chief Executive Officer
Faribault State Hospital
Faribault, MN 55021

Ramsey County Commissioners
Courthouse
St. Paul, MN 55101

Roland F. Winterfeldt, Dir.
Otter Tail County
Dept. of Social SErvices
Fergus Falls, MN 56537

Linda Ewen
Anoka County Financial Serv. Department
Courthouse, 3rd Floor
Anoka, MN 55303

Jeff Olson
Deputy Commissioner
Dept. of Veterans Affairs
Veterans Service Building

John Anderson
Rules Unit
6th Floor, Space Center

Rae Bly
Rules Unit
4th Floor, COB

Mike Dean
DHS, Rules Unit
6th Floor, Space Center

Jane Delage
Rules Unit
4th Floor, COB

Dan Lipschultz
Rules Unit
4th Floor, COB

Dorothy Mosso
DHS, Rules Unit
6th Floor, Space Center

Jane Nelson
Rules Unit
4th Floor, COB

Barry Stern
Rules Unit
4th Floor, COB

Eleanor Weber
DHS, Rules Unit
6th Floor, Space Center

Alice Weck
Rules Unit
4th Floor, COB

Executive Secretary
Minnesota Board of Psycholog
717 Delaware St. SE #343
Minneapolis, MN 55414

Rosemary Chapin
Long Term Care
6th Floor, Space Center

RULE HEARING MAILING LIST
1ST CLASS MAIL
PAGE ONE

Regulatory Department
S & FA Reporting Serv., Inc.
1101 - 15th ST. NW
Washington, D.C. 20005

South Center Manor, Inc.
Park Island
Center City, MN 55012

Leo Fitzpatrick
8138 Henslowe Ave. S.
Cottage Grove, MN 55016

Forestview - Hemmingway
8045 Hemmingway Ave. S.
Cottage Grove, MN 55016

Charles A. Kroeger
Executive Director
QSS, Inc.
P.O. Box 838
Faribault, MN 55021

QSS, Inc.
P.O. Box 838
Faribault, MN 55021

Robert F. Carolan
Dakota County Asst. Attorney
1600 Highway 55
Hastings, MN 55033

Kenneth A. Malvey
Asst. County Attorney
1560 Highway 55
Hastings, MN 55033

Henry Hagen Residence
19845 Lillehei Drive
Hastings, MN 55033

Marjorie Ross
1145 Quentin Ave. S.
Lakeland, MN 55043

Brighter Day Residence
620 North Wood Street
Mora, MN 55051

Dakota Co. Economic Assistance
357 - 9th Ave. N.
South St. Paul, MN 55075

Shirley McConnell, Director
Social Services Division
Dakota County Human Services
357 - 9th Ave. North
South St. Paul, MN 55075

M. Gravel
RAP
509 Sibley St.
St. Paul, MN 55101

People, Inc.
1885 University Ave. #350
St. Paul, MN 55104

~~Peter S. Popovich~~
~~Peterson, Popovich, Knutson & Flynn~~
~~345 Cedar, 8th Floor~~
~~St. Paul, MN 55101~~

Steve Swanson
Legal Services Advocacy Proj.
300 Minnesota Building
4th and Cedar Streets
St. Paul, MN 55101

Martha Eaves, Atty. at Law
300 Minnesota Building
S. MN Regional Legal Services
46 East Fourth Street
St. Paul, MN 55101

MSSA
614 Portland
St. Paul, MN 55102

Alan W. Ingram, Exec. Director
National Assn of Social Workers
Minnesota Chapter
614 Portland
St. Paul, MN 55102

Pat Rife, CCFP Director
Resources for Child Caring
906 North Dale Street
St. Paul, MN 55103

Mental Health Advocates Coalition
265 Fort Road
St. Paul, MN 55102

Phillips Legislative Service
459 Rice Street
St. Paul, MN 55103

S. MN Reg. Legal Services, In
Migrant Legal Services
15 South 21st Street
Fargo, ND 58103

Minnesota AEYC
1821 University Ave. #373-S
St. Paul, MN 55104

Advocate for the Blind
1821 University Ave. 389S
St. Paul, MN 55104

Minnesota Dental Association
2236 Marshall Ave.
St. Paul, MN 55104

Mary Absolon
Minnesota Nurses Association
1821 University Ave.
St. Paul, MN 55104

Nekton, Inc.
633 North Snelling Ave.
St. Paul, MN 55104

Our House of Minnesota, Inc.
1846 Dayton Ave.
St. Paul, MM 55104
Attn: Lynne R. Megan

Robert L. Haven
Twin Town Treatment Center
1706 University Ave.
St. Paul, MN 55104

United Handicapped Federation
1821 University Ave. S-284
St. Paul, MN 55104

Marilynne Roberts
Public Interest Advocacy
Clinic, Hamline University
School of Law
St. Paul, MN 55104

Ethel Schaen
1821 University Ave.
St. Paul, MN 55104

Moore's Haven, Inc.
865 Front Street
St. Paul, MN 55103

Barbara W. Kaufman
MAVSSA
141S Griggs-Midway Building
1821 University Ave.
St. Paul, MN 55104

Vinson Clinic
163 North Lexington Parkway
St. Paul, MN 55104

Good Neighbor Home
1081 Fairmount Avenue
St. Paul, MN 55105

Greenbrier Home, Inc.
Board of Directors
941 Birmingham Street
St. Paul, MN 55106

The Phoenix Residence, Inc.
Board of Directors
135 Colorado Street East
St. Paul, MN 55107

Northeast Residence, Inc.
Board of Directors
4680 Bald Eagle Ave.
White Bear Lake, MN 55110

Gene L. Johannes
Executive Director
Minn. Chiropractic Association
2353 Rice Street, Suite 125
St. Paul, MN 55113

Peter Sajevic, Exec. Director
Nor-Haven, Inc.
1394 Jackson Street
St. Paul, MN 55117

Dungarvin, Inc.
865 Front Street
St. Paul, MN 55117

NorHaven Homes, Inc.
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1394 Jackson Street
St. Paul, MN 55117

Dakota's Children, Inc.
400 West Marie
West St. Paul, MN 55118

Orvilla, Inc.
Board of Directors
3430 Wescott Hills Drive
Eagen, MN 55123

The Residence, Inc.
Board of Directors
2499 North Rice Street
Suite 220, Oakwood Square
Roseville, MN 55133

Janice M. Devens, Director
Human Services Agency
Wright County Courthouse
Buffalo, MN 55313

Warner Care Homes
Board of Directors
P.O. Box 549
Cokato, MN 55321

Greater Elk United Way
Box 36
Elk River, MN 55330

Mt. Olivet Rolling Acres
7200 Rolling Acres Road
Excelsior, MN 55331

West Hennepin Community Menta
Health Center
14500 Minnetonka Blvd.
Minnetonka, MN 55345
Attn: Mary Saunders

Joseph F. Sulentich
P.O. Box 1249
Minnetonka, MN 55345-0249

Beverly S. Driscoll
Associate Director
555 Park St., Suite 300
St. Paul, MN 55103

Roger Moore
P.O. Box 1249
Minnetonka, MN 55345-0249

Virginia Watkins
5841 Whited Avenue
Minnetonka, MN 55345

Resa, Inc.
38 Seventh Ave. North
Hopkins, MN 55343

Mr. Jeffrey K. Andersen
Volunteers of America Care
Facility
7530 Market Place Drive
Eden Prairie, MN 55344

American Baptist Homes of
the Midwest
11985 W. 78th Street
Eden Prairie, MN 55344

Lillian Heiland
Way 12
645 East Wayzata Blvd.
Wayzata, MN 55391

Episcopal Group Homes
522 Shady Way Road
Wayzata, MN 55391

Hammer Residences, Inc.
Board of Directors
1909 East Wayzata Blvd.
Wayzata, MN 55391

William F. Brooks
900 Midland Bank Bldg.
Minneapolis, MN 55401

Moss & Barnett
1200 Pillsbury Center
200 South 6th Street
Minneapolis, MN 55402
Attn: Michael Ahern

Touche Ross & Co.
900 Pillsbury Center
Minneapolis, MN 55402
Attn: Mr. Ken Stocke

Planning & Development Dept.
Minneapolis YWCA
1130 Nicollet Mall
Minneapolis, MN 55403

~~Community Involvement~~
~~1926 Nicollet Ave. South~~
~~Minneapolis, MN 55403~~

Summit House
1004 Summit Avenue
Minneapolis, MN 55403

Terry Anderson, Vice President
Multi-Resource Centers, Inc.
1900 Chicago Avenue
Minneapolis, MN 55404

Minneapolis American Indian Center
Donald Tewaush, Coor. Advocate
1530 E. Franklin Avenue
Minneapolis, MN 55404

Louise Brown
Family & Childrens SErvice
414 South 8th Street
Minneapolis, MN 55404

Dr. James Raun
Lutheran Social Services
2414 Park Avenue
Minneapolis, MN 55404

Government Relations Dept.
United Way of Minneapolis Area
404 South 8th Street
Minneapolis, MN 55404

Dr. Nicholas Long
2409 Humboldt South
Minneapolis, MN 55405

Sandra Larson
NIP
2617 Hennepin Avenue
Minneapolis, MN 55408

Alternatives for Autistic People
5624 73rd Ave. North
Brooklyn Park, MN 55429

Kristin Larson
4911 Vallacher Ave.
St. Louis Park, MN 55416

Ms. Peggy Lucas
4427 E. Harriet Parkway
Minneapolis, MN 55409

Lynn R. Gruber, Director
Minn. Medical Assn, Suite 400
2221 University AVe. SE
Minneapolis, MN 55414

Donald A. Dee, Exec. Director
MN State Pharmaceutical Assn.
Health Associations Center
Suite 326, 2221 University SE
Minneapolis, MN 55414

Metro Community Health Consortium
2233 University Ave. #200
Minneapolis, MN 55114

Legal Aid Society of Mpls.
222 Grain Exchange Bldg.
323 4th Ave. South
Minneapolis, MN 55415

Legal Aid Society of Mpls.,
222 Grain Exchange Bldg.
323 4th Ave. S.
Mpls., MN 55415
Attn: Welfare Unit

Anne L. Henry, Atty at Law
Legal Advocacy for Developmentally Disabled Persons in
222 Grain Exchange Bldg
323 4th Ave. S.
Minneapolis, MN 55415

Outreach Group Homes, Inc.
3601 Park Center Blvd.
St. Louis Park, MN 55416

Northeast House, Inc.
Board of Directors
2821 South Inglewood Ave.
Mpls., MN 55416

Marcy Shapiro
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St. Louis Park, MN 55416

John M. Broeker
2850 Metro Drive, Suite 800
Minneapolis, MN 55420

Broeker, Hartfeldt, Hedges & Grant
2850 Metro Dr., Suite 800
Minneapolis, MN 55420

ANESKARN
c/o Flambeau
3157 Douglas Drive
Crystal, MN 55422

PATH - Professional Assn of Treatment Homes
5701 Kentucky Ave. North
Suite 165
Minneapolis, MN 55428

Homeward Bound, Inc.
4741 Zealand Ave. North
New Hope, MN 55428

Salmi Board and Lodging Home
Board of Directors
Route 1, Box 237-B
Aurora, Mn 55705

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Community Health Services Br
325 Lake Avenue S, Suite 604
Duluth, MN 55802

Residential Alternatives, Inc.
6300 Shingle Creek Parkway
195
Minneapolis, MN 55430

Range Center, Inc.
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1001 Eighth Ave. NW
Chisholm, MN 55719

Legal Aid Serv. of NE MN
Duluth Office
302 Ordean Bldg.
Duluth, MN 55802

John Pidgeon
City Manager
2215 West Old Shakopee Road
Bloomington, MN 55431

Pine Ridge Homes, Inc.
915 - 18th Street
Cloquet, Mn 55720

St. Louis Co., Soc. Serv. Dep
Government Services Center
Administrative Offices
320 West 2nd Street
Duluth, MN 55802

Thomas Miller
Rem, Inc.
6921 York Ave. S.
Edina, MN 55435

United Way of Grand Rapids
220 NW 1st Street
First NW National Bank Bldg.
Room 210
Grand Rapids, MN 55744

Residential Serv. of NE MN
2048 East 8th Street
Duluth, MN 55812

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Mental Health Assn of MN
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Virginia, MN 55792

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Rochester, MN 55901

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3409 East Medicine Lake Blvd.
Plymouth, MN 55441
Attn: Ann Washburn

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603 Alworth Bldg.
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1820 Valkyrie Dr. NW
Rochester, MN 55901

POST Board
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St. Paul, MN 55101

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Chisholm, MN 55719

Olmsted ARC
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903 West Center St. #140
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Mr. Michael Weber, Director
Community Serv. Dept.
A-1005 Government Center
300 South 6th Street
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404 South 8th Street
Minneapolis, MN 55404

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Box 1047
Austin, MN 55912

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Admin. Assist. Hennepin Co.
Bureau of Social Services
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Minneapolis, MN 55487

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Kasson, MN 55944

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Box 102A - RR 1
Wanamingo, MN 55983

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252 W. Wabasha St.
Winona, MN 55987

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Pam Schmidt
Region 9 Dev. Commission
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P.O. Box 3367
Mankato, MN 56001

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Albert Lea, MN 56007

Assisi Residence of Faribault
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218 South Linton
Blue Earth, MN 56013

Frundt, Frundt, & Johnson
117 West 5th Street
Blue Earth, MN 56013

MBW Company
801 Center Street
New Ulm, MN 56073

Hope Residence, Inc.
Box 63
Waterville, Mn 56096

Home for Creative Living
Board of Directors
108 Ninth Street
Windom, Mn 56101

Windom CRF, Inc.
945 Prospect Ave.
Windom, MN 56101

New Dawn, Inc.
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Route 1, Box K1
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Pipestone, MN 56164

Friendship Haven, Inc.
P.O. Box 576
Sherburn, MN 56171

Crippled Children's School Inc
Box 23
Worthington, MN 56187

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Western MN Legal Services
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Presbyterian Family Found-
ation, Inc.
901 Memorial Parkway
Willmar, MN 56201

Alpha Homes, Inc.
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P.O. Box 475
Spicer, MN 56288

Catholic Charities
Diocese of St. Cloud
Board of Directors
1730 7th Ave. South
St. Cloud, MN 56301

Arnie Lee Memorial Home
Box 121
Kensington, MN 56343

Christian Science Committee
On Publication
Attn: James Van Horn
14180 Highway 5, Suite 110E
Eden Prairie, MN 55344

Managing Attorney
St. Cloud Area Legal Service
125½ East Broadway
Little Falls, MN 56345

Lakeview Home
Lincoln and West 2nd Streets
Sauk Centre, MN 56378

Heartland Homes for Retarded
Citizens, Inc.
P.O. Box 214
Park Rapids, MN 56470

Pine River Group Home
Box 96
Pine River, MN 56474

Gloria Rixen
Box 171
Elbow Lake, MN 56531

Valley Group Home
Board of Directors
1332 2nd Ave North
Moorhead, MN 56560

Northwestern Mental Health
Center
P.O. Box 603
Crookston, MN 56716

Mary Martin
1102 Grand Avenue
St. Paul, MN 55105

~~Ellen Liberatori~~ mould
~~293 E. Curtis~~
~~St. Paul, MN 55107~~

Lee Slagter
2210 E. 7th Ave.
North St. Paul, MN 55109

Family and Children Services
Attn: Louise Brown
414 South 8th Street
Minneapolis, MN 55404

Sue Baldwin
Resources for Child Caring
906 N. Dale St.
St. Paul, MN 55103

Alpha DAC
919 James Ave.
Albert Lea, MN 56007

Joseph E. Flynn
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St. Paul, MN 55101

Houston County DAC
730 N. Pine
Caledonia, MN 55921

Susan J. Schoell
Knutson, Flynn & Hetland
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St. Paul, MN 55101

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Dundas, MN 55019

Phillip Bradshaw
Box 2348
Mpls., MN 55402

Sam Ruhle--Office of Admin.
Hearings
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310 4th Ave. South
Minneapolis, MN 55415

Beth Iseminger
Houston County DAC
730 N. Pine
Caledonia, MN 55921

Sur La-Rue, Inc.
1386 Jackson Street
St. Paul, MN 55117

MN Assoc. of Health Care
Facilities
2850 Metro Drive-Suite 429
Minneapolis, MN 55420
Attn: Sue Condon

4410.7934 APPLICATION AND MONITORING FEES.

Subpart 1. **Application fees.** Every applicant for a drilling permit shall pay to the board a base fee of $20,000 to be paid as follows:

A. 50 percent accompanying the application; and

B. 50 percent to be paid five days before the hearing held pursuant to part 4410.7910.

Subp. 2. **Additional costs.** If the actual cost of processing an application, or amendments, holding hearings, whether required or initiated by the board, or costs incurred through permit revocation, exceeds the above fee, the board shall assess the permittee any additional fees necessary to cover the actual costs. All money received pursuant to this subpart shall be deposited in the general fund.

The board shall assess to the permittee all costs incurred in monitoring the investigative activities. The permittee shall be assessed staff and consultant expenses including housing, travel, office space within the potentially impacted area, equipment, administrative, logistical, and all other costs relating to the monitoring of the investigative activities.

Subp. 3. **Method of assessment.** The costs assessed under subpart 2 shall be assessed quarterly, at least 30 days before the start of each calendar quarter, by the board against the permittee. The money paid pursuant to the assessment shall be paid to the board within 30 days after receipt of the assessment, which assessment shall constitute notice of the assessment and demand for payment thereof. The total amount which may be assessed to the permittee under authority of this part shall not exceed the sum of the costs incurred through the monitoring, processing, and related activities. Money received by the board pursuant to any assessment shall be paid to the general fund.

Department of Human Services

Proposed Rules Relating to Referral of General Assistance Applicants and Recipients to Other Maintenance Benefit Programs

Notice of Hearing and Notice of Intent to Cancel Hearing if Fewer Than Twenty-Five Persons Request a Hearing in Response to Notice of Intent to Adopt Rules without a Hearing

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held in the Veterans Service Building, 20 West 12th St., St. Paul, Minnesota 55155 in Room D, 5th floor on January 24, 1986 commencing at 9:00 a.m. and continuing until all interested or affected persons have an opportunity to participate. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

PLEASE NOTE, HOWEVER, THAT THE HEARING WILL BE CANCELLED IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO THE NOTICE OF INTENT TO ADOPT THESE SAME RULES WITHOUT A PUBLIC HEARING PUBLISHED IN THIS *STATE REGISTER* AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between January 16, 1986 and January 23, 1986 at (612) 297-1489.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of the hearing which is to be included in the hearing record may be mailed to Peter Erickson, Administrative Law Judge, Office of Administrative Hearings, 400 Summit Bank Building, 310 South Fourth Avenue, Minneapolis, Minnesota 55415; telephone 612/341-7606, either before the hearing or within five working days after the public hearing ends.

The Administrative Law Judge, may at the hearing, order the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during the three-day period. The written responses shall be added to the rulemaking record.

Upon the close of the record, the Administrative Law Judge will write a report as provided for in Minnesota Statutes, section

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

14.50. The rule hearing is governed by Minnesota Statutes, section 14.01 to 14.56 and by Minnesota Rules, parts 1400.0200 to 1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

These rules, parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256 require local agencies to refer GA applicants and recipients to other maintenance benefit programs when it appears the applicant or recipient is eligible for the other program. The rules also specify the special services which the local agency must offer to recipients who are referred to SSI. These rules include definitions; scope and applicability statements; rules governing the referral of general assistance applicants and recipients to other maintenance benefit programs; provisions for special services to SSI applicants; interim assistance agreements and procedures for recovery of interim assistance; and procedures for reimbursement to qualified providers of special services. A revisor's re-numbering instruction is also included.

The agency's authority to adopt the proposed rules is contained in Minnesota Statutes, sections 256D.06, subdivision 5 and 256D.04, subdivision 2. The Department estimates that no additional spending will be required by local public bodies as a result of adoption of these rules. A fiscal note is not required for these rules according to Minnesota Statutes, section 3.983, subdivision 3(e).

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to Mike Sirovy, Assistance Payments Division, Department of Human Services, 444 Lafayette Road, 2nd floor, St. Paul, MN 55101, telephone 612/297-2011.

Additional copies will be available at the hearing. If you have any questions on the content of the rule, contact Mike Sirovy.

NOTICE: Any person may request notification of the date on which the Administration Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is now available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

Minnesota Statutes, chapter 10a, requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minnesota Statutes, section 10A.01, subdivision 11, as any individual:

(a) engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than $250, not including travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communication or urging others to communicate with public officials; or

(b) who spends more than $250, not including traveling expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials. The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 41 State Office Building, St. Paul, Minnesota, 55155, telephone 612/296-5615.

November 27, 1985

Leonard W. Levine, Commissioner
Department of Human Services

Notice of Intent To Adopt Rules without a Public Hearing and Notice of Intent to Adopt Rules with a Public Hearing If Twenty-Five or More Persons Request a Hearing

Notice is hereby given that the State Department of Human Services proposes to adopt the above-mentioned rule without a public hearing following the procedures set forth in Minnesota Statutes, sections 14.22 to 14.28. The specific statutory authority to adopt the rule is Minnesota Statutes, sections 256D.06, subdivision 5 and 256D.04, subdivision 2.

Persons interested in this rule shall have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule and comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule

addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, sections 14.131 to 14.20. PLEASE NOTE THAT IF TWENTY-FIVE OR MORE PERSONS SUBMIT WRITTEN REQUESTS FOR A PUBLIC HEARING WITHIN THE 30-DAY COMMENT PERIOD, A HEARING WILL BE HELD ON JANUARY 24, 1986 IN ACCORDANCE WITH THE NOTICE OF PUBLIC HEARING ON THESE SAME RULES PUBLISHED IN THIS *STATE REGISTER* AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between January 16, 1986 and January 23, 1986 at (612) 297-1489.

Persons who wish to submit comments or a written request for a public hearing must submit such comments or requests to:

Rae Bly
Rulemaking Division
Department of Human Services
444 Lafayette Road, 6th Floor
St. Paul, MN 55101
Telephone (612) 297-1489

Comments or requests for a public hearing must be received by the Department by 4:30 p.m. on January 15, 1986.

The proposed rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed rule as noticed.

These rules, parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256 require local agencies to refer GA applicants and recipients to other maintenance benefit programs when it appears the applicant or recipient is eligible for the other program. The rules also specify the special services which the local agency must offer to recipients who are referred to SSI. These rules include definitions; scope and applicability statements; rules governing the referral of general assistance applicants and recipients to other maintenance benefit programs; provisions for special services to SSI applicants; interim assistance agreements and procedures for recovery of interim assistance; and procedures for reimbursement to qualified providers of special services. A Revisor's re-numbering instruction is also included.

The proposed rules will replace Minnesota Rules, part 9555.3417 [Emergency]. The emergency rules were the framework for the proposed permanent rules. The department believes these rules are noncontroversial because the emergency rules generated very little controversy and have been operating effectively for the past year. Referring general assistance applicants and recipients to other maintenance benefit programs has conserved both state and federal funds, and has enabled the county and the qualified provider to receive reimbursement for the provision of special services.

A copy of this rule is available upon request for your review from:

Mike Sirovy
Assistance Payments Division
Department of Human Services
444 Lafayette Road, 2nd Floor
St. Paul, MN 55101
Telephone (612) 297-2011

A Statement of Need and Reasonableness that described the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available from Mike Sirovy upon request.

The Department estimates that no additional spending will be requried by local public bodies as a result of adoption of these rules. A fiscal note is not required for these rules according to Minnesota Statutes, section 3.983, subdivision 3(e).

If no hearing is required upon adoption of the rule, the rule and the required supporting documents will be delivered to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to Rae Bly.

November 27, 1985

Leonard W. Levine, Commissioner
Department of Human Services

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Rules as Proposed

~~9555.3400~~ 9500.1206 DEFINITIONS.

Subpart 1. **Scope.** As used in parts ~~9500.0530~~ 9500.1200 to ~~9500.0532~~ ~~and~~ ~~9555.3400~~ ~~to~~ ~~9555.3410~~ 9500.1256, the following terms have the meanings given them.

Subp. 2. **Adult child.** "Adult child" means a person aged 18 years or older.

Subp. 3. **Advanced age.** "Advanced age" means the condition that applies to a recipient who:

A. is age 55 or older and whose work history shows a marked deterioration compared to ~~that~~ his or her work history prior to age 55 as indicated by decreasing occupational status, reduced hours of employment, or decreased periods of employment; or

B. if less than age 55, is evaluated by a vocational specialist as having significantly limited ability to obtain or retain suitable employment because of advancing age.

Subp. 4. **AFDC.** "AFDC" means the program authorized by title IV-A of the Social Security Act to provide financial assistance to needy families with dependent children.

Subp. 5. **Applicant.** "Applicant" means a person who has ~~a pending~~ an application pending with the local agency for general assistance ~~with a local agency~~ or work readiness.

Subp. ~~5~~ 6. **Assistance standard.** "Assistance standard" means the amount established by the commissioner under Minnesota Statutes, section 256D.01, to provide for an assistance unit's shelter, fuel, food, clothing, utilities, necessary household supplies, and personal need items.

Subp. ~~6~~ 7. **Assistance unit.** "Assistance unit" means a single person, a single person and his or her minor children, a married couple, or a married couple and the minor children of either of those persons. To be included together in an assistance unit, the persons must ~~share a living arrangement and receive general assistance~~ reside together and the assistance unit must meet the conditions of part 9500.1208.

Subp. ~~7~~ 8. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or a ~~designee~~ designated representative.

Subp. 9. **Costs or disbursements.** "Costs" or "disbursements" means a qualified provider's actual out-of-pocket expenses incurred for the provision of special services to an applicant or recipient.

Subp. ~~8~~ 10. **Countable income.** "Countable income" means net earned and unearned income that is not exempt or disregarded under the general assistance program and ~~which~~ that is actually available to the recipient during the month covered by the grant.

Subp. ~~9~~ 11. **Department.** "Department" means the Department of Human Services.

Subp. ~~10~~ 12. **Director of the local agency.** "Director of the local agency" means the director of the local agency or the director's ~~designee~~ designated representative.

Subp. 13. **Fees.** "Fees" means a qualified provider's charge for the hours of direct provision of special services to an applicant or recipient.

Subp. ~~11~~ 14. **Full-time student.** "Full-time student" means a student attending a postsecondary institution who:

A. attends training for a minimum of 25 hours per week if the training does not involve shop practice and for a minimum of 30 hours per week if the training ~~involves~~ does involve shop practice for a vocational or technical student; or

B. registers for and attends a minimum of 12 credit hours per semester or quarter.

Subp. ~~12~~ 15. **Good cause.** "Good cause" means a reason for taking an action or failing to take an action that is reasonable and justified when viewed in the context of surrounding circumstances ~~beyond the applicant's or recipient's control,~~ including~~, but not limited to~~: illness of the person, illness of another family member ~~which~~ that requires the applicant's or recipient's presence, a family emergency, or the inability to obtain transportation.

~~Subp. 13. **Grant.** "Grant" means the amount paid to a general assistance recipient as determined in part 9555.3402.~~

Subp. 16. **Initial supplemental security income payment or initial SSI payment.** "Initial supplemental security income payment" or "initial SSI payment" means the first payment of retroactive SSI benefits to the recipient covering the period when general assistance benefits were also paid.

Subp. 17. **Interim assistance.** "Interim assistance" means the total amount of general assistance provided to the recipient's assistance unit, based upon the state assistance standards and the negotiated rate provisions of part 9500.1249, to cover the period for which the initial payment of other maintenance benefits is made. The interim assistance period begins with the month of application for general assistance, the first month of eligibility for the other maintenance benefits, or the date the interim assistance authorization

agreement is signed, whichever is latest. The interim assistance period ends with the last month covered by the initial payment of the other maintenance benefits. The term does not include per diem payments made to shelters for battered women pursuant to Minnesota Statutes, section 256D.05, subdivision 3.

Subp. 18. **Interim assistance authorization agreement.** "Interim assistance authorization agreement" means the agreement in which the general assistance applicant or recipient agrees to reimburse the local agency for the amount of general assistance provided to his or her assistance unit during the period when eligibility for another maintenance benefit program is being determined. The agreement must require reimbursement to the local agency only when the general assistance applicant or recipient is found eligible for another maintenance benefit program and the initial payment of those other maintenance benefits has been made.

Subp. ~~14~~ 19. **Local agency.** "Local agency" means a county~~,~~ or a multicounty agency~~,~~ that is authorized under Minnesota Statutes as the agency responsible for the administration of the general assistance program.

Subp. ~~15~~ 20. **Medical certification.** "Medical certification" means a statement about a person's illness, injury, or incapacity that is signed by a licensed physician ~~or~~, licensed consulting psychologist ~~about a person's illness, injury, or incapacity~~, or licensed psychologist whose professional training and experience qualifies him or her to diagnose or certify the person's condition.

~~Subp. 16. **MEED program.** "MEED program" means the Minnesota Emergency Employment Development Act, under Minnesota Statutes, sections 268.60 to 268.77.~~

Subp. ~~17~~ 21. **Mentally ill.** "Mentally ill" means the condition of a person who has a ~~medically certified~~ psychological disorder resulting in behavior that severely limits the person ~~from~~ in obtaining, performing, or maintaining suitable employment.

Subp. ~~18~~ 22. **Mentally retarded.** "Mentally retarded" means the condition of a person who ~~is medically certified as having~~ has demonstrated deficits in adaptive behavior and intellectual functioning which is two or more standard deviations below the mean of a professionally recognized standardized test that severely limits the person in obtaining, performing, or maintaining suitable employment.

Subp. ~~19~~ 23. **Minor child.** "Minor child" means a person under the age of 18.

Subp. ~~20~~ 24. **Negotiated rate.** Except for shelter facilities provided for under Minnesota Statutes, section 256D.05, subdivision 3, "negotiated rate" means a general assistance payment ~~which~~ that includes room and board and ~~which~~ is either set by the state or local agency or is negotiated by one of those agencies with a party not included in the assistance unit. The set or negotiated rate ~~is deemed to provide~~ provides for an assistance unit's shelter, fuel, food, utilities, household supply need items, and other costs necessary to provide room and board. The rate shall pay only for those items. It shall not include the clothing and personal needs allowance under Minnesota Statutes, section 256D.06, subdivision 3, payments for foster care, child welfare services, medical care, dental care, hospitalization, nursing care, drugs or medical supplies, program costs, or other social services.

~~Subp. 21. **Program.** "Program" means the general assistance program established under the General Assistance Act, Minnesota Statutes, sections 256D.01 to 256D.21.~~

Subp. 25. **Other maintenance benefits.** "Other maintenance benefits" means any of the following:

A. workers' compensation benefits as provided by Minnesota Statutes, chapter 176 and rules adopted thereunder;

B. unemployment compensation benefits as provided by Minnesota Statutes, sections 268.07 to 268.10 and rules adopted thereunder;

C. railroad retirement benefits as provided by United States Code, title 45, sections 231 to 231s;

D. veteran's disability benefits as provided by United States Code, title 38, sections 301 to 363;

E. supplemental security income benefits as provided by United States Code, title 42, sections 1381 to 1383c;

F. social security disability insurance benefits as provided by United States Code, title 42, section 423; or

G. other programs identified by the local agency that provide periodic payments that can be used to meet basic needs and may reduce or eliminate the need for general assistance.

Subp. 26. **Potentially eligible.** "Potentially eligible" means that the local agency has determined that the applicant or recipient appears to meet the eligibility requirements of another maintenance benefit program.

Subp. 27. **Qualified provider.** A "qualified provider" means the local agency, or:

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(1) a nonprofit legal assistance organization;

(2) an agency that employs licensed practitioners or accredited counseling staff or staff with a master's degree from an accredited program in social work, psychology, counseling, occupational therapy, or physical therapy;

(3) a private attorney at law; or

(4) another organization or person determined by the local agency to have sufficient training or experience to be effective in assisting persons to apply for and establish eligibility for SSI benefits.

Subp. ~~22~~ 28. **Recipient.** "Recipient" means a person who is currently receiving assistance under the general assistance program.

Subp. ~~23~~ 29. **Responsible relative.** "Responsible relative" means the spouse of an applicant or recipient, the parent of a minor child who is an applicant or recipient, or the parent of an adult child who resides with the parent and is an applicant or recipient.

Subp. 30. **SSI.** "SSI" means the supplemental security income program administered by the Social Security Administration under United States Code, title 42, sections 1381 to 1383c.

Subp. 31. **State participation.** "State participation" means state aid to local agencies for general assistance expenditures as specified in Minnesota Statutes, section 256D.03, subdivision 2.

Subp. ~~24~~ 32. **Suitable employment.** "Suitable employment" means a job that:

A. meets existing health and safety standards set by federal, state, or local regulations; ~~and~~

B. is within the physical and mental ability of a person ~~as determined by a vocational specialist~~; ~~and~~

C. pays at least the minimum wage prescribed by state or federal law and provides more than 60 hours of work per month; ~~or~~ and

D. ~~is provided through the MEED program~~ does not include temporary day labor.

Subp. ~~25~~ 33. **Vocational specialist.** "Vocational specialist" means a counselor of the Department of ~~Economic Security~~ Jobs and Training or Division of Vocational Rehabilitation, or another similarly qualified person who advises persons about occupational goals and employment.

~~Subp. 26. **Vocational or technical training program.** "Vocational or technical training program" means a training program of two years or less which requires that the person be a full-time student and which is undertaken at a postsecondary area vocational-technical institute or a private business, trade, vocational, or technical school accredited, licensed, or approved under state laws and rules.~~

~~Subp. 27. **Vocational rehabilitation training program.** "Vocational rehabilitation training program" means a program undertaken under an individualized written rehabilitation plan developed by the division of vocational rehabilitation or a vocational specialist.~~

~~Subp. 28. **Work experience and work training program.** "Work experience" and "work training program" means an employment-related experience or training program or a short-term employment or training readiness program provided or supervised by a publicly funded agency.~~

Rules as Proposed (all new material)

9500.1200 PURPOSE AND APPLICABILITY.

Subpart 1. **Purpose.** Parts 9500.1200 to 9500.1256 establish the rights and responsibilities of the Department of Human Services, local agencies, and recipients of general assistance as they pertain to the administration of the general assistance program.

Subp. 2. **Applicability.** Parts 9500.1254 to 9500.1256 govern application for maintenance benefits from other sources, execution of an interim assistance authorization agreement, provision of special services to assist the applicant or recipient in applying for other maintenance benefits, reimbursement for interim assistance, and reimbursement for provision of special services. When parts 9500.1254 to 9500.1256 conflict with parts 9500.1236 to 9500.1248, then parts 9500.1254 to 9500.1256 shall prevail.

9500.1254 REFERRAL TO OTHER MAINTENANCE BENEFIT PROGRAMS.

Subpart 1. **Screening requirement.** The local agency must determine the potential eligibility of each general assistance applicant or recipient for other maintenance benefits as follows:

A. The local agency must determine an applicant's potential eligibility for other maintenance benefits when application for general assistance is made.

B. The local agency must determine a recipient's potential eligibility for other maintenance benefits at the recipient's semiannual redetermination of eligibility for general assistance. The local agency must also determine a recipient's potential

eligibility for other maintenance benefits whenever it determines that changes in the recipient's circumstances, including eligibility for medical assistance, indicate potential eligibility for other maintenance benefits.

C. If the local agency determines that the applicant or recipient is potentially eligible for other maintenance benefits, the local agency must document its determination on forms prescribed by the commissioner and must retain the forms in the local agency case record for the applicant or recipient.

Subp. 2. **Informing requirement.** When the local agency determines that the applicant or recipient is potentially eligible for other maintenance benefits, the local agency shall inform the applicant or recipient in writing of the following:

A. that the applicant or recipient must apply for the other maintenance benefit program, in accordance with subpart 4, item A;

B. that the applicant or recipient must execute an interim assistance authorization agreement, in accordance with subpart 4, item D;

C. that the applicant or recipient must comply with all procedures necessary to determine his or her eligibility or ineligibility for the other maintenance benefits in accordance with subpart 4, item C;

D. that the applicant or recipient must authorize the local agency and the qualified provider, when one is chosen, to exchange relevant data concerning the applicant's or recipient's eligibility with the other maintenance benefit program office, in accordance with subpart 4, item B;

E. the estimated amount of benefits the applicant or recipient may be eligible to receive under the other maintenance benefit program, if known;

F. the address at which the applicant or recipient shall apply for the other maintenance benefit program;

G. general instructions regarding how to apply for the other maintenance benefit program;

H. that the applicant or recipient may elect to receive special services to assist him or her in applying for SSI benefits, in accordance with part 9500.1256, subpart 1, and that the applicant or recipient has a right to choose to receive special services from the local agency or from another qualified provider;

I. notice of the actions which the local agency must take, in accordance with subpart 5, if the applicant or recipient fails to comply with the requirements under subpart 4, items A to D; and

J. notice of the applicant's or recipient's right to appeal a determination of ineligibility for general assistance due to noncompliance with subpart 4, items A to D.

Subp. 3. **Referral requirement.** When the local agency determines that the applicant or recipient is potentially eligible for another maintenance benefit program, the local agency shall refer the applicant or recipient to the other maintenance benefit program as follows:

A. The referral must be made on a form prescribed by the commissioner. A copy of the referral form must be mailed to the other maintenance benefit program office.

B. If the applicant or recipient is determined to be potentially eligible for maintenance benefits from SSI, the local agency shall:

(1) offer to provide special services to the applicant or recipient in accordance with part 9500.1256, subpart 1, to assist him or her in applying for and obtaining SSI;

(2) furnish the applicant or recipient with a list of qualified providers with whom the local agency has contracted to provide special services to applicants or recipients;

(3) refer the applicant or recipient to the Social Security Administration's local office to apply for SSI benefits;

(4) promptly notify the Social Security Administration's local office of the date of referral so that the earliest potential date of eligibility for SSI can be established; and

(5) if the applicant or recipient elects to receive the special services specified in part 9500.1256, subpart 1 from a qualified provider other than the local agency, the local agency shall refer the applicant or recipient to the chosen provider. If the

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local agency has not contracted with the chosen provider, the local agency must enter into a contract with that qualified provider to provide special services to applicants or recipients who apply for SSI benefits.

C. If the local agency determines that an applicant or recipient is potentially eligible for another maintenance benefit program, and the applicant or recipient has previously applied for and been found ineligible for that other maintenance benefit program, he or she shall not be required to appeal from that decision or to reapply for that other maintenance benefit program unless one of the following conditions is met:

(1) the local agency determines that the applicant's or recipient's health or circumstances have changed and the change may result in eligibility for that other maintenance benefit program; or

(2) the eligibility requirements or procedures of the other maintenance benefit program have changed and the change may result in the applicant or recipient being found eligible for that other maintenance benefit program.

Subp. 4. **Requirements upon referral for other maintenance benefits.** When the local agency refers an applicant or recipient to another maintenance benefit program as provided under subpart 3, the applicant or recipient shall do the following:

A. The applicant or recipient shall apply for those benefits within 30 days of the date of referral. If the recipient has not provided the local agency with verification of his or her application for those benefits within 30 days of the date of referral, the local agency must contact the other maintenance benefit program local office to determine if the recipient has applied for benefits. If the local office of the other maintenance benefit program verifies that the recipient has applied for those benefits, the recipient shall be deemed to have met the requirement of applying for other maintenance benefits. If the local office of the other maintenance benefit program verifies that the recipient has not applied for those benefits, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

B. The applicant or recipient shall, within 30 days of the date of referral, provide his or her informed written consent and authorization for the local agency or a qualified provider, if one is chosen, to exchange data concerning the applicant or recipient with the other maintenance benefit program local office. The data exchanged must be relevant to a determination of the applicant's or recipient's eligibility or ineligibility for benefits from the other program.

For purposes of exchanging private or confidential data about a person for whom a qualified provider has contracted to provide special services, a qualified provider other than the local agency shall not be considered part of the welfare system under Minnesota Statutes, section 13.46, subdivision 1.

If the local agency determines that the recipient has not given informed written consent and authorization for the local agency or a qualified provider to exchange data concerning his or her eligibility or ineligibility for the other maintenance benefit program within the prescribed 30 days, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

C. A recipient shall comply with all procedures necessary to determine his or her eligibility or ineligibility for the other maintenance benefit program.

If the local agency determines that the recipient has not complied with the procedures necessary to determine his or her eligibility or ineligibility for other maintenance benefits, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

D. An applicant or recipient shall execute an interim assistance authorization agreement with the local agency within 30 days of the date of referral.

If the recipient fails to execute an interim assistance authorization agreement within the 30 days prescribed, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

Subp. 5. **Ineligibility.** This subpart governs termination of general assistance eligibility for a recipient who fails, without good cause, to comply with the requirements of subpart 4.

A. Upon determining that a recipient has failed, without good cause, to comply with the requirements of subpart 4, items A to D, the local agency shall mail or give the recipient notification of termination from general assistance. The local agency shall hand deliver or mail the written notice to the recipient at least 30 days before reducing, suspending, or terminating the recipient's monthly general assistance payment. The notice must be on a form prescribed by the commissioner and must:

(1) list the requirements with which the local agency believes the recipient has not complied and inform the recipient that he or she must comply with the requirements to avoid or end a period of ineligibility;

(2) inform the recipient that he or she will be terminated from general assistance if the recipient fails to comply with the listed requirements, specify the date that the recipient's general assistance will be terminated if he or she does not comply, and explain the recipient's right to appeal the action in accordance with subpart 6;

(3) offer assistance to resolve the circumstances or concerns which prevent the recipient from complying with the requirements of subpart 4; and

(4) inform the recipient of the continued availability of special services provided under part 9500.1256, subpart 1.

B. If the recipient complies with the requirements specified in the notice in item A prior to the termination date stated in the notice, a period of ineligibility must not be imposed.

C. A recipient who fails to comply with the requirements specified in the notice in item A prior to the termination date stated in the notice is ineligible for general assistance. The period of ineligibility begins on the date specified in the notice and continues until the person fulfills the requirements of subpart 4. The period of ineligibility always begins on the first day of a calendar month. If the ineligible person subsequently applies for general assistance, the application must be denied unless the requirements of subpart 4 have been met.

D. If the person is determined to be ineligible under item C, the assistance standard applicable to the person's assistance unit must be based on the number of remaining eligible members of the assistance unit.

Subp. 6. **Appeals.** A recipient to whom the local agency has given or mailed a notice of termination in accordance with subpart 5 may appeal the determination by submitting a written request for a hearing in accordance with Minnesota Statutes, section 256.045. If the recipient files a written request for an appeal on or before the first day of the period of ineligibility under subpart 5, item C, the recipient shall continue to receive general assistance while the appeal is pending, provided that the recipient is otherwise eligible for general assistance.

Subp. 7. **Reimbursement for interim assistance.** A local agency must seek reimbursement for the interim assistance provided to a person who has executed an interim assistance authorization agreement under subpart 4, item D, when the person receives a retroactive payment from the other maintenance benefit program. Reimbursement for interim assistance and special services provided to an SSI applicant or recipient is governed by part 9500.1256, subpart 2.

The local agency must request reimbursement for interim assistance from the person receiving other retroactive maintenance benefits, except for SSI, and may institute a civil action, if appropriate, to recover the interim assistance based on the interim assistance authorization agreement. From the interim assistance recovered, the local agency may retain 25 percent as reimbursement for the county's share of the interim assistance provided, and must credit the balance to the state as an advance payment to the local agency for the state's share of the next month's general assistance grants.

9500.1256 SPECIAL SERVICES FOR SSI APPLICANTS.

Subpart 1. **Special services.** A recipient who is referred to SSI in accordance with part 9500.1254, subpart 3, item B, may elect to receive special services to assist him or her in obtaining SSI benefits. Special services for which reimbursement for fees, costs, or disbursements may be claimed under subpart 2 or 3 are limited to the following:

A. explaining to or counseling the applicant or recipient about the application procedures and benefits available through the SSI program;

B. assisting the applicant or recipient in completing the application for SSI and arranging appointments related to application for SSI;

C. assisting the applicant or recipient in assessing his or her disability in relation to SSI eligibility, and identifying probable issues that may arise during the SSI eligibility determination process;

D. providing the applicant or recipient with medical or vocational evidence, social history, or expert testimony currently available to substantiate the presence and severity of the applicant's or recipient's blindness or disability;

E. assisting the applicant or recipient in obtaining and using medical or vocational evidence, social history, or expert testimony and in cooperating with the Social Security Administration and its agents, procedures, and requirements;

F. assisting the applicant or recipient with necessary transportation;

G. preparing for and representing the applicant or recipient at interviews, hearings, or appeals related to application for SSI or appeal of the Social Security Administration's determination of ineligibility for SSI;

H. the local agency's preparation of a contractual agreement with a qualified provider chosen by the applicant or recipient; and

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I. providing other services to assist the applicant or recipient to establish eligibility for SSI benefits.

Subp. 2. **Reimbursement for interim assistance and special services.** A local agency must be reimbursed for providing interim assistance and special services to an SSI applicant or recipient in the following manner:

A. Upon receiving the initial SSI payment for a person who has executed an interim assistance authorization agreement as specified in part 9500.1254, subpart 4, item D, the local agency may recover the amount of interim assistance provided. After recovering the interim assistance from the initial SSI payment, the local agency shall pay the remainder to the person or to a representative payee identified by the Social Security Administration within ten days of receiving the initial SSI payment. From the amount of interim assistance recovered, the local agency:

(1) shall retain 25 percent as reimbursement for the county's share of the interim assistance provided;

(2) may retain, subject to the provisions of subpart 3, item E, an additional 25 percent as an advocacy incentive for providing the special services specified in subpart 1, items A to D;

(3) may retain from the remaining 50 percent, subject to the provisions of subpart 3, item E, reimbursement for actual reasonable fees, costs, and disbursements related to appeals and litigation and provision of special services under subpart 1.

B. The local agency may not seek reimbursement from the applicant or recipient for the fees, costs, or disbursements of providing special services except as provided in item A.

C. The balance of the amount of interim assistance that is not retained by the local agency pursuant to item A or paid to another qualified provider under subpart 3 must be credited to the state as an advance payment to the local agency for the state's share of the next month's general assistance grants.

D. The local agency must document the fees, costs, and disbursements which it incurs in providing the special services to claim reimbursement. The local agency shall be reimbursed under item A, subitem (3), only for the direct costs of providing special services.

Subp. 3. **Reimbursement to qualified providers under contract with the local agency to provide special services.** Qualified providers under contract with the local agency to provide special services to general assistance applicants or recipients shall be reimbursed from the amount of interim assistance recovered by the local agency under subpart 2 in the following manner:

A. To receive reimbursement for the fees, costs, and disbursements related to appeals and litigation and the provision of special services as provided in subpart 1, the qualified provider shall enter into a contract with the local agency and provide one or more of the special services specified in subpart 1.

The contract must be on a form prescribed by the commissioner except that the local agency may add to or modify the form without changing the substance of the contract in order to meet standard contracting procedures established by the county board.

B. The local agency must reimburse a qualified provider under contract with the local agency for the provider's reasonable actual fees, costs, and disbursements, including medical reports and expert testimony related to appeals, litigation, and providing special services to an applicant or recipient in accordance with the following:

(1) a qualified provider shall not be reimbursed by the local agency for any fees, costs, or disbursements unless the applicant or recipient has requested the services, the local agency has referred the applicant or recipient to the qualified provider, and the local agency has received the initial SSI payment for the recipient served;

(2) the qualified provider shall be reimbursed by the local agency for fees related to the provision of special services at the rate determined by the qualified provider, but not to exceed $75 per hour of service; and

(3) when a qualified provider requests reimbursement from the local agency for fees, costs, or disbursements related to services provided, the qualified provider shall document the total number of hours of services provided to the recipient and provide a record of its costs and disbursements.

C. A qualified provider under contract to provide special services must comply with the following:

(1) a qualified provider shall not require prepayment of any fees, costs, or disbursements from the applicant or recipient; and

(2) a qualified provider shall not seek reimbursement from the applicant or recipient for fees related to the provision of special services. If a qualified provider intends to seek reimbursement for costs and disbursements from an applicant or recipient in the event the applicant or recipient is determined to be ineligible for SSI and the qualified provider therefore will not be fully reimbursed by the local agency, the qualified provider must so inform the applicant or recipient prior to providing the special services. In addition, the qualified provider must inform the applicant or recipient that he or she may receive the special services from the local agency without cost and must obtain the applicant's or recipient's consent to provide the special services.

D. The total reimbursement for special services made by the local agency to all qualified providers must not exceed the

amount of interim assistance retained by the local agency as specified in subpart 2, item A, subitems (2) and (3), unless the excess is expressly authorized by the local agency and paid for exclusively with local agency funds.

E. If more than one qualified provider provides special services to an applicant or recipient, and the amount of interim assistance retained by the local agency will not fully reimburse all qualified providers, the reimbursement to each qualified provider for fees, costs, and disbursements shall be calculated by multiplying the total amount of funds available to the local agency as specified in subpart 2, item A, subitems (2) and (3), including any excess funds authorized by the local agency under item D, by the qualified provider's reimbursement percentage. The qualified provider's reimbursement percentage shall be determined by dividing the number of hours spent by each qualified provider who provided special services by the total number of hours spent by the local agency and all other qualified providers under contract with the local agency who have provided special services to the applicant or recipient.

F. If the local agency and one or more other qualified providers provide special services to an applicant or recipient, and the amount of interim assistance recovered by the local agency under subpart 2, item A, subitems (2) and (3), exceeds the amount necessary to fully reimburse the qualified providers for fees, costs, and disbursements, the local agency may retain up to the full amount of interim assistance recovered under subpart 2, item A, subitem (2).

G. The local agency may reimburse a qualified provider for fees, costs, and disbursements for special services provided during the six-month period before the applicant or recipient was referred to the qualified provider, unless the contracting procedures of the particular county prohibit this payment. The provider's fees, costs, or disbursements for special services provided before the person's application for general assistance may be reimbursed only if funds remain after reimbursement for special services provided to the person after the person made application for general assistance.

H. The local agency and another qualified provider may contract to jointly provide the special services specified in subpart 1.

Subp. 4. **Termination of special services and contracts.** Special services and contracts must be terminated in the following manner:

A. If an applicant or recipient requests in writing that the local agency terminate the special services agreement with a qualified provider, the special services agreement for that applicant or recipient must be terminated, and the local agency shall mail written notice of the termination to the qualified provider. The notice must include a copy of the applicant's or recipient's written request for termination of the special services agreement. Termination of the agreement is effective three days after the date when the notice is mailed. The qualified provider shall not be reimbursed for fees, costs, or disbursements for special services provided to an applicant or recipient after the effective date of termination.

B. If a qualified provider decides to stop providing special services to an applicant or recipient, the qualified provider shall give or mail the following information to the applicant or recipient and, if the qualified provider is not the local agency, to the local agency:

(1) the status of the applicant's or recipient's application for SSI benefits;

(2) any deadlines that must be met regarding the applicant's or recipient's application for SSI benefits;

(3) the right of the applicant or recipient to choose another qualified provider, and the local agency's obligation to enter into a contract with a new qualified provider to provide the special services specified if the applicant or recipient chooses a qualified provider other than the local agency; and

(4) that a list of qualified providers may be obtained from the local agency.

Termination of the contract is effective three days after the date the provider gives or mails the information required in subitems (1) to (4) to the client.

C. If a qualified provider fails to perform all or part of the terms of the contract with the local agency, the local agency may terminate the contract with the provider. The local agency shall terminate the contract and mail written notice to the qualified provider and to the recipients served by the qualified provider. The notice must specify the local agency's grounds for terminating the contract. Termination of the contract is effective three days after the notice is mailed to the qualified provider. The local agency shall also give the recipient a list of other qualified providers who have contracted with the local agency to provide the special services specified in subpart 1. The qualified provider shall not be reimbursed for fees, costs, or disbursements related to special services provided after the effective date of termination.

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Copy of rule showing amendments in response to public comments. (Page and Line numbers corresponding to Findings of Fact)

Department of Human Services

Adopted Rules Relating to Referral of General Assistance Applicants and Recipients to Other Maintenance Benefit Programs

Rules as Adopted

9500.1206 DEFINITIONS.

Subpart 1. **Scope.** As used in parts 9500.1200 to 9500.1256, the following terms have the meanings given them.

Subp. 2. **Adult child.** "Adult child" means a person aged 18 years or older.

Subp. 3. **Advanced age.** "Advanced age" means the condition that applies to a recipient who:

A. is age 55 or older and whose work history shows a marked deterioration compared to his or her work history prior to age 55 as indicated by decreasing occupational status, reduced hours of employment, or decreased periods of employment; or

B. if less than age 55, is evaluated by a vocational specialist as having significantly limited ability to obtain or retain suitable employment because of advancing age.

Subp. 4. **AFDC.** "AFDC" means the program authorized by title IV-A of the Social Security Act to provide financial assistance to needy families with dependent children.

Subp. 5. **Applicant.** "Applicant" means a person who has an application pending with the local agency for general assistance or work readiness.

Subp. 6. **Assistance standard.** "Assistance standard" means the amount established by the commissioner under Minnesota Statutes, section 256D.01, to provide for an assistance unit's shelter, fuel, food, clothing, utilities, necessary household supplies, and personal need items.

Subp. 7. **Assistance unit.** "Assistance unit" means a single person, a single person and his or her minor children, a married couple, or a married couple and the minor children of

either of those persons. To be included together in an assistance unit, the persons must reside together and the assistance unit must meet the conditions of part 9500.1208.

Subp. 8. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or a designated representative.

Subp. 9. **Costs or disbursements.** "Costs" or "disbursements" means a qualified provider's actual out-of-pocket expenses incurred for the provision of special services to an applicant or recipient.

Subp. 10. **Countable income.** "Countable income" means net earned and unearned income that is not exempt or disregarded under the general assistance program and that is actually available to the recipient during the month covered by the grant.

Subp. 11. **Department.** "Department" means the Department of Human Services.

Subp. 12. **Director of the local agency.** "Director of the local agency" means the director of the local agency or the director's designated representative.

Subp. 13. **Fees.** "Fees" means a qualified provider's charge for the hours of direct provision of special services to an applicant or recipient.

Subp. 14. **Full-time student.** "Full-time student" means a student attending a postsecondary institution who:

A. attends training for a minimum of 25 hours per week if the training does not involve shop practice and for a minimum of 30 hours per week if the training does involve shop practice for a vocational or technical student; or

B. registers for and attends a minimum of 12 credit hours per semester or quarter.

Subp. 15. **Good cause.** "Good cause" means a reason for taking an action or failing to take an action that is reasonable and justified when viewed in the context of surrounding circumstances including: illness of the person, illness of another family member that requires the applicant's or recipient's presence, a family emergency, or the inability to

obtain transportation.

Subp. 16. **Initial supplemental security income payment or initial SSI payment.** "Initial supplemental security income payment" or "initial SSI payment" means the first payment of retroactive SSI benefits to the recipient ~~covering the~~ that includes a period when general assistance benefits were also paid.

Subp. 17. **Interim assistance.** "Interim assistance" means the total amount of general assistance provided ~~to~~ for the ~~recipient's assistance unit~~ recipient, based ~~upon~~ on the state assistance standards and the negotiated rate provisions of part 9500.1249, to cover the period for which the initial payment of other maintenance benefits is made. The amount of general assistance considered interim assistance is limited to the amount the monthly payments for the assistance unit would have been reduced if the applicant or recipient had not been included in the assistance unit. The interim assistance period begins with the month of application for general assistance, the first month of eligibility for the other maintenance benefits, or the date the interim assistance authorization agreement is signed, whichever is latest. The interim assistance period ends with the last month covered by the initial payment of the other maintenance benefits. The term does not include per diem payments made to shelters for battered women pursuant to Minnesota Statutes, section 256D.05, subdivision 3.

Subp. 18. **Interim assistance authorization agreement.** "Interim assistance authorization agreement" means the agreement in which the general assistance applicant or recipient agrees to reimburse the local agency for the amount of general assistance provided ~~to his~~ for him or her ~~assistance unit~~ during the period when eligibility for another maintenance benefit program is being determined. The agreement must require reimbursement to the local agency only when the general assistance applicant or recipient is found eligible for another maintenance benefit program and the initial payment of those other maintenance benefits has been made.

Subp. 19. **Local agency.** "Local agency" means a county or a multicounty agency that is authorized under Minnesota Statutes as the agency responsible for the administration of the general assistance program.

Subp. 20. **Medical certification.** "Medical certification"

means a statement about a person's illness, injury, or incapacity that is signed by a licensed physician, licensed consulting psychologist, or licensed psychologist whose professional training and experience qualifies him or her to diagnose or certify the person's condition.

Subp. 21. ~~**Mentally ill**~~ Mental illness. ~~"Mentally ill"~~ "Mental illness" means the condition of a person who has a psychological disorder resulting in behavior that severely limits the person in obtaining, performing, or maintaining suitable employment.

Subp. 22. ~~**Mentally retarded**~~ Mental retardation. ~~"Mentally retarded"~~ "Mental retardation" means the condition of a person who has demonstrated deficits in adaptive behavior and intellectual functioning which is two or more standard deviations below the mean of a professionally recognized standardized test ~~that~~ and the condition severely limits the person in obtaining, performing, or maintaining suitable employment.

Subp. 23. **Minor child.** "Minor child" means a person under the age of 18.

Subp. 24. **Negotiated rate.** Except for shelter facilities provided for under Minnesota Statutes, section 256D.05, subdivision 3, "negotiated rate" means a general assistance payment that includes room and board and is either set by the state or local agency or is negotiated by one of those agencies with a party not included in the assistance unit. The set or negotiated rate provides for an assistance unit's shelter, fuel, food, utilities, household supply need items, and other costs necessary to provide room and board. The rate shall pay only for those items. It shall not include the clothing and personal needs allowance under Minnesota Statutes, section 256D.06, subdivision 3, payments for foster care, child welfare services, medical care, dental care, hospitalization, nursing care, drugs or medical supplies, program costs, or other social services.

Subp. 25. **Other maintenance benefits.** "Other maintenance benefits" means any of the following:

A. workers' compensation benefits as provided by Minnesota Statutes, chapter 176 and rules adopted thereunder;

B. unemployment compensation benefits as provided by

Minnesota Statutes, sections 268.07 to 268.10 and rules adopted thereunder;

C. railroad retirement benefits as provided by United States Code, title 45, sections 231 to 231s;

D. veteran's disability benefits as provided by United States Code, title 38, sections 301 to 363;

E. supplemental security income benefits as provided by United States Code, title 42, sections 1381 to 1383c;

F. social security disability insurance benefits as provided by United States Code, title 42, section 423; or

G. other programs identified by the local agency that provide periodic payments that can be used to meet basic needs and ~~may~~ that, if received, would reduce or eliminate the need for general assistance.

Subp. 26. **Potentially eligible.** "Potentially eligible" means that the local agency has determined that the applicant or recipient appears to meet the eligibility requirements of another maintenance benefit program.

Subp. 27. **Qualified provider.** A "qualified provider" means the local agency, or:

(1) a nonprofit legal assistance organization;

(2) an agency that employs licensed practitioners or accredited counseling staff or staff with a master's degree from an accredited program in social work, psychology, counseling, occupational therapy, or physical therapy;

(3) a private attorney at law; or

(4) another organization or person determined by the local agency to have sufficient training or experience to be effective in assisting persons to apply for and establish eligibility for SSI benefits.

Subp. 28. **Recipient.** "Recipient" means a person who is currently receiving assistance under the general assistance program.

Subp. 29. **Responsible relative.** "Responsible relative" means the spouse of an applicant or recipient, the parent of a minor child who is an applicant or recipient, or the parent of an adult child who resides with the parent and is an applicant

or recipient.

Subp. 30. **SSI.** "SSI" means the supplemental security income program administered by the Social Security Administration under United States Code, title 42, sections 1381 to 1383c.

Subp. 31. **State participation.** "State participation" means state aid to local agencies for general assistance expenditures as specified in Minnesota Statutes, section 256D.03, subdivision 2.

Subp. 32. **Suitable employment.** "Suitable employment" means a job that:

A. meets existing health and safety standards set by federal, state, or local regulations;

B. is within the physical and mental ability of a person;

C. pays at least the minimum wage prescribed by state or federal law and provides more than 60 hours of work per month; and

D. does not include temporary day labor.

Subp. 33. **Vocational specialist.** "Vocational specialist" means a counselor of the Department of Jobs and Training or Division of Vocational Rehabilitation, or another similarly qualified person who advises persons about occupational goals and employment.

9500.1200 PURPOSE AND APPLICABILITY.

Subpart 1. **Purpose.** Parts 9500.1200 to 9500.1256 establish the rights and responsibilities of the Department of Human Services, local agencies, and recipients of general assistance as they pertain to the administration of the general assistance program.

Subp. 2. **Applicability.** Parts 9500.1254 to 9500.1256 govern application for maintenance benefits from other sources, execution of an interim assistance authorization agreement, provision of special services to assist the applicant or

recipient in applying for other maintenance benefits, reimbursement for interim assistance, and reimbursement for provision of special services. When parts 9500.1254 to 9500.1256 conflict with parts 9500.1236 to 9500.1248, then parts 9500.1254 to 9500.1256 shall prevail.

9500.1254 REFERRAL TO OTHER MAINTENANCE BENEFIT PROGRAMS.

Subpart 1. **Screening requirement.** The local agency must determine the potential eligibility of each general assistance applicant or recipient for other maintenance benefits as follows:

A. The local agency must determine an applicant's potential eligibility for other maintenance benefits when application for general assistance is made.

B. The local agency must determine a recipient's potential eligibility for other maintenance benefits at the recipient's semiannual redetermination of eligibility for general assistance. The local agency must also determine a recipient's potential eligibility for other maintenance benefits whenever it determines that changes in the recipient's circumstances, including eligibility for medical assistance, indicate potential eligibility for other maintenance benefits.

C. If the local agency determines that the applicant or recipient is potentially eligible for other maintenance benefits, the local agency must document its determination on forms prescribed by the commissioner and must retain the forms in the local agency case record for the applicant or recipient.

Subp. 2. **Informing and referral requirement.** When the local agency determines that the applicant or recipient is potentially eligible for other maintenance benefits, the local agency shall refer the applicant or recipient to the other maintenance benefit program on a form prescribed by the commissioner by informing ~~inform~~ the applicant or recipient orally and in writing of the following:

A. that the applicant or recipient must apply for the other maintenance benefit program, in accordance with subpart 4, item A;

B. that the applicant or recipient must execute an interim assistance authorization agreement, in accordance with subpart 4, item D;

C. that the applicant or recipient must comply with all procedures necessary to determine his or her eligibility or ineligibility for the other maintenance benefits in accordance with subpart 4, item C;

D. that the applicant or recipient must authorize the local agency and the qualified provider, when one is chosen, to exchange relevant data concerning the applicant's or recipient's eligibility with the other maintenance benefit program office, in accordance with subpart 4, item B;

E. the estimated amount of benefits the applicant or recipient may be eligible to receive under the other maintenance benefit program, if known;

F. the address at which the applicant or recipient shall apply for the other maintenance benefit program;

G. general instructions regarding how to apply for the other maintenance benefit program;

H. that the applicant or recipient may elect to receive special services to assist him or her in applying for SSI benefits, in accordance with part 9500.1256, subpart 1, and that the applicant or recipient has a right to choose to receive special services from ~~the local agency or from another~~ a qualified provider;

I. notice of the actions which the local agency must take, in accordance with subpart 5, if the applicant or recipient fails to comply with the requirements under subpart 4, items A to D; and

J. notice of the applicant's or recipient's right to appeal a determination of ineligibility for general assistance due to noncompliance with subpart 4, items A to D.

Subp. 3. Special provisions **Referral ~~requirement~~.** When the local agency determines that the applicant or recipient is potentially eligible for another maintenance benefit program, the local agency shall refer the applicant or recipient to a chosen qualified provider and the other maintenance benefit program in accordance with items A and B ~~as follows~~:

A. ~~The referral must be made on a form prescribed by the commissioner. A copy of the referral form must be mailed to~~

~~the other maintenance benefit program office.~~

~~B.~~ If the applicant or recipient is determined to be potentially eligible for maintenance benefits from SSI, the local agency shall:

(1) offer to provide special services to the applicant or recipient in accordance with part 9500.1256, subpart 1, to assist him or her in applying for and obtaining SSI;

(2) furnish the applicant or recipient with a list of qualified providers with whom the local agency has contracted to provide special services to applicants or recipients or who have asked to be included on the list;

(3) ~~refer the applicant or recipient to the Social Security Administration's local office to apply for SSI benefits;~~

~~(4) promptly~~ notify the Social Security Administration's local office of the applicant's or recipient's potential eligibility for SSI on the date of referral so that the earliest potential date of eligibility for SSI can be established; and

(~~5~~ 4) if the applicant or recipient elects at any time to receive the special services specified in part 9500.1256, subpart 1 from a qualified provider other than the local agency, the local agency shall refer the applicant or recipient to the chosen provider. If the local agency has not contracted with the chosen provider, the local agency must enter into a contract with that qualified provider to provide special services to applicants or recipients who apply for SSI benefits.

~~C~~B. If the local agency determines that an applicant or recipient is potentially eligible for another maintenance benefit program, and the applicant or recipient has previously applied for and been found ineligible for that other maintenance benefit program, he or she shall not be required to appeal from that decision or to reapply for that other maintenance benefit program unless one of the following conditions is met:

(1) the local agency determines that the applicant's or recipient's health or circumstances have changed

and the change may result in eligibility for that other maintenance benefit program; or

(2) the eligibility requirements or procedures of the other maintenance benefit program have changed and the change may result in the applicant or recipient being found eligible for that other maintenance benefit program.

Subp. 4. **Requirements upon referral for other maintenance benefits.** When the local agency refers an applicant or recipient to another maintenance benefit program as provided under subpart ~~3~~ 2, the applicant or recipient shall do the following:

A. The applicant or recipient shall apply for those benefits within 30 days of the date of referral. If the recipient has not provided the local agency with verification of his or her application for those benefits within 30 days of the date of referral, the local agency must contact the other maintenance benefit program local office to determine if the recipient has applied for benefits. If the local office of the other maintenance benefit program verifies that the recipient has applied for those benefits, the recipient shall be deemed to have met the requirement of applying for other maintenance benefits. If the local office of the other maintenance benefit program verifies that the recipient has not applied for those benefits, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

B. The applicant or recipient shall, within 30 days of the date of referral, provide his or her informed written consent and authorization for the local agency or a qualified provider, if one is chosen, to exchange data concerning the applicant or recipient with the other maintenance benefit program local office. The data exchanged must be relevant to a determination of the applicant's or recipient's eligibility or ineligibility for benefits from the other program.

For purposes of exchanging private or confidential data about a person for whom a qualified provider has contracted to

provide special services, a qualified provider other than the local agency shall not be considered part of the welfare system under Minnesota Statutes, section 13.46, subdivision 1.

If the local agency determines that the recipient has not given informed written consent and authorization for the local agency or a qualified provider to exchange data concerning his or her eligibility or ineligibility for the other maintenance benefit program within the prescribed 30 days, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

C. A recipient shall comply with all procedures necessary to determine his or her eligibility or ineligibility for the other maintenance benefit program.

If the local agency determines that the recipient has not complied with the procedures necessary to determine his or her eligibility or ineligibility for other maintenance benefits, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

D. An applicant or recipient shall execute an interim assistance authorization agreement with the local agency within 30 days of the date of referral.

If the recipient fails to execute an interim assistance authorization agreement within the 30 days prescribed, the local agency shall mail or give the recipient notice of termination from general assistance in accordance with subpart 5.

Subp. 5. **Ineligibility.** This subpart governs termination of general assistance eligibility for a recipient who fails, without good cause, to comply with the requirements of subpart 4.

A. Upon determining that a recipient has failed, without good cause, to comply with the requirements of subpart 4, items A to D, the local agency shall mail or give the recipient notification of termination from general assistance. The local agency shall hand deliver or mail the written notice to the recipient at least 30 days before reducing, suspending, or terminating the recipient's monthly general assistance payment. The notice must be on a form prescribed by the

commissioner and must:

(1) list the requirements with which the local agency believes the recipient has not complied and inform the recipient that he or she must comply with the requirements to avoid or end a period of ineligibility;

(2) inform the recipient that he or she will be terminated from general assistance if the recipient fails to comply with the listed requirements, specify the date that the recipient's general assistance will be terminated if he or she does not comply, and explain the recipient's right to appeal the action in accordance with subpart 6;

(3) offer assistance to resolve the circumstances or concerns which prevent the recipient from complying with the requirements of subpart 4; and

(4) inform the recipient of the continued availability of special services provided under part 9500.1256, subpart 1.

B. If the recipient complies with the requirements specified in the notice in item A prior to the termination date stated in the notice, a period of ineligibility must not be imposed.

C. A recipient who fails to comply with the requirements specified in the notice in item A prior to the termination date stated in the notice is ineligible for general assistance. The period of ineligibility begins on the date specified in the notice and continues until the person fulfills the requirements of subpart 4. The period of ineligibility always begins on the first day of a calendar month. If the ineligible person subsequently applies for general assistance, the application must be denied unless the requirements of subpart 4 have been met.

D. If the person is determined to be ineligible under item C, the assistance standard applicable to the person's assistance unit must be based on the number of remaining eligible members of the assistance unit.

Subp. 6. **Appeals.** A recipient to whom the local agency

has given or mailed a notice of termination in accordance with subpart 5 may appeal the determination by submitting a written request for a hearing in accordance with Minnesota Statutes, section 256.045. If the recipient files a written request for an appeal on or before the first day of the period of ineligibility under subpart 5, item C, the recipient shall continue to receive general assistance while the appeal is pending, provided that the recipient is otherwise eligible for general assistance.

Subp. 7. **Reimbursement for interim assistance.** A local agency must seek reimbursement for the interim assistance provided to a person who has executed an interim assistance authorization agreement under subpart 4, item D, when the person receives a retroactive payment from the other maintenance benefit program unless reimbursement is prohibited under federal or state law. Reimbursement for interim assistance and special services provided to an SSI applicant or recipient is governed by part 9500.1256, subpart 2.

The local agency must request reimbursement for interim assistance from the person receiving other retroactive maintenance benefits, except for SSI, ~~and~~ may institute a civil action~~, if appropriate,~~ to recover the interim assistance based on the interim assistance authorization agreement. If a request for reimbursement under this subpart is denied, the local agency must take no action other than a civil action to recover the interim assistance. From the interim assistance recovered, the local agency may retain 25 percent as reimbursement for the county's share of the interim assistance provided, and must credit the balance to the state as an advance payment to the local agency for the state's share of the next month's general assistance grants.

9500.1256 SPECIAL SERVICES FOR SSI APPLICANTS.

Subpart 1. **Special services.** A recipient who is referred to SSI in accordance with part 9500.1254, ~~subpart~~ subparts 2 and 3, item B, may elect to receive special services to assist him or her in obtaining SSI benefits. Special services for which reimbursement for fees, costs, or disbursements may be claimed under subpart 2 or 3 are limited to the following:

A. explaining to or counseling the applicant or

recipient about the application procedures and benefits available through the SSI program;

B. assisting the applicant or recipient in completing the application for SSI and arranging appointments related to application for SSI;

C. assisting the applicant or recipient in assessing his or her disability in relation to SSI eligibility, and identifying probable issues that may arise during the SSI eligibility determination process;

D. providing the applicant or recipient with medical or vocational evidence, social history, or expert testimony currently available to substantiate the presence and severity of the applicant's or recipient's blindness or disability;

E. assisting the applicant or recipient in obtaining and using medical or vocational evidence, social history, or expert testimony and in cooperating with the Social Security Administration and its agents, procedures, and requirements;

F. assisting the applicant or recipient with necessary transportation;

G. preparing for and representing the applicant or recipient at interviews, hearings, or appeals related to application for SSI or appeal of the Social Security Administration's determination of ineligibility for SSI;

H. the local agency's preparation of a contractual agreement with a qualified provider chosen by the applicant or recipient; and

I. providing other services to assist the applicant or recipient to establish eligibility for SSI benefits.

Subp. 2. **Reimbursement for interim assistance and special services.** A local agency must be reimbursed for providing interim assistance and special services to an SSI applicant or recipient in the following manner:

A. Upon receiving the initial SSI payment for a person who has executed an interim assistance authorization agreement as specified in part 9500.1254, subpart 4, item D, the local agency may recover the amount of interim assistance

provided. After recovering the interim assistance from the initial SSI payment, the local agency shall pay the remainder to the person or to a representative payee identified by the Social Security Administration within ten days of receiving the initial SSI payment. From the amount of interim assistance recovered, the local agency:

(1) shall retain 25 percent as reimbursement for the county's share of the interim assistance provided;

(2) may retain, subject to the provisions of subpart 3, item E, an additional 25 percent as an advocacy incentive for providing the special services specified in subpart 1, items A to D;

(3) may retain from the remaining 50 percent, subject to the provisions of subpart 3, item E, reimbursement for actual reasonable fees, costs, and disbursements related to appeals and litigation and provision of special services under subpart 1.

B. The local agency may not seek reimbursement from the applicant or recipient for the fees, costs, or disbursements of providing special services except as provided in item A.

C. The balance of the amount of interim assistance that is not retained by the local agency pursuant to item A or paid to another qualified provider under subpart 3 must be credited to the state as an advance payment to the local agency for the state's share of the next month's general assistance grants.

D. The local agency must document the fees, costs, and disbursements which it incurs in providing the special services to claim reimbursement. The local agency shall be reimbursed under item A, subitem (3), only for the direct costs of providing special services.

Subp. 3. **Reimbursement to qualified providers under contract with the local agency to provide special services.** Qualified providers under contract with the local agency to provide special services to general assistance applicants or recipients shall be reimbursed from the amount of interim

assistance recovered by the local agency under subpart 2 in the following manner:

A. To receive reimbursement for the fees, costs, and disbursements related to appeals and litigation and the provision of special services as provided in subpart 1, the qualified provider shall enter into a contract with the local agency and provide one or more of the special services specified in subpart 1.

The contract must be on a form prescribed by the commissioner except that the local agency may add to or modify the form without changing the substance of the contract in order to meet standard contracting procedures established by the county board.

B. The local agency must reimburse a qualified provider under contract with the local agency for the provider's reasonable actual fees, costs, and disbursements, including medical reports and expert testimony related to appeals, litigation, and providing special services to an applicant or recipient in accordance with the following:

(1) a qualified provider shall not be reimbursed by the local agency for any fees, costs, or disbursements unless the applicant or recipient has requested the services, the local agency has referred the applicant or recipient to the qualified provider, and the local agency has received the initial SSI payment for the recipient served;

(2) the qualified provider shall be reimbursed by the local agency for fees related to the provision of special services at the rate determined by the qualified provider, but not to exceed $75 per hour of service; and

(3) when a qualified provider requests reimbursement from the local agency for fees, costs, or disbursements related to services provided, the qualified provider shall document the total number of hours of services provided to the applicant or recipient and provide a record of its costs and disbursements.

C. A qualified provider under contract to provide

special services must comply with the following:

(1) a qualified provider shall not require prepayment of any fees, costs, or disbursements from the applicant or recipient; and

(2) a qualified provider shall not seek reimbursement from the applicant or recipient for fees related to the provision of special services. If a qualified provider intends to seek reimbursement for costs and disbursements from an applicant or recipient in the event the applicant or recipient is determined to be ineligible for SSI and the qualified provider therefore will not be fully reimbursed by the local agency, the qualified provider must so inform the applicant or recipient and obtain the applicant's or recipient's written consent prior to providing the special services. ~~In addition,~~ The qualified provider must also inform the applicant or recipient that he or she may receive ~~the~~ special services from the local agency without cost to the applicant or recipient. ~~and must obtain the applicant's or recipient's consent to provide the special services.~~

D. The total reimbursement for special services made by the local agency to all qualified providers must not exceed the amount of interim assistance retained by the local agency as specified in subpart 2, item A, subitems (2) and (3), unless the excess is expressly authorized by the local agency and paid for exclusively with local agency funds.

E. If more than one qualified provider provides special services to an applicant or recipient, and the amount of interim assistance retained by the local agency will not fully reimburse all qualified providers, the reimbursement to each qualified provider for fees, costs, and disbursements shall be calculated by multiplying the total amount of funds available to the local agency as specified in subpart 2, item A, subitems (2) and (3), including any excess funds authorized by the local agency under item D, by the qualified provider's reimbursement percentage. The qualified provider's reimbursement percentage shall be determined by dividing the number of hours spent by each qualified provider who provided special services by the total number of hours spent by the local agency and all other

qualified providers under contract with the local agency who have provided special services to the applicant or recipient.

F. If the local agency and one or more other qualified providers provide special services to an applicant or recipient, and the amount of interim assistance recovered by the local agency under subpart 2, item A, subitems (2) and (3), exceeds the amount necessary to fully reimburse the qualified providers for fees, costs, and disbursements, the local agency may retain ~~up to the full amount of interim assistance recovered~~ the excess to the extent allowed under subpart 2, item A, subitem (2).

G. The local agency ~~may~~ shall reimburse a qualified provider for fees, costs, and disbursements for special services provided during the six-month period before the applicant or recipient was referred to the qualified provider, unless ~~the~~ general contracting procedures of the particular county prohibit this payment. The provider's fees, costs, or disbursements for special services provided before the person's application for general assistance may be reimbursed only if funds remain after reimbursement for special services provided to the person after the person made application for general assistance.

H. The local agency and another qualified provider may contract to jointly provide the special services specified in subpart 1.

Subp. 4. **Termination of special services and contracts.** Special services and contracts must be terminated in the following manner:

A. If an applicant or recipient requests in writing that the local agency terminate the special services agreement with a qualified provider, the special services agreement for that applicant or recipient must be terminated, and the local agency shall mail written notice of the termination to the qualified provider. The notice must include a copy of the applicant's or recipient's written request for termination of the special services agreement. Termination of the agreement is effective three days after the date when the notice is mailed. The qualified provider shall not be reimbursed for fees, costs,

or disbursements for special services provided to an applicant or recipient after the effective date of termination.

B. If a qualified provider decides to stop providing special services to an applicant or recipient, the qualified provider shall give or mail the following information to the applicant or recipient and, if the qualified provider is not the local agency, to the local agency:

(1) the status of the applicant's or recipient's application for SSI benefits;

(2) any deadlines that must be met regarding the applicant's or recipient's application for SSI benefits;

(3) the right of the applicant or recipient to choose another qualified provider, and the local agency's obligation to enter into a contract with a new qualified provider to provide the special services specified if the applicant or recipient chooses a qualified provider other than the local agency; and

(4) that a list of qualified providers may be obtained from the local agency.

Termination of the contract is effective three days after the date the provider gives or mails the information required in subitems (1) to (4) to the client.

C. If a qualified provider fails to perform all or part of the terms of the contract with the local agency, the local agency may terminate the contract with the provider. The local agency shall terminate the contract and mail written notice to the qualified provider and to the recipients served by the qualified provider. The notice must specify the local agency's grounds for terminating the contract. Termination of the contract is effective three days after the notice is mailed to the qualified provider. The local agency shall also give the recipient a list of other qualified providers who have contracted with the local agency to provide the special services or who have asked to be included on the list specified in subpart 1. The qualified provider shall not be reimbursed for fees, costs, or disbursements related to special services provided after the effective date of termination.

REPEALER. Minnesota Rules, parts 9500.0500, 9555.3401, 9555.3403, 9555.3404, 9555.3406, and 9500.0530, item E, are repealed.

RENUMBERING INSTRUCTION. Each Minnesota Rules part in column A shall be renumbered with the Minnesota Rules part set forth in column B.

Column A	Column B
9500.0510	9500.1202
9500.0520	9500.1204
9555.3400	9500.1206
9500.0530	9500.1208
9500.0531	9500.1210
9500.0532	9500.1212
9500.0540	9500.1234
9500.0550	9500.1236
9500.0560	9500.1238
9500.0570	9500.1240
9500.0580	9500.1242
9500.0590	9500.1244
9500.0600	9500.1246
9500.0610	9500.1248
9555.3402	9500.1249
9555.3408	9500.1250
9555.3409	9500.1252

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of the Rules of the State Department of Human Services Governing Referral of General Assistance Applicants and Recipients to Other Maintenance Benefit Programs, Minnesota Rules, Parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256.

FINDINGS OF FACT AND CONCLUSIONS

Notice of the Commissioner's proposed adoption of the above-entitled matter was published in the State Register on December 16, 1985 and was sent by United States mail to all persons on the list maintained by the agency pursuant to Minnesota Statutes, sections 14.14, subdivision 1, paragraph (a) and 14.22 on December 11, 1985.

All persons were given the opportunity to submit comment on the rule for 30 days after notice of proposed rulemaking. Fewer than 25 written requests for hearing were received within the 30 day comment period.

Based on the comments and evidence in the record before the agency, I find the following:

1. In part 9500.1206, subpart 16, the Department defines the term "initial supplimental security income payment or initial SSI payment." Stephen D. Swanson, Legal Services Advocacy Project, commented that "...this definition could be read as the initial SSI payment to only that period when GA benefits were also paid." It was not the Department's intention to limit the initial SSI payment in this manner. Accordingly, the Department accepts Mr. Swanson's suggested amendment and has deleted the word "covering" on page 3, line 5, and inserted the words "that includes." p.3.

Linda Ewen, Anoka County Administrative Assistant, suggested a need to change this rule subpart to "...deal with situations where a client receives two or more retroactive SSI payments covering periods of time when General Assistance was issued." The Department believes the definition of "initial SSI payment" would cover the situation described by Ms. Ewen. To further clarify this interpretation the second "the" on page 3, line 5, has been deleted and replaced with the word "a." p.3

2. In part 9550.1206, subpart 17, the Department defines the term "interim assistance." Mr. Swanson commented that Minnesota Statutes, section 256D.06, subdivision 5, and 256D.01, subdivision 1a, paragraph (b), "limits the repayment obligation under an interim assistance authorization agreement to the GA paid to the "recipient" ...." The Department agrees that "interim assistance" must be limited to the amount of general assistance a particular recipient receives. The Department therefore amends part 9500.1206, subpart 17, by deleting the word "to" on page 3, line 8, and replacing it with "for," deleting the words "recipient's assistance unit" from page 3, line 9, and replacing them with the word "recipient," and dele- p.3

ting the word "upon" on page 3, line 9, and replacing it with "on."

Mr. Swanson also commented that "...for a recipient who is part of an "assistance unit," the amount of interim assistance paid to the recipient should be determined by dividing the amount of the GA grant to the assistance unit by the number of persons in the assistance unit." The Department agrees with the need to clarify, in the rule, how the amount of general assistance provided for a recipient is determined. The Department believes it is inconsistent with other GA rules governing grant reductions to "divide the grant by the number of persons in the assistance unit." The Department believes the correct way to determine the amount is described in the sentence added on page 3, line 12, after the word "made": "The amount of general assistance considered interim assistance is limited to the amount the monthly payments for the assistance unit would have been reduced if the applicant or recipient had not been included in the assistance unit." p.3

3. For the reasons stated in the above finding, the Department has amended part 9500.1206, subpart 18, by deleting the words "to his" and "assistance unit" from page 3, line 25, and substituting the words "for him." p.3

4. In part 9500.1206, subpart 22, the term "mentally retarded" is defined. The Department accepts the suggested technical amendment suggested by Mr. Swanson, has deleted the word "that" on line 14 of page 4, and has substituted the words "and the condition." p.4

As a means of further clarification, and to achieve consistency with the rules governing general assistance categories of eligibility, (Minnesota Rules, parts 9500.1101, [Emergency] subparts 14 and 15, and 9500.1102, [Emergency] item A, the Department has also changed the words "mentally retarded" to "mental retardation" on page 4, line 10, and "mentally ill" to "mental illness" on page 4, line 6. p.4

5. In part 9500.1206, subpart 25, the Department defines "other maintenance benefits." Mr. Swanson commented that a technical amendment is needed to "...insure that the definition of "other maintenance benefits" not be interpreted to include benefits that would not be considered available income in the GA program ...." The Department accepts Mr. Swanson's suggestion and has deleted the word "may" on page 5, line 13, and replaced it with the words "that, if received, would." p.5

6. Part 9550.1254, subpart 2, establishes an informing requirement as part of the process of referring general assistance applicants and recipients to other maintenance benefits. Mr. Swanson commented that requiring the information to be provided both orally and in writing" ...is useful and should be included in the permanent rule." The Department agrees with Mr. Swanson's comment and has inserted the words "orally and" on page 7, line 29, following the word "recipient." p.8

The Department does not accept Mr. Swanson's second suggestion regarding part 9500.1254, subpart 2, "...to include the requirement from the emergency rules that the applicant or recipient be advised to the known eligibility requirements of the other program." This requirement was omitted from the proposed permanent rules because the Department determined, through implementation of the emergency rules, that including eligibility requirements made the written notice unnecessarily complicated and confusing to clients.

7. Part 9500.1254, subpart 3, item B, subitem (2), requires the local agency to furnish a list of qualified providers to individuals being referred to SSI. The Department accepts Mr. Swanson's suggested amendment to this subitem, and has added the words "or who have asked to be included on the list" on page 9, line 12. This amendment will insure that applicants or recipients will be informed of both the qualified providers who are already under contract with the local agency and the qualified providers who are interested in providing special services, thus enabling applicants and recipients to exercise their option, under subitem (5), to choose to receive the special services from any qualified provider, even if the local agency has not previously entered into a contract with the chosen qualified provider. p.9

8. Part 9500.1254, subpart 3, item B, subitem (5), requires the local agency to refer the applicant or recipient to his or her chosen qualified provider. Mr. Swanson suggested an amendment to this item that would "...clarify that a referral to a qualified provider must be made at any point in the process when an election is made by an applicant or recipient." It is not the Department's intention to limit the referral requirement to a specified time. Accordingly, the Department accepts Mr. Swanson's suggested amendment and has added the words "at any time" to page 9, line 20, following the word "elects." p.9

9. Audrey Grover, Carlton County Financial Assistance Supervisor II, suggested that the local agency require the applicant or recipient to "...provide written consent prior to the mailing of the referral form to another maintenance benefit program office...." The Department does not agree that "...it would be a violation of the Data Privacy Practices Act to submit information regarding the applicant/recipient to that office before a release is obtained." See Minnesota Statutes, section 13.46, subdivision 2. The Department does believe these provisions should be clarified and has therefore made the following amendments to parts 9500.1254, subparts 2, 3 and 4, and 9500.1256, subpart 1.

On page 7, line 26, the words "and referral" have been added following the word "Informing." p.7

On page 7, line 29, the word "inform" has been deleted and replaced with the words "refer the applicant or recipient to the other maintenance benefit program on a form prescribed by the commissioner by informing." p.8

On page 8, line 21, the words "the local agency or from another" have been deleted and replaced with the word "a." p.8

On page 8, line 30, the word "Special" has been added before the word "referral" and the word "requirement" has been deleted and replaced with the word "provisions." p.9

On page 8, line 33, the words "a chosen qualified provider and" has been added after the word "to." p.9

On page 8, line 34, the words "as follows" have been deleted and replaced with the words "in accordance with items A and B." p.9

On page 8, lines 35 and 36, and page 9, line 1, all of item A has been

deleted, "B" on page 9, line 2, has become "A." and "C." on line 28, has become "B".

On page 9, lines 13 to 15, all of subitem (3) has been deleted, and subitems "(4)" on line 16 and "(5)" on line 20, have been renumbered "(3)" and "(4)" respectively.

On page 9, lines 17, the words "the applicant's or recipient's potential eligibility for SSI on" have been added before the word "the."

On page 10, line 10, "3" has been deleted and replaced with "2."

On page 13, line 30, the word "subpart" has been deleted and replaced with the words "subparts 2, and."

10. Part 9500.1254, subpart 7, establishes procedures for seeking reimbursement for interim assistance. Mr. Swanson suggested amendments to this rule to insure that the provisions of this subpart do not conflict with federal law or go beyond the scope of Minnesota Statutes, section 256D.06, subdivision 5. The Department accepts the need to clarify the intended scope and applicability of this subpart. The Department has therefore made the following amendments:

On page 13, line 15, the words "unless reimbursement is prohibited under federal or state law." have been added after the word "program."

On page 13, line 20, a period has replaced the comma after "SSI," the word "and" has been deleted, and the word "If a request for reimbursement under this subpart is denied, the local agency" have been added before the word "may."

On page 13, line 21, the words ",if appropriate," have been deleted.

On page 13, line 22, following the word "agreement," the following sentence has been added: "The local agency must take no action other than a civil action to recover the interim assistance.

11. Part 9500.1256, subpart 3, item A, establishes contract requirements for qualified provider reimbursement. Robert E. Amundson, ACSW, Hennepin County Disability Appeals Assistance Unit, commented that "Questions have arisen such as should the provider be required to have liability insurance which would protect the County from lawsuits." The Department believes the language of part 9500.1256, subpart 3, item A, clearly permits the local agency to "...add to or modify the [contract] form ... in order to meet standard contracting procedures established by the county board." The Department therefore chooses to adopt this rule item without amendment.

12. Part 9550.1256, subpart 3, item B, subitem (1), establishes requirements for local agency reimbursement to qualified providers. Mr. Swanson commented that additional language should be added to subitem (1) to deal with the situation where "...an applicant or recipient requests a referral to a qualified provider but the local agency fails or refuses, for whatever reason, to make the referral." The requirement in part 9500.1254, subpart 3, item A, subitem (5) requires the local agency to refer an appli-

cant or recipient to a chosen qualified provider. The Department believes that the rules provide sufficient direction regrading referrals to qualified providers. Moreover, the Department believes that the suggested change would create confusion concerning payment to a qualified provider for services provided prior to referral to the qualified provider. Accordingly, the Department has chosen to adopt this subitem without amendment.

Mr. Amundson recommended "...that the rule be more clear about a fair and appropriate payment for the service," and suggested that $75 per hour is not an appropriate payment for all qualified providers. Ethel Schaen, a member of the National Organization of Social Security Claimant's Representatives and the private bar, commented that any "...restrictions of the authorities to reduce the amount below the $75 per hour would defeat the purpose of winning these cases." (emphasis added) The Department, in part 9500.1256, subpart 3, subitem (2), has established a $75 per hour ceiling that applies to all qualified providers. For the reasons stated in its Statement of Need and Reasonableness, the Department believes this is an appropriate ceiling. Under these rules, the local agency has the ability to negotiate the amount of a qualified provider's hourly fee within the limits imposed by the $75 per hour ceiling. Because different geographic locations within the state may have different prevailing hourly fees for different professions, the Department does not believe it is practical or desirable to establish a payment schedule that restricts the local agency's ability to negotiate a contract. Accordingly, the Department has adopted the provision in this subitem without amendment.

13. In part 9500.1256, subpart 3, item B, subitem (3), the Department has made a technical amendment, suggested by Mr. Swanson. The words "applicant or" have been added to page 16, line 34, following the words "the," thus making the subitem's application consistent with the other subitems under item B. p.17

14. Part 9500.1256, subpart 3, item C, governs a qualified provider's seeking reimbursement from an applicant or recipient. Mr. Swanson commented that subitem (3) should be amended by the addition of language that clarifies that "...the local agency may elect not to incur costs and disbursements necessary for the provision of the special services described in subpart 1, items D to F." The Department does not believe there are any rule provisions that prevent a qualified provider from including this information in the information provided to an applicant or recipient, but does not, believe that this information should be required. The Department has therefore made the following amendments for clarifications.

On page 17, line 13, following the word "recipient," the words "and obtain the applicant's or recipient's written consent" have been added. p.17

On page 17, line 14, the words "In addition" have been deleted, and the word "also" has been added after the word "must." p.17

On page 17, line 15, the word "the" has been deleted. X

On page 17, lines 16 and 17, everything after the word "cost" has been deleted and replaced with the words "to the applicant or recipient." p.17,18

15. The Department accepts Mr. Swanson's comment regarding part 9500.1256, subpart 3, item F, and has clarified this item by deleting the words "up to the full amount of interim assistance recovered" on page 18, line 9, and replacing them with the words "the excess to the extent allowed." p.18

16. Part 9500.1256, subpart 3, item G, establishes procedures for reimbursing a qualified providers for special services provided prior to "referral." The Department's intent is to require the local agency to provide this reimbursement unless the county's general contracting requirements prohibit it. Mr. Swanson commented on this item, and suggested amendments. The Department accepts Mr. Swanson's suggested amendments as consistent with the Department's intent, has deleted the word "may" on page 18, line 11, and replaced it with "shall," and has deleted the second "the" on page 18, line 14, and replaced it with the word "general." p.18

17. For the reasons stated in finding number 7, the Department has added the words "or who have asked to be included on the list" to page 19, line 34, in part 9500.1256, subpart 4, item C. p.20

I hereby conclude that:

1. The Commissioner has statutory authority to promulgate these rules.

2. Proper notice of the Department's intent to adopt the proposed permanent rules was given as required by law, and all interested persons were afforded an opportunity to submit data and views on the proposed rules.

3. All modifications made to the proposed rules are supported by the data and views submitted to the Department and are not substantial changes.

4. The rules, as modified, are necessary and reasonable.

5. Any duplication in these rules of language contained in Minnesota Statutes is crucial to the ability of persons affected by the rules to comprehend their meaning and effect.

6. The Department has complied with all applicable provisions of law and rule in the promulgation of these rules.

7. If a finding or part of a finding, above, is properly characterized as a conclusion, it is adopted as a conclusion.

STATE OF MINNESOTA

1-17-86

Leonard W. Levine
COMMISSIONER OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED RULES OF THE DEPARTMENT OF HUMAN SERVICES GOVERNING APPLICATION FOR OTHER MAINTENANCE BENEFITS AND SPECIAL SERVICES TO SSI APPLICANTS IN THE GENERAL ASSISTANCE PROGRAM, MINNESOTA RULES, PARTS 9500.1206, 9500.1200, 9500.1254 AND 9500.1256.

STATEMENT OF NEED AND REASONABLENESS

INTRODUCTION

The proposed rule parts establish procedures for the administration of the General Assistance (GA) program in the State of Minnesota. The established procedures are designed to ensure the rights and responsibilities of the Department of Human Services, local social service agencies, and recipients of general assistance.

The authority for the establishment of these procedures is found in Minnesota Statutes, sections 256D.06, subdivision 5, and 256D.04, subdivision 2. The provisions established within parts 9500.1254 to 9500.1256 enable the Department of Human Services to set reasonable governance procedures for the administration of the General Assistance program including referral to other maintenance benefits, interim assistance reimbursement, and special services for SSI applicants.

BACKGROUND

A. Historical Perspective

In 1973, the Minnesota Legislature established a state public assistance policy for all persons in the state without adequate income or resources to maintain a subsistence reasonably compatible with decency and health.1/ Along with this general policy, the Legislature established the General Assistance Act which was created to provide for persons unable to provide for themselves, not otherwise provided for by law, and who meet certain eligibility requirements. The General Assistance Act entitled eligible persons to receive money grants necessary to maintain a subsistence reasonably compatible with decency and health. The Legislature further declared such assistance to be a matter of public concern and a necessity in promoting the public health and welfare. Through the declaration of this policy, the Minnesota Legislature has identified the basic moral imperative underlying public assistance programs, the feeling of compassion for the less fortunate.

1/ Laws of Minnesota 1973, chapter 650, article 21, section 1.

From its inception, in 1973, the General Assistance Act has come under public scrutiny and has been amended by the Legislature in a number of different

sessions. In 1984, the Legislature further examined the General Assistance Act and established provisions governing referral to other maintenance benefit programs, interim assistance reimbursement for qualified providers, and the provision of special services for SSI applicants. Along with these legislative changes, the Department of Human Services was instructed to promulgate emergency and permanent rules in accordance with Minnesota Statutes, Chapter 14.

B. Promulgation of Emergency Rules

After the amendments to the General Assistance Act were made by the Legislature, the Department of Human Services promulgated emergency rules under Minnesota Statutes, section 14.29 to 14.36 These emergency rules, Minnesota Rules part 9555.3417 (Emergency) became effective in November of 1984, and provided the Department of Human Services with temporary governance procedures for the administration of the General Assistance program. The following proposed rules establish procedures and requirements for referral to other maintenance benefit programs, interim assistance reimbursement, reimbursement to qualified providers, and special services for SSI applicants. The rules also establish the rights and responsibilities of the Department of Human Services, local agencies, and recipients of general assistance.

C. The Current Status

Upon adoption of the emergency rules, the Department of Human Services implemented rulemaking procedures for promulgating permanent rules governing the General Assistance program. Using the Emergency rules as a base, the Department of Human Services' program and rulemaking staff proceeded with the process of promulgating permanent rules. In order to promote a public participation process, the Department appointed two separate advisory committees to provide advice and opinions with regard to the rule provisions. These two committees, the General Assistance Public Advisory Committee and the General Assistance County Panel, composed of service providers, professional associations, legal advocates, county representatives, knowledgeable community representatives, and Department of Human Services representatives, provided valuable input into the rule development process. Their comments and recommendations with regard to the rule provisions have been reviewed, and for the most part, incorporated into the proposed permanent rules. Parts 9500.1254 and 9500.1256 establish the permanent procedures necessary for implementation of Minnesota Statutes, section 256D.06, subdivision 5. The following narrative serves as the statement of need and reasonableness as required by Minnesota Statutes, section 14.31.

As part of this rulemaking proceeding, the Revisor of Statutes has issued a renumbering instruction which will bring all general assistance rules into the same Minnesota Rules chapter, and into a single "sequence." To increase the clarity of these rules and insure that consistent meanings are applied to the terms used throughout the general assistance rules, the department has amended Minnesota Rules, part 9555.3410 (renumbered as part 9500.1206), by deleting definitions of terms that are no longer used in these rules and by adding or modifying definitions of terms. As a consequence of this consolidation process, many definitions are contained in part 9500.1206 which are not used at all in the rules governing referral to other maintenance benefit programs, reimbursement for special services provided by qualified providers, and

interim assistance authorization agreements, proposed Minnesota Rules, parts 9500.1254 and 9500.1256. In accordance with Minnesota Statutes, section 14.131, and the rules of the Office of Administrative Hearings, Minnesota Rules, part 1400.0500, subpart 1, the department's statement of need and reasonableness supports the proposed amendments, and does not cover existing rules not affected by the proposed amendments.

PART 9500.1200 PURPOSE AND APPLICABILITY.

Subpart 1. Purpose. This subpart states the purpose of the rule parts. Promulgation of parts 9500.1200 to 9500.1256 is mandated by Minnesota Statutes, sections 256D.01, subdivision 1b, 256D.04, 256D.06, and 256D.111, which instruct the commissioner to promulgate uniform rules consistent with law for carrying out and enforcing the provisions of the General Assistance Act. In order to fulfill this requirement, it is necessary for the commissioner to establish the rights and responsibilities of the Department, local agencies, and recipients of the general assistance program in order to adequately manage and control the administration of the program. It is reasonable to state the purpose in the rule parts in order to assist the public in determining the relevance of, and the interest in, the rule parts.

Subpart 2. Applicability. This subpart states the applicability of parts 9500.1200 to 9500.1256. Minnesota Statutes, section 256D.04 requires the commissioner to supervise the administration of the general assistance program. Minnesota Statutes, section 256D.06, subdivision 5 requires the commissioner to adopt rules which include methods by which local agencies shall identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled. It is therefore necessary to state the applicability of the rule parts in the beginning of the rule in order to inform interested parties of the scope and subject matter of the rules, and to give them notice of rule provisions which may affect their rights and interests. By describing to whom and how the rule parts in this section apply, interested parties can ascertain their role and responsibilities under these rules.

Minnesota Statutes, section 256D.01 to 256D.21 establish the requirements of the general assistance program in Minnesota. Moreover, Minnesota Statutes, section 256D.04 requires the commissioner to supervise the administration of the general assistance program as provided in Minnesota Statutes, section 256D.01 to 256D.21. Therefore, it is reasonable to refer to other Minnesota Rules that govern the general assistance program in order for interested parties to be informed that it is their responsibility to have knowledge of these rules prior to determining the meaning of parts 9500.1254 to 9500.1256 because the rules in total govern the general assistance program.

PART 9500.1206 DEFINITIONS.

This rule part defines words and phrases which have a meaning specific to parts 9500.1200 to 9500.1256, which may have several possible interpretations, or which need exact definitions to create consistency with Minnesota Statutes, Chapter 256D. Many definitions in this rule part apply to terms that are not used in proposed Minnesota Rules, parts 9500.1254 and 9500.1256, but which are used in other rules governing the general assistance program. In such cases,

the statement of need and reasonableness will discuss the reasonableness of proposed modifications in the context of the entire general assistance program, and not only in the context of Minnesota Rules, parts 9500.1254 and 9500.1256. Many definitions have merely been renumbered. Since these definitions have already been adopted as permanent rules, the statement of need and reasonableness will not address these definitions.

Subpart 1. Scope. This provision is modified to clarify that the definitions of parts 9500.1206 applies to the entire sequence of rules governing the general assistance program, renumbered at Minnesota Rules, parts 9500.1200 to 9500.1256.

It is reasonable to include definitions by reference in order to prevent duplication of rule content and to clarify when definitions are applicable.

Subpart 3. Advanced age. The term advanced age is used throughout the general assistance rules, and has a meaning specific to these rules. This term was previously defined at Minnesota Rules, part 9555.3400, subpart 3. It is necessary to modify this definition slightly to make it consistent with the definition in parts 9500.1100 [Emergency] and 9500.1200 [Emergency]. The modification is reasonable because the substitution of "his or her work history" for "that" clarifies the meaning without changing it.

Subpart 4. AFDC. This definition is needed to clarify that the abbreviated term, AFDC, means the specific federally funded program: Aid to Families with Dependent Children.This term has not previously been defined in permanent rules governing general assistance.

It is reasonable to include this definition to have the meaning of this term clearly established. Moreover, it is reasonable to use this abbreviation in order to delete unnecessary words in a reference frequently repeated in the rule parts.

Subpart 5. Applicant. This term was previously defined at Minnesota Rules, part 9555.3400, subpart 4. In 1985 the Minnesota legislature created a work readiness program for individuals who meet income and resource criteria of the general assistance program but do not fit any of the categories of eligibility for general assistance. It is necessary to modify the term "applicant" to reflect the fact that under Minnesota Statutes, section 256D.051 and Minnesota Rules, part 9500.1213, subpart 2 [Emergency], an individual with an application pending for general assistance has automatically applied for work readiness as well. This modification is reasonable because it clarifies that the term "applicant" applies to both the general assistance and work readiness programs, and is consistent with the definition in part 9500.1211, subpart 1 [Emergency].

Subpart 7. Assistance Unit. This term was previously defined at Minnesota Rules, part 9555.3400, subpart 6. It is necessary to modify this definition slightly to create consistency with the definition of "assistance unit" currently used in Minnesota Rules, part 9500.1101, subpart 5 [Emergency]. The modification clarifies who may be included in an assistance unit, consistent with Minnesota Statutes, section 256D.15, which defines relative's responsibility, and section 256D.05, subdivision 1, which requires eligibility to be determined for individuals and families. The reasonableness of these modifications was supported during the emergency rulemaking process.

Subpart 8. Costs or disbursements. This definition is needed to clarify that the "costs and disbursements" referred to in Minnesota Statutes, section 256D.06, subdivision 5, have a specific meaning, and that costs or disbursements means only the actual, out-of-pocket expenses incurred by a qualified provider for the provision of special services. This term has not previously been defined in permanent rules.

It is reasonable to include this definition to prevent confusion between the term "costs and disbursements" and the term "fees," and to have the term's meaning clearly established. It is reasonable to limit the definition of the term to actual, out-of-pocket expenses and disbursements to assure that a qualified provider receives reimbursement only for expenses that he or she actually incurs in providing special services to an applicant or recipient, and is not reimbursed beyond the level specified by statute.

Subpart 12. Fees. This definition is needed to clarify that the "fees," referred to in Minnesota Statutes, section 256D.06, subdivision 5, have a specific meaning, and that "fees" means the provider's charge for the hours of direct provision of special services. This term has not previously been defined in permanent rules.

It is reasonable to include this definition to prevent confusion between the term "fees" and the term "costs and disbursements," and to have the term's meaning clearly established. It is reasonable to limit the meaning of the term to only the provider's charge for hours of direct provision of special services to assure that the provider receives reimbursement only for services actually performed, and so that the provider does not receive reimbursement beyond that specified in statute.

Subpart 14. Good cause. The term "good cause" is used throughout the general assistance rules, and has a meaning specific to these rules. This term was previously defined at Minnesota Rules, part 9555.3400, subpart 12. It is necessary to modify this definition slightly to make it consistent with the definition in parts 9500.1100 [Emergency] and 9500.1200 [Emergency]. This modification was based on recommendation made by legal advocates during the development of emergency rules governing GA Categories of Eligibility and Work Readiness.

Subpart 13. Grant. It is necessary and reasonable to delete this definition because the term "grant" is no longer used in the general assistance rules. The rule part referenced in this definition has also been repealed.

Subpart 15. Initial SSI payment. The term "initial SSI payment" has not previously been defined in permanent rules. Under written agreement between the State of Minnesota and the Social Security Administration and pursuant to title 42, United States Code, section 1383 (g), only the first payment made by the Social Security Administration on behalf of a Supplemental Security Income (SSI) recipient may be paid directly to the local agency, thus permitting the local agency to recover the amount of state interim assistance paid to the recipient while his or her eligibility for SSI was being determined. Under Minnesota Statutes, section 256D.06, subdivision 5, the recipient is obligated to reimburse the local agency for the amount of interim assistance provided while the recipient's eligibility for SSI was being determined. The intent of both the state and federal statutes is to prevent recipients from receiving

both state and federal benefits for the same period of time. Once the recipient is determined eligible for SSI benefits, the recipient will receive monthly payments from the Social Security Administration. Defining the term "initial SSI payment" is necessary to create clarity in the rules and to specify which payments are subject to the recovery provisions of part 9500.1256, subparts 2 and 3.

Because the written agreement between Minnesota and the Social Security Administration states that only the initial payment of SSI benefits may be paid to the local agency, and that the only SSI payment from which the local agency may take reimbursement for the interim assistance provided to the recipient is the initial SSI payment, it is reasonable to define the term to include only the initial payment from SSI which includes any retroactive amount. The definition includes the amount of retroactive benefits paid to the recipient because such benefits correspond to a period of time for which the recipient was also receiving general assistance, thereby giving the recipient a "double benefit." It is reasonable to define it in this manner because it complies with the state/federal agreement and it informs interested parties of this payment procedure.

Subpart 16. Interim assistance. The term "interim assistance" has not previously been defined in permanent rules. Minnesota Statutes, section 256D.06, subdivision 2, states that the amount of assistance granted to an assistance unit shall be in an such an amount that when added to the nonexempt income actually available to the individual or family, the total amount equals the applicable standard of assistance established by the Commissioner. Minnesota Statutes, section 256D.06, subdivision 5, states that an applicant who is found eligible for maintenance benefits from another source must reimburse the local agency for the interim assistance provided if the payment of those other maintenance benefits coincides with the period for which general assistance was also received. The term "interim assistance" as used in that statute needs definition in order to clarify for affected parties the time period for which interim assistance reimbursement may be claimed, and the amount of reimbursement which the local agency may claim when a general assistance recipient is found eligible for payment of other maintenance benefits (including SSI benefits).

It is reasonable to define "interim assistance" as the amount of general assistance paid to the recipient's assistance unit for the period for which the first payment of other benefits is made, because that represents the amount of "double benefits" the recipient would receive from the two programs if reimbursement is not required. This definition therefore complies with Minnesota Statutes, sections 256D.06, subdivision 5, and section 256D.06, subdivision 2. It is also reasonable to limit recovery by the local agency to the amount of general assistance provided based upon the state standards specified in subparts 1, 2, and 3, to comply with a similar requirement contained in Minnesota Statutes, section 256D.06, subdivision 5.

Because the assistance unit member may become eligible for maintenance benefits from another source prior to, at the time of, or after eligibility for general assistance is established, it is reasonable to specify that the interim assistance period begins with the latter of those dates so that recovery corresponds to the time period during which the recipient receives benefits from both general assistance and the other maintenance benefits

program and so that compliance with Minnesota Statutes, section 256D.06, subdivision 5 is achieved. It is also reasonable to include this definition in the rules so that interested parties are informed and aware of this program procedure.

Subpart 17. Interim Assistance Authorization Agreement. This term has not previously been defined in permanent rules. Under Minnesota Statutes, section 256D.06, subdivision 5, a recipient of general assistance who is potentially eligible for maintenance benefits from any other source must complete an interim assistance authorization agreement on a form prescribed by the Commissioner, and, if found eligible for those other maintenance benefits, must reimburse the local agency for the interim assistance paid.

In order to comply with the statute, it is necessary to specify that the "interim assistance authorization agreement" is the form prescribed by the Commissioner which outlines the terms of the recipient's obligation to reimburse the local agency for the amount of interim assistance he or she received while eligibility for the other benefit program was being determined. It is reasonable because it complies with the provisions of Minnesota Statutes, section 256D.06, subdivision 5, and ensures that reimbursement will only be sought when the recipient has been found eligible for another program and has in fact received the first payment.

Subpart 19. Medical certification. This term was previously defined at Minnesota Rules, part 9555.3400, subpart 15. It is necessary to modify this definition to provide consistency with current emergency rule's definitions found in Minnesota Rules, parts 9500.1101, subpart 13 [Emergency], and 9500.1211, subpart 10 [Emergency]. The modification of this definition was made during the emergency rulemaking proceedings to include "licensed psychologists", who are amply qualified to make diagnosis regarding a number of conditions that are frequently relevant to a person's eligibility for general assistance, and to clarify that the person diagnosing or certifying a person's conditions must have adequate professional training and experience to make diagnosis in that specific area. The reasonableness of this modification was supported by comments received from legal advocates and other interested persons.

Subpart 16. MEED program. This definition is deleted because the MEED program is no longer referenced in these rules, and Minnesota Statutes, section 256D.111 no longer requires GA recipients to register with the MEED program.

Subparts 20 and 21. It is necessary to modify the definitions of "mentally ill" and "mentally retarded" to provide consistency with current emergency rule's definitions found in Minnesota Rules, parts 9500.1101, subparts 14 and 15 [Emergency] and 9500.1211, subpart 11 [Emergency]. These modifications were made during the emergency rulemaking proceedings to provide clarification of the definitions. The modifications do not result in any substantive changes to the rules, but merely avoid needless repetition of "medical certification." The reasonableness of the modification were supported by views and comments submitted by interested persons.

Subpart 21. Program. This definition is deleted because the term is no longer used in these rules.

Subpart 24. Other maintenance benefits. This term has not previously been defined in permanent rules. Minnesota Statutes, section 256D.06, subdivision 5, requires that any applicant who is potentially eligible for maintenance benefits from any other source must make application for those benefits. Because the term "other maintenance benefits" can have several meanings, it is necessary to create clarity by identifying those maintenance benefits for which an applicant or recipient must apply under part 9500.1254, subpart 4, item A. It is also necessary to identify those other benefits in order to implement the provisions of statute.

It is reasonable to include the maintenance benefits which are specified in this subpart because these benefit programs constitute major sources of alternative assistance which may be used to meet basic needs and which may reduce the need for a general assistance. The inclusion of these programs is therefore consistent with the statutory purpose of maximizing the use of other forms of assistance which may obviate the need to provide general assistance benefits. Since the local agency may identify maintenance benefits other than those listed for which the applicant or recipient may potentially be eligible and which must be applied for under Minnesota Statutes, section 256D.06, subdivision 5, it is reasonable to specify that the term "other maintenance benefits" includes other programs identified by the local agency which provide periodic payments that can be used to meet basic needs and which may reduce or eliminate the need for general assistance.

It is also reasonable to include this definition in order to inform affected parties of this provision within the rule parts.

Subpart 25. Potentially eligible. This term has not previously been defined in permanent rules. When implementing the provisions of Minnesota Statutes, section 256D.06, subdivision 5, and parts 9500.1254 and 9500.1256, the local agency must determine whether or not the applicant or recipient should be referred to another maintenance benefit program to apply for those other benefits. Such a decision is based on knowledge of the applicant's or recipient's circumstances and the eligibility criteria of the other program. Because different people can come to opposite conclusions concerning the applicant's or recipient's potential eligibility for another maintenance benefit program, it is necessary to create clarity by specifying the criteria for referral to another maintenance benefit program.

Because the local agency, due to geographic proximity and frequency of contact, should be knowledgeable about the applicant's or recipient's circumstances, and since the local agency has, through experience and training, become generally knowledgeable about the eligibility criteria of other maintenance benefit programs, it is reasonable to state that the determination of potential eligibility for and referral to another maintenance benefit program should be made by the local agency. It is also reasonable to establish that the determination of potential eligibility for and referral to another maintenance benefit program should rest with an agency which is trained and experienced in such determinations in order to inform affected parties of program provisions within the rule parts.

Subpart 26. Qualified provider. This term has not previously been defined in permanent rules. Minnesota Statutes, section 256D.06, subdivision 5, permits the local agency to contract with qualified persons for the provision of special assistance to the recipient in processing the recipient's claim for maintenance benefits from other maintenance benefit programs. Because the statute does not specify who a qualified person is, and since the term "qualified provider" as used in parts 9500.1254 and 9500.1256 is open to several interpretations, it is necessary to create clarity by specifying those persons and agencies with whom the local agency may contract to provide special services for recipients who may be eligible for SSI.

Since the SSI eligibility process requires specialized knowledge concerning medical, social, psychological, vocational, and legal factors, including the recipient's reaction to those factors, only those persons or agencies trained and/or experienced in these knowledge areas can be expected to effectively provide the special assistance required by statute. It is reasonable, therefore, to limit the definition of "qualified provider" to persons or agencies who have or who employ persons who have the experience and training necessary to effectively assist the recipient in applying for SSI.

It is reasonable to consider the local agency a qualified provider since local agencies have historically demonstrated their experience and training by providing such special assistance to their clients. Local agencies are generally familiar with the requirements for SSI eligibility and understand the workings of the application process for public assistance benefits. The local agency must also be considered a qualified provider in order to receive the reimbursement incentive specified in Minnesota Statutes, section 256D.06, subdivision 5, and in part 9500.1256, subparts 2 and 3.

Because a determination of eligibility for SSI is a legal determination that affects a persons rights, and because nonprofit legal assistance organizations employ persons who possess the needed education and experience, and because such organizations have historically demonstrated their experience and training in the provision of such assistance to recipients, it is reasonable to consider such organizations to be "qualified providers."

Since a private attorney at law has education and experience similar to that of staff employed by a nonprofit legal assistance organization, it is reasonable to consider a private attorney at law a "qualified provider."

By virtue of education and training, it is also reasonable to grant "qualified provider" status to an agency that employs staff with a masters degree from an accredited program in social work, psychology, counseling, occupational therapy, or physical therapy.

Other persons or the staff of other agencies may possess sufficient training and/or experience to effectively provide the specialized services required to assist the applicant or recipient in applying for SSI benefits. Because the local agency is a "qualified provider," and since the local agency has a financial and service interest in assuring that applicants and recipients apply for and receive other maintenance benefits for which they qualify, it is reasonable to permit the local agency to confer "qualified provider" status to other persons or agencies who have the training or experience needed to provide such service.

It is reasonable to consider an agency or person who has demonstrated experience and/or training in the provision of special services to be a "qualified provider" because these agencies and persons have the knowledge and experience that can assist applicants and recipients in processing claims for SSI benefits.

Subpart 29. SSI. This definition is needed to clarify that the abbreviated term "SSI," means the specific federally funded program: Supplemental Security Income. This term has not previously been defined in permanent rules.

It is reasonable to have the meaning of "SSI" clearly established in the rule parts in order to avoid confusion. Moreover, it is reasonable to use this abbreviated term in order to delete unnecessary words in a reference frequently repeated in the rule parts.

Subpart 13. State participation. This term has not previously been defined in permanent rules. Minnesota Statutes, section 256D.03, subdivision 2, specifies that after December 31, 1980, state aid shall be paid to local agencies for 75 percent of all general assistance grants up to the standards of section 256D.01, subdivision 1, and according to procedures established by the Commissioner. As used herein, state participation has the same meaning as state aid. Because the term "state participation" has many meanings, and because the amount of state financial participation is different for the various income maintenance programs, it is necessary to create clarity by specifying that state participation means state aid to local agencies as specified in Minnesota Statutes, section 256D.03, subdivision 2. This definition is reasonable because it is consistent with the statutes governing general assistance.

Subpart 31. Suitable employment. This term was previously defined at Minnesota Rules, part 9555.3400, subpart 24. It is necessary to modify the definition of the term "suitable employment" to provide consistency with the definition currently found in Minnesota Rules, parts 9500.1101, subpart 19 [Emergency], and 9500.1211, subpart 15 [Emergency]. The modifications in this definition were made during the emergency rulemaking proceedings in response to concerns raised by legal advocates. The change in item B is reasonable because the determination of whether suitable employment exists is no longer made by vocational specialists under the general assistance and work readiness programs. The change to item D is reasonable because Minnesota Statutes, section 256D.111 no longer requires persons receiving GA to register with MEED, thus making it unnecessary and inappropriate to be singled out in this definition. Finally, temporary day labor is not secure enough employment to permit income to be projected, and is therefore not reasonably included in the definition. The reasonableness of these modifications was upheld during the emergency rulemaking process.

Subpart 32. Vocational specialist. It is necessary to make a clerical modification to this definition to reflect the 1985 legislative changes that changed the title of the Department of Economic Security to the Department of Jobs and Training.

Subparts 26, 27 and 28. These definitions are deleted because the terms, which were previously defined in Minnesota Rules, part 9555.3400, subparts 26 to 28, are no longer used in these rules.

PART 9500.1254 REFERRAL TO OTHER MAINTENANCE BENEFIT PROGRAMS.

Minnesota Statutes, section 256D.06, subdivision 5, requires the commissioner to adopt rules prescribing "methods by which local agencies must identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled." This statute also provides the commissioner with authority to adopt rules governing reimbursement to local agencies for providing special assistance to recipients in processing the recipient's application for benefits from another source. This rule part specifies the provisions for determining the potential eligibility of an applicant or recipient for other maintenance benefits, sets forth local agency and applicant or recipient responsibilities and rights, states the criteria and process for referral to another maintenance benefit program, and specifies the amount of reimbursement for interim assistance the local agency may retain.

Part 9500.1254 is necessary to carry out the general program requirements and rulemaking mandate in Minnesota Statutes, section 256D.06, subdivision 5. It is reasonable to specify the provisions contained in part 9500.1254 to inform affected parties of the requirements and responsibilities they are subject to under the general assistance program, and to establish specific guidelines for implementing the statutory requirements of Minnesota Statutes, section 256D.06, subdivision 5. The need for and reasonableness of each specific provision is established below.

Subpart 1. Screening requirement. Minnesota Statutes, section 256D.06, subdivision 5, specifies that an applicant who is potentially eligible for maintenance benefits from another source must apply for those benefits and complete an interim assistance authorization agreement. Minnesota Statutes, section 256D.01, subdivision 1, states that one of the objectives of general assistance is to maximize the use of federal money for public assistance programs, and that the policy of the state is to provide for persons who are unable to provide for themselves and who are not otherwise provided for by law. Minnesota Statutes, section 256D.01, subdivision 1a, states that a principle objective in providing general assistance is to provide for persons who are ineligible for federal programs and who are unable to provide for themselves. Minnesota Statutes, section 256D.06, subdivision 5, specifies that the rules adopted by the Commissioner must include the methods by which local agencies shall identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled.

These statutory provisions clearly require applicants to apply for maintenance benefits from other sources as an alternative to using general assistance. The statutes also clearly require the use of other maintenance benefits whenever a recipient is otherwise provided for by law. To implement these provisions of law and fulfill the objectives of the statutes, it is necessary to develop rules which clarify the methods and procedures to be used to refer clients to other maintenance benefit programs.

It is reasonable to specify that an applicant's or recipient's potential eligibility for other maintenance benefits must be determined by the local agency to avoid referring every applicant to all known maintenance benefit programs and requiring each program to formally determine the applicant's or recipient's eligibility. Because the local agency is knowledgeable of the existence and general requirements of other benefit programs, and because the

local agency has historically determined an applicant's or recipient's potential eligibility for other maintenance benefits, the local agency is in the best position to reduce unnecessary referrals by prescreening applicants and referring only those who appear to meet the eligibility requirements of the other program.

It is reasonable to require the local agency to determine the applicant's or recipient's potential eligibility for other maintenance benefit programs because the local agency is, by reason of geographic proximity and involvement in the person's case, knowledgeable about both the person's circumstances and the programs which may be available to applicants and recipients.

Minnesota Statutes, section 256D.06, subdivision 5, requires the Commissioner to adopt rules which specify the methods by which local agencies shall identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled. To implement this statute, it is necessary to specify when a recipient will be referred to another maintenance benefit program and the procedures which the local agency must follow.

Item A. It is reasonable to require the local agency to determine an applicant's potential eligibility at the time of application for general assistance so that the applicant can be referred to the most appropriate program as early as possible. Early referral will permit the applicant to receive the (generally) higher benefits more rapidly and will preserve state tax monies which fund the general assistance grant paid while the applicant is applying for other benefits. It is also reasonable to assist the applicant to receive (generally) higher benefits as soon as possible so that the applicant may more adequately provide for his or her subsistence needs.

Item B. A recipient of general assistance who was not eligible for other maintenance benefits at the time of application may later become eligible for other maintenance benefits. It is reasonable to specify that the recipient's potential eligibility for other maintenance benefits must be determined at the recipient's semiannual redetermination of eligibility for general assistance, because this is a time when the local agency is reviewing the recipient's basis of eligibility for general assistance, and any changes that have occured can be assessed without additional burden to either the local agency or the recipient. When the local agency determines that changes in the recipient's circumstances indicate potential eligibility for other maintenance benefits, it is also reasonable to require the local agency to act without delay. Specifying these provisions in the rules is a reasonable way to inform the local agency and the recipient of the program policies and procedures which affect him or her.

Item C. Requiring the local agency to document the results of its determination creates a record of the local agency decision. This record is necessary to enable the commissioner to carry out his responsibility to supervise the administration of general assistance under Minnesota Statutes, section 256D.04: to compile program statistics, to process an appeal of local agency action, and to review local agency administration of the general assistance program. It is reasonable to require local agency decisions to be documented on forms prescribed by the commissioner because a uniform record for review of the local agency program administration and service provision enables the commissioner to carry out his or her responsibilities more efficiently.

Subpart 2. Informing requirement. Minnesota Statutes, section 256D.06, subdivision 5, requires the Commissioner to adopt rules which specify the methods by which local agencies shall identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled. To implement the provisions of that statute, it is necessary to specify the procedures and methods which the local agency must follow when identifying and referring clients to other maintenance benefits. Subpart 2 prescribes the information a local agency is required to provide to an applicant or recipient whom it has determined to be potentially eligible for other maintenance benefits.

When the local agency determines that an applicant or recipient is potentially eligible for other maintenance benefits, it is reasonable to require the local agency to inform the applicant or recipient of his or her rights and responsibilities because it insures that the individual is aware of the requirements which he or she must comply with and the rights that he or she has under the general assistance program. This information enables the applicant or recipient to fulfill the requirements placed upon him or her, and to exercise his or her rights.

The reasonableness of the requirement to provide the information under items A to J is established below.

Item A. Minnesota Statutes, section 256D.06, subdivision 5, requires an applicant or recipient to apply for other maintenance benefits for which he or she may be eligible. It is reasonable to require that the applicant or recipient be informed of this statutory requirement so that he or she is aware that this requirement must be complied with to receive general assistance.

Item B. Minnesota Statutes, section 256D.06, subdivision 5, requires an applicant or recipient to execute an interim assistance authorization agreement. It is reasonable to inform the applicant or recipient of this statutory requirement so that he or she is aware that this requirement must be complied with in order to receive general assistance.

Item C. It is necessary for an applicant or recipient to comply with procedures established by other maintenance benefit programs for a determination of eligibility or ineligibility for the other program to be made. It is reasonable to inform the applicant or recipient that he or she must comply with those procedures so that failure to comply with an unknown requirement does not prevent the other program from properly determining if the applicant or recipient is actually eligible for other maintenance benefits. Without this requirement, the applicant or recipient could circumvent the intent of the requirement to apply for other maintenance benefits as provided by Minnesota Statutes, section 256D.06, subdivision 5.

Item D. The Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, prohibits the unauthorized exchange of private data on individuals, including data on individuals maintained by local agencies regarding the individual's eligibility for public assistance programs. The local agency, or where applicable, qualified provider, must share relevant information concerning the applicant or recipient with other maintenance

benefit programs to enable the applicant's or recipient's eligibility for other maintenance benefits to be determined. To accomplish this, Minnesota Statutes, section 13.05, subdivision 4, requires an applicant or recipient to complete an authorization or consent for the release of information so that the local agency or another qualified provider can provide the other maintenance benefit program with information which will directly influence the applicant's or recipient's eligibility for those benefits. It is reasonable to require the local agency to inform applicants and recipients of this requirement because it ensures that the applicant or recipient knows what action he or she is required to take.

Item E. This provision requires the local agency to provide the applicant or recipient with information on the amount of benefits he or she may be eligible to receive under another maintenance benefit program. It is reasonable to require the local agency to inform the applicant or recipient of benefits which may pay higher amounts or more appropriate types of benefits because the local agency has access to this information, and providing the information to the applicant or recipient will encourage him or her to apply for those other benefits.

Item F. It is reasonable to include this provision in the rule parts to ensure that the applicant or recipient knows where application can be made for other maintenance benefits. This information, which is readily available to the local agency, assists the applicant or recipient in applying for more beneficial or appropriate benefits, and enables him or her to comply with the statutory requirement to apply for those benefits.

Item G. An applicant or recipient may not know how to apply for other maintenance benefits. It is reasonable to require the local agency to provide the information on application because assisting the applicant or recipient in understanding the application procedures which he or she is required to follow is consistent with the obligation to assist the applicant under Minnesota Statutes, section 256D.06, subdivision 5.

Item H. Minnesota Statutes, section 256D.06, subdivision 5, provides that a local agency may provide special services to assist an applicant in applying for other benefits or may contract with a qualified provider to provide such assistance to the applicant. Part 9500.1256 allows the applicant to elect to receive special services and gives the applicant the right to choose to receive such services from either the local agency or another qualified provider. The applicant or recipient must be informed that special services are available and that he or she can choose either the local agency or another qualified provider to provide the special services before he or she can decide to use those services or exercise the right to select a qualified provider. It is reasonable to require the local agency to provide this information because it ensures that an applicant or recipient will be made aware of available services and his or her right to choose the provider of those services.

Item I. Subpart 4 imposes certain duties on the applicant to apply for other benefit programs. To insure compliance with these requirements and to maximize the use of federal assistance, subpart 5 allows the local agency to impose sanctions against a recipient for failing to comply with the duties specified in subpart 4. It is reasonable to require the local agency to

inform the applicant of the consequences of his or her failure to comply with the requirements of subpart 4 so that he or she may make an informed decision regarding compliance, and will be encouraged to comply with those requirements.

Item J. It is reasonable to require the local agency to inform the applicant or recipient of his or her right to appeal negative decisions made by the local agency so that the applicant or recipient can make an informed decision on whether to exercise that right when he or she feels that the agency action was improper.

Subpart 3. Referral requirement. Minnesota Statutes, section 256D.06, subdivision 5, requires the Commissioner to adopt permanent rules which specify the methods by which local agencies shall identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled. Minnesota Statutes, section 256D.04, subdivision 2, requires the Commissioner to develop uniform rules consistent with law for carrying out and enforcing the provisions of Minnesota Statutes, sections 256D.01 to 256D.21, to the end that general assistance may be administered as uniformly as possible throughout the state. This subpart prescribes uniform procedures local agencies must follow when an applicant or recipient is required to apply for other maintenance benefits, specifies the actions required of the local agency when it refers the applicant or recipient to another maintenance benefit program, and specifies exceptions to the requirement to make a referral. The provisions in this subpart are necessary to fulfill the mandates under Minnesota Statutes, sections 256D.06, subdivision 5, and 256D.04, subdivision 2.

It is reasonable to specify these requirements in the rule because it informs affected parties of the policies and procedures which must be complied with when local agencies refer an applicant or recipient to another maintenance benefit program.

Item A. It is reasonable to require the local agency to notify the other maintenance benefit program to insure that the other program receives accurate information regarding the referral, including who is being referred, and what basis the local agency has for making the referral. This rule provision is also reasonable because it ensures that the method of making a referral to another maintenance benefit program will be consistent statewide, and will provide uniform information to the other program. It is also reasonable to specify a uniform and consistent method of making a referral so that the local agency is informed that the information must be transmitted on a form prescribed by the commissioner.

Item B. Minnesota Statutes, section 256D.06, subdivision 5, requires that rules adopted by the Commissioner must include the methods by which local agencies shall identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled. This item and the following subitems are necessary because they specify the methods by which the local agency shall refer applicants and recipients who are identified as potentially eligible for the SSI program. SSI is the primary federal program for the disabled. When the Social Security Administration processes an application for SSI, they also check to see if the applicant is eligible for Social Security Disability benefits. SSI applicants are singled out to receive

special services under these rules because of the processing of SSI applications and because the Social Security Administration will only make initial SSI payments available to the local agency. This treatment of SSI applicants is reasonable because it is the only federal program from which the local agency can be assured of receiving interim assistance reimbursement, and reimbursement for the costs of providing special services.

The following provisions explain the reasonableness of each subitem.

Subitem (1). This provision is reasonable because it requires the local agency to offer the applicant or recipient the special services required under Minnesota Statutes, section 256D.06, subdivision 5, and prescribed under part 9500.1256, subpart 1. The applicant or recipient must be informed of the availability of the services if the applicant or recipient is to make a choice regarding whether or not to use the offered services.

Subitem (2). This provision informs the applicant or recipient of persons or agencies who are qualified to provide the special services specified in part 9500.1256, subpart 1. It is reasonable to inform the applicant or recipient of persons or agencies who are qualified to provide the special services so that the applicant or recipient knows who the existing providers are and can make a choice regarding whether or not or from whom to request assistance.

Subitem (3). This provision requires the local agency to refer the applicant or recipient to the local office of the Social Security Administration, where the applicant or recipient can apply for SSI benefits. It is reasonable to include this provision because it assists the applicant or recipient in complying with the requirements of Minnesota Statutes, section 256D.06, subdivision 5.

Subitem (4). The earliest possible date on which an applicant's eligibility may be established is the date on which the applicant was referred to the program. This provision is reasonable because by requiring the local agency to inform the Social Security Administration of the date of referral, the earliest potential date of eligibility for SSI can be established. By establishing the earliest date of SSI eligibility, the local agency will help the applicant or recipient obtain the most appropriate type and amount of maintenance benefits at the earliest possible time, and will protect state and county funds which would otherwise have been used to support the applicant or recipient. Helping the applicant or recipient obtain benefits for which he or she may be eligible is a reasonable way to ensure that state and county funds for GA are spent in compliance with Minnesota Statutes, section 256D.01, subdivision 1.

Subitem (5). An applicant or recipient may choose which qualified provider to receive services from. It is reasonable to refer the applicant or recipient to the chosen qualified provider because it informs the provider of the applicant's choice and the applicant's need for services, and it establishes the beginning date of services for purposes of payment for the provider's services. Requiring the local agency to enter into a contract with the chosen provider establishes a method of payment for the provider's services, provides a means of governing the provider's performance of special services, and implements the provisions of Minnesota Statutes, section 256D.06, subdivision 5, and part 9500.1256, subpart 3.

It is reasonable to inform the provider of the need for services so that the provider can determine whether or not to accept the case and begin service provision. Establishing the beginning date of services ensures that proper reimbursement for services can be calculated and paid.

Item C. Minnesota Statutes, section 256D.06, subdivision 5, requires an applicant who may potentially be eligible for other maintenance benefits to apply for those other maintenance benefits. The statute also requires the Commissioner to adopt emergency and permanent rules which include the methods by which local agencies shall identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled. This rule provision, which establishes a limit on local agencies referrals of recipients who may be eligible for other benefits, is necessary to comply with these statutory requirements.

When an applicant or recipient has already applied for and been found ineligible for maintenance benefits from another source, it is only reasonable to consider the applicant or recipient "potentially eligible" for those other benefits in a limited number of situations. To prevent inappropriate and unreasonable referrals of applicants and recipients who are known to be ineligible for the other maintenance benefits, it is reasonable to specify in the rule parts that the applicant or recipient is not required to apply again for those benefits unless it is known that the person's circumstances have changed, or the eligibility requirements of the other program have changed, and those facts may result in the applicant or recipient being found eligible for the other benefits.

Subpart 4. Requirements upon referral for other maintenance benefits. Minnesota Statutes, section 256D.06, subdivision 5, requires an applicant, otherwise eligible for maintenance benefits from any other source to (a) make application for those benefits within 30 days of the general assistance application; and (b) to execute an interim assistance authorization agreement on a form as directed by the Commissioner. The statute also requires the Commissioner to adopt emergency and permanent rules which specify the methods by which local agencies shall identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled.

In order to implement these statutes and maximize the use of federal funding whenever possible, it is necessary to specify the requirements which applicants and recipients must comply with, and to prescribe the methods by which the local agency must refer and assist an applicant or recipient who is potentially eligible for other maintenance benefits. It is reasonable to specify the requirements and actions which must be complied with by the applicant or recipient and the local agency so that the applicant or recipient is aware of the requirements that must be complied with and can take steps to comply or appeal. It is reasonable to inform the local agency of the methods which it must employ in order to properly implement the provisions of statute.

Item A. Minnesota Statutes, section 256D.06, subdivision 5, requires an applicant of general assistance to apply for other maintenance benefits for which he or she may be eligible within 30 days of the application for general

assistance. The intent of the statute is clearly to provide a 30 day period during which the applicant must comply. Because the applicant will not know that he or she must apply for another benefit program until the local agency determines his or her potential eligibility for and completes a referral to the other maintenance benefit program, it is possible that much of the 30 day period will already have elapsed.

It is reasonable to specify that the applicant must be given 30 days from the date of referral to the other maintenance benefit program within which to apply for those benefits in order to provide the full 30 day period specified in the statute.

Minnesota Statutes, section 256D.01, subdivision 1, states that one of the objectives of sections 256D.01 to 256D.21 is to maximize the use of federal money for public assistance programs. That statute also states that the policy of this state is to provide for persons who are unable to provide for themselves and who are not otherwise provided for by law. Minnesota Statutes, section 256D.01, subdivision 1a, states that a principle objective in providing general assistance is to provide for persons who are ineligible for federal programs and who are unable to provide for themselves.

Requiring a recipient or an applicant to apply for maintenance benefits for which they are potentially eligible is consistent with the policies and objectives of the general assistance program, as set out in these statutes, and is a reasonable means of ensuring that general assistance is not provided where an individual is eligible for a federal program or is otherwise provided for by law.

In order to comply with Minnesota Statutes, section 256D.06, subdivision 5, and in order to provide equal treatment within the general assistance program, it is reasonable to require in rule that the recipient who has been determined potentially eligible for and referred to another maintenance benefit program must apply for those other benefits within 30 days of the date of referral.

To assure that the recipient has applied for the other benefits to which he or she has been referred, it is necessary to verify whether or not the application has been made. It is reasonable to state that when the recipient has not furnished verification of his or her application for the other maintenance benefit program, the local agency must contact the local office of the other maintenance benefit program to determine if the recipient has applied within the 30 days provided because this insures that individuals who have complied will not suffer any adverse consequences. It is reasonable to include this provision in the rule parts in order to implement the provisions of Minnesota Statutes, section 256D.01, subdivisions 1 and 1a, and section 256D.06, subdivision 5.

It is reasonable to state that the determination of the other maintenance benefit program local office establishes whether or not the recipient has made application for those benefits, because the local office of the other maintenance benefit program is responsible for accepting applications for those benefits. Accepting the verification of application by the agency charged with accepting applications for another maintenance benefit program assures that a proper and correct determination will be made by the local agency.

Minnesota Statutes, section 256D.01, subdivisions 1 and 1a, and section 256D.06, subdivision 5, require the use of other maintenance benefits when a person could be provided for through another maintenance benefit program and specifically requires a general assistance applicant to apply for other benefits within 30 days.

It is necessary to determined a recipient ineligible for general assistance pursuant to subpart 5 if application is not made for those other benefits within the prescribed 30 days in order to insure compliance with the statute and to establish an appropriate sanction for the failure to comply. It is reasonable to include this provision in these rules because it informs interested and affected parties of the consequences of failure to comply.

Minnesota Statutes, section 256D.10, states that no grant of general assistance except one made pursuant to sections 256D.06, subdivision 2 or 256D.08, subdivision 2, shall be reduced, terminated or suspended unless the recipient receives notice and is afforded an opportunity to be heard prior to any action by the local agency.

It is necessary to require the local agency to inform the recipient of its intent to terminate assistance when the other maintenance benefit program local office verifies that the recipient has failed to apply for those benefits in order to comply with statute and to ensure that the recipient's constitutional rights of due process are protected. Informing the recipient of the consequences of his or her action or inaction is reasonable because it insures that the recipient knows what steps are necessary to comply, that he or she can appeal, or that he or she must plan for the future. Include this provision in the rule parts is a reasonable way of informing interested and affected parties of this requirement.

Item B. The local agency or a qualified provider may possess information which is relevant to the determination of eligibility for another maintenance benefit program. Data collected, disseminated, or maintained by the local agency concerning an applicant or recipient is subject to the provisions of the Data Practices Act, Minnesota Statutes, section 13.01 et seq., and in most circumstances cannot be disseminated without the signed informed consent of the applicant or recipient. Data in the possession of a qualified provider who is attempting to assist the applicant or recipient to obtain other maintenance benefits may also be subject to data disclosure rules or laws. Local welfare agencies and other parties under contract with such agencies may be subject to civil liability and damages for releasing certain data on individuals in violation of the Data Practices Act.

Because that information may be essential to the determination of eligibility for another maintenance benefit program, it is necessary to require the applicant or recipient to authorize the release of relevant information from the local agency or a qualified provider to the other maintenance benefit program office within 30 days of the date of referral so that eligibility for the other benefits can properly be determined without delay and so that the provisions of Minnesota Statutes, section 256D.01, subdivisions 1 and 1a, and section 256D.06, subdivision 5, can be implemented. Obtaining the informed, written consent of the applicant or recipient is reasonable because it permits the exchange of relevant data regarding the applicant in a manner that complies with the statutory requirements of the Data Practices Act, Minnesota

Statutes, section 13.05, subdivision 4. It is reasonable to specify that the data to be exchanged must be relevant to qualifying for benefits from the other program in order to protect the data privacy of the applicant or recipient.

Under Minnesota Statutes, section 13.46, subdivision 2, if a qualified provider were considered part of the welfare system under Minnesota Statutes, section 13.46, subdivision 1, the provider could be required to release data to the local agency or could be permitted to obtain data from the local agency which is not related to the determination of the applicant's or recipient's eligibility for other maintenance benefits.

Minnesota Statutes, section 13.46, subdivision 1(c) permits welfare agencies contracting with private entities to specify in the contract whether or not the private entity is included in the "welfare system" for purposes of Minnesota Statutes, section 13.46. To protect the data privacy of applicants and recipients it is necessary to specify that a qualified provider is not part of the welfare system under Minnesota Statutes, section 13.46, subdivision 1. This provision is reasonable because it insures that the confidentiality of information which is unrelated to the determination of eligibility or ineligibility for another maintenance benefit program is preserved.

Minnesota Statutes, section 256D.01, subdivisions 1 and 1a, and section 256D.06, subdivision 5, require the use of other maintenance benefits when a person could be provided for through another maintenance benefit program.

It is necessary to determine a recipient ineligible for general assistance pursuant to subpart 5 if the recipient does not authorize the local agency or a qualified provider to exchange relevant information with the other maintenance benefit program within the prescribed 30 days to create consistency with statute and to establish sanctions for the failure to comply. Failure to provide consent for the exchange of information could prohibit the local agency or another qualified provider from providing the other benefit program with information necessary to determine the applicant or recipient's eligibility for the other programs, thereby frustrating the intent of the general assistance statute. It is reasonable to include this provision in the rules because it informs the recipient of the consequences of his or her action or inaction.

Minnesota Statutes, section 256D.10, states that no grant of general assistance except one made pursuant to sections 256D.06, subdivision 2 or 256D.08, subdivision 2, shall be reduced, terminated or suspended unless the recipient receives notice and is afforded an opportunity to be heard prior to any action by the local agency. It is necessary to require the local agency to inform the recipient of its intent to terminate assistance when the recipient has failed to authorize the local agency or a qualified provider to exchange relevant information with the other maintenance benefit program to comply with this statute and to preserve the recipient's constitutional right to due process. Informing the recipient of the consequences of his or her action or inaction insures that the recipient knows what steps he or she can take to comply, that he or she can appeal, or that he or she must otherwise plan for the future. It is reasonable to include this provision in the rule parts to inform interested and affected parties of these requirements.

Item C. The intent of Minnesota Statutes, section 256D.06, subdivision 5, is to require the use of other maintenance benefits rather than general assistance whenever an applicant or recipient of general assistance would be eligible for those other maintenance benefits. In order to have another maintenance benefit program determine the eligibility or ineligibility of a person applying for those benefits, the person must comply with the procedures which that program uses when determining eligibility. If the person does not comply with the procedures of the other program, the person's eligibility cannot properly be determined, and the person may be determined ineligible when the person would have been found eligible if he or she would have complied.

Therefore, it is necessary to require an applicant or recipient of general assistance to comply with the procedures necessary for the determination of eligibility or ineligibility for another maintenance benefit program when the local agency has determined that the applicant or recipient is potentially eligible for those benefits and has referred the applicant or recipient to that other maintenance benefit program. Stating this requirement in these rules is reasonable because it informs interested and affected parties of the necessity to cooperate and comply.

Minnesota Statutes, section 256D.01, subdivisions 1 and 1a, and section 256D.06, subdivision 5 require the use of other maintenance benefits when a person could be provided for through another maintenance benefit program.

Requiring a local agency to determine a recipient ineligible for general assistance pursuant to subpart 5 if the recipient does not comply with the procedures necessary for the determination of eligibility or ineligibility for maintenance benefits from another source is necessary to encourage compliance with statute and to establish a sanction for the failure to apply. This provision is reasonable because the applicant or recipient can avoid the consequence by complying prior to the termination date.

Minnesota Statutes, section 256D.10, states that no grant of general assistance except one made pursuant to sections 256D.06, subdivision 2, or 256D.08, subdivision 2, shall be reduced, terminated or suspended unless the recipient receives notice and is afforded an opportunity to be heard prior to any action by the local agency.

It is necessary to require the local agency to inform the recipient of its intent to terminate assistance when the local agency determines that the recipient has not complied with those procedures necessary for the determination of eligibility or ineligibility for another maintenance benefit program to comply with statute and to preserve the recipient's constitutional right to due process. Informing the recipient of the consequences of his or her action or inaction is reasonable because it insures that the recipient knows what steps he or she must take to comply, that he or she can appeal, or that he or she must otherwise plan for the future. It is reasonable to include this provision in the rule parts because it informs interested and affected parties of these requirements.

Item D. Minnesota Statutes, section 256D.06, subdivision 5 requires a person who is otherwise eligible for general assistance and potentially eligible for another maintenance benefit program to execute an interim assistance

authorization agreement on a form as directed by the Commissioner. The statute also requires a recipient to reimburse the local agency for the interim assistance provided when found eligible for other maintenance benefits.

This rule provision is necessary to comply with statute.

Minnesota Statutes, section 256D.01, subdivisions 1 and 1a, and section 256D.06, subdivision 5, require the use of other maintenance benefits when a person could be provided for through another maintenance benefit program.

It is necessary to require that a recipient be determined ineligible for general assistance pursuant to subpart 5 if he or she does not complete the interim assistance authorization agreement within the prescribed 30 days to encourage compliance with the statute and to establish a sanction for the failure to apply.

Minnesota Statutes, section 256D.10, states that no grant of general assistance except one made pursuant to sections 256D.06, subdivision 2, or 256D.08, subdivision 2, shall be reduced, terminated or suspended unless the recipient receives notice and is afforded an opportunity to be heard prior to any action by the local agency.

It is necessary to include a notice provision in the rule parts to comply with statute and to guarantee the recipient's constitutional right to due process. It is reasonable to require the local agency to inform the recipient of its intent to terminate assistance when the local agency determines that the recipient has not executed an interim assistance authorization agreement because it informs the recipient of the consequences of his or her action or inaction, insures that the recipient knows what steps to take to comply and that he or she can appeal.

Subpart 5. Ineligibility. Minnesota Statutes, section 256D.06, subdivision 5, requires the Commissioner to adopt emergency and permanent rules which include the methods by which local agencies shall identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled. Minnesota Statutes, section 256D.04, clause (2), requires the Commissioner to promulgate uniform rules consistent with law for carrying out and enforcing the provisions of sections 256D.01 to 256D.21 to the end that general assistance may be administered as uniformly as possible throughout the state. This part specifies the actions to be taken by the local agency when a recipient has failed, without good cause to comply with the requirements of Minnesota Statutes, section 256D.06, subdivision 5, and the provisions of subpart 4 of these rules. It is necessary to include these provisions in the rules to clarify for the local agency and other interested and affected parties what happens when a recipient fails to comply with statutory requirements.

It is reasonable to specify these requirements in the rules so that affected parties are informed of the consequences of their action or inaction, and so that the program is operated statewide, in an efficient and uniform manner.

Item A. Minnesota Statutes, section 256D.06, subdivision 5, requires the Commissioner to adopt emergency and permanent rules which include the methods by which local agencies shall identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled.

Many of the persons referred to another maintenance benefit program will be aged, disabled, mentally ill or mentally retarded. Because of these limitations, it may be difficult for the person to fully comprehend what is being required, and how to comply with the requirements. It is necessary to require the local agency to assist the recipient in order to insure the recipient's understanding of the program requirements and to insure that any circumstances which have prevented the recipient from complying with program requirements are resolved.

Minnesota Statutes, section 256D.10, states that no grant of general assistance except one made pursuant to section 256D.06, subdivision 2 or 256D.08, subdivision 2, shall be reduced, terminated or suspended unless the recipient receives notice and is afforded an opportunity to be heard prior to any action by the local agency. It is therefore necessary to require the local agency to provide notice in advance of benefits being terminated.

In order to insure that the recipient is aware of and understand the requirements which must be complied with, as well as the consequences of failing to comply, it is reasonable to require the local agency to provide the recipient with a second notice of the requirements which must be met and to offer assistance to overcome the circumstances which prevent compliance so that the recipient can take steps to comply, can appeal, or can otherwise plan for the future.

It is necessary to prescribe a time period for this notice to be given to insure that the recipient is given adequate time to respond, either by complying or appealing. It is reasonable to require that the second notice be provided to the recipient at least 30 days before suspending, reducing or terminating assistance because that period of time will permit the recipient to request help to comply, if needed, and will permit sufficient time in which to comply.

It is reasonable to require that the second notice be provided to the recipient on a standardized form in order to provide consistent information to recipients statewide, assuring equal treatment.

The reasonableness of the required contents of the second notice is described below.

Subitem (1). This provision informs the recipient of the requirements which the local agency believes the recipient has not complied with and informs the recipient that they must be complied with in order to avoid or end a period of ineligibility. It is reasonable to require the notice to contain this information because it enables the recipient to respond by complying or showing, on appeal, that he or she has already complied.

Subitem (2). This provision informs the recipient of the action which the local agency intends to take if the recipient does not comply, the date the action is planned, and the right to appeal. It is reasonable to require the

notice to contain this information because having this information enables the recipient to respond in a timely manner, with the knowledge of consequences for failure to respond, and gives the recipient notice of the right to appeal if the recipient believes he or she has already complied or has good cause for not complying.

Subitem (3). This provision requires the local agency to offer assistance to the recipient to resolve the problems which prevent compliance. It is reasonable to require this offer of assistance to be included in the notice because the persons affected by these rules may be disabled, mentally ill or mentally retarded, and the local agency may be in a position to readily assist the recipient. This provision is also consistent with the statutory intent of helping general assistance applicants qualify for other forms of assistance.

Subitem (4). This provision reminds the recipient that special services are available which can help the recipient comply and apply for SSI benefits. It is reasonable to require the notice to contain this information because it enables the recipient to choose whether or not to make use of the services and will help to resolve problems the recipient has in meeting the requirements of subpart 4.

Item B. Because the intent of the requirements and the statute is to assure that a recipient makes use of other maintenance benefits for which he or she may be eligible, it is reasonable to state that a period of ineligibility must not be imposed if the recipient complies with the requirements before ligibility is scheduled to begin.

Item C. Minnesota Statutes, section 256D.04, clause (2), requires the Commissioner to promulgate uniform rules consistent with sections 256D.01 to 256D.21 to the end that general assistance may be administered as uniformly as possible throughout the state. Minnesota Statutes, section 256D.01, subdivisions 1 and 1a, and 256D.06, subdivision 5 require that a recipient who is otherwise eligible for general assistance and potentially eligible for another maintenance benefit program apply for and use those programs, if eligible. When a recipient is found eligible for another maintenance benefit program, the need for general assistance is eliminated, and state and county funds which would have been used to provide general assistance are preserved. If a recipient refuses to apply for or use another maintenance benefit program, state and county funds are not preserved and the requirements of the statute are not met.

It is therefore reasonable to specify that a recipient's failure to cooperate with the statutory and program requirements, even after the offer of special assistance and the provision of a second notice of the requirements which must be met, will result in ineligibility for general assistance. In addition, it is reasonable to find the recipient ineligible in order to preserve county and state funds and to exercise prudent management of public funds. Finally, this rule part is reasonable because it establishes a uniform, statewide policy and procedure for general assistance.

Minnesota Statutes, section 256D.04, clause (2), requires the Commissioner to promulgate uniform rules consistent with sections 256D.01 to 256D.21 to the end that general assistance may be administered as uniformly as possible throughout the state.

A monthly payment of general assistance is usually provided on the first of the month and covers the entire month. Because assistance will often have been provided to the recipient for the month in which the person is determined to have not complied, it is reasonable to specify that the period of ineligibility must begin on the first calendar month following the 30 day period specified in the second notice provided to the recipient. This provision will assure that ineligibility follows rather than precede the finding of ineligibility and will clarify that the amount of assistance already provided to the recipient does not need to be repaid. This rule provision is also reasonable because it establishes a uniform, statewide policy and procedure.

Because a recipient may comply with the requirements after eligibility for general assistance is terminated, and because the intent of the requirements is to assure that the recipient makes use of other maintenance benefits for which he or she may be eligible, it is reasonable to specify that the period of ineligibility ends when the person meets the requirements specified in subpart 4.

A person who is determined ineligible for general assistance for failure to comply with the requirements of subpart 4 may apply for assistance during the period of ineligibility. To create consistency with the finding of ineligibility and to prevent rendering the finding of ineligibility of no effect, it is reasonable to prescribe that if the person applies for general assistance during the period of ineligibility the application must be denied unless the requirements of subpart 4 have been met.

Item D. When a person is determined ineligible for general assistance because of failure to comply with the requirements of subpart 4, the person's needs must not be met through the monthly payment to the person's assistance unit. If additional persons remain in the assistance unit, confusion is created concerning the amount of assistance to provide to the remaining members.

This rule provision is necessary in order to create clarity and ensure uniform statewide policy and procedure. It is reasonable to state that the amount of assistance that must be provided to the remaining members of the ineligible person's assistance unit must be based upon the assistance standard applicable to the number of remaining members. This provision is reasonable because it ensures that the remainder of the assistance unit does not suffer from the ineligible recipient's failure to comply and at the same time imposes a financial sanction against the recipient for failing to comply with the requirements of subpart 4.

Subpart 6. Appeals. Minnesota Statutes, section 256D.10, states that a recipient must receive notice and be afforded an opportunity to be heard prior to the reduction, suspension, or termination of his or her general assistance grant. The statute further provides that a recipient has the right to a full administrative and judicial review of an order or determination of a local agency under Minnesota Statutes, section 256.045.

To provide consistency with these statutes, it is necessary to provide that a recipient who is determined ineligible under subpart 5 may appeal the determination by submitting a written request for a hearing in accordance with

Minnesota Statutes, section 256D.045. Including this provision in the rule is reasonable because it informs interested and affected parties of this statutory right, enabling recipients to exercise the right.

When a recipient appeals a local agency determination that the recipient is ineligible due to his or her failure to comply with subpart 4, a final determination of the recipient's eligibility or ineligibility is not arrived at until the commissioner issues an order deciding the appeal. Minnesota Statutes, section 256D.10 states that the recipient must be afforded an opportunity to be heard before the local agency takes any adverse action against the recipient's grant. In order to comply with this requirement and ensure that the recipient is not deprived of his or her constitutional right to due process, as defined in Goldberg v. Kelly and its progeny, it is both necessary and reasonable to continue a recipient's general assistance benefits when the recipient has filed a timely appeal.

Subpart 7. Reimbursement for interim assistance. This subpart is necessary to comply with the mandate in Minnesota Statutes, section 256D.06, subdivision 5, which states that a recipient who is found eligible for benefits from another source, and who receives payment from another source relating to the period during which general assistance was also being received, shall be required to reimburse the local agency for the interim assistance paid. The provision in this subpart is reasonable because it applies only where a person has signed an interim assistance agreement and can therefore be presumed to understand and acknowledge an obligation to reimburse the local agency for interim assistance. Furthermore, it applies only where a person has received the first payment from another maintenance benefit program, and requires reimbursement only for the amount of general assistance paid to the recipient for the period of time covered by the other payment. This provision is only intended to prevent the recipient from profitting from a double benefit.

Reimbursement for interim assistance provided to SSI applicants is handled under an agreement between the Department and the Social Security Administration, in accordance with title 42, United States Code, section 1383, subsection (g)(1). It is reasonable, therefore, to limit the application of this subpart to persons receiving maintenance benefits other than SSI. The provisions permitting a local agency to initiate a civil action to recover interim assistance is reasonable to further compliance with the statutory mandate in Minnesota Statutes, section 256D.06, subdivision 5, referenced above. It is reasonable for the local agency to seek reimbursement pursuant to civil action since the interim assistance agreement constitutes the recipient's legal obligation to repay the local agency for the amount of interim assistance paid. See Tunncliff v. Commonwealth of Pennsylvania, Department of Public Welfare, 396 A.2d 1168 (1978); French v. Michigan Department of Social Services, 285 N.W. 2d 427 (Mich. App. 1979).

It is reasonable to specify that the local agency can retain only 25% of the interim assistance recovered, because under Minnesota Statutes, section 256D.03, subdivision 2, the state pays local agencies for 75% of all general assistance grants. It is reasonable to require the local agency to credit the balance to the state because this procedure meets state accounting requirements, and protects and conserves state funds.

Part 9500.1256 SPECIAL SERVICES FOR SSI APPLICANTS.

Subpart 1. Special Services. Minnesota Statutes, section 256D.06, subdivision 5, specifies that the Commissioner shall adopt rules authorizing local agencies to retain from the amount recovered under an interim assistance agreement 25 percent plus actual reasonable fees, costs, and disbursements of appeals and litigation of providing special assistance to the recipient in processing the recipient's claim for maintenance benefits from another source. That statute also authorizes local agencies to contract with qualified providers to provide the special assistance, and requires that the rules include the methods by which local agencies identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled.

Part 9500.1256, subpart 1, specifies the special services which local agencies must offer to recipients, and for which reimbursement for fees, costs, and disbursements may be claimed. This subpart is necessary to implement the provisions of Minnesota Statutes, section 256D.06, subdivision 5.

The reasonableness of each special service contained in this part is established below.

Item A. This provision recognizes that an applicant or recipient is not likely to be familiar with the SSI program and that this lack of knowledge may be inhibiting to the applicant or recipient. It is reasonable to require the local agency or another qualified provider to offer additional explanation or counseling to an applicant or recipient who is not knowledgeable about SSI because it enables the applicant or recipient to become knowledgeable about the benefits for which he or she may be eligible, and encourages him or her to obtain and use those benefits.

Item B. This provision recognizes that many applicants or recipients may have difficulty understanding and completing the SSI application due to age, disability, mental illness or mental retardation. This provision is reasonable because requiring the local agency or another qualified provider to offer special assistance to the recipient in completing the SSI application insures that necessary information is entered on the application in the manner required, increasing the applicant's or recipient's chances of obtaining and using those benefits.

Item C. Eligibility for SSI is based on disability. This provision recognizes that an applicant or recipient who has a disability may have difficulty in understanding how to describe the disability is specific terms. This provision is reasonable because requiring the local agency or another qualified provider to offer assistance to the applicant or recipient in assessing his or her disability in relation to SSI eligibility criteria enables the applicant to make an informed decision regarding how to best present his or her case for eligibility, thereby increasing his or her chances of obtaining and using those benefits.

Item D. This provision recognizes that the Social Security Administration may require evidence or expect testimony to substantiate information provided by an SSI applicant. This provision is reasonable because requiring that the local agency or another qualified provider offer to provide currently

available evidence or expert testimony that may substantiate the presence or severity of blindness or disability insures that the Social Security Administration has available information that may increase the applicant's or recipient's chances of obtaining and using SSI benefits.

Item E. Where evidence or expert testimony is not already available, an applicant or recipient may be required to obtain it in order for the Social Security Administration to make a determination of the applicant or recipient's eligibility ofr SSI. This provision recognizes that the applicant or recipient may have difficulty understanding what is required and how to obtain it. This provision is reasonable because requiring the local agency or another qualified provider to offer assistance to the applicant or recipient in obtaining evidence or testimony and cooperating with the Social Security administration procedures and agencies insures that the Social Security Administration obtains information that may increase the applicant's or recipient's chances of obtaining and using SSI.

Item F. This provision recognizes that transporation may not be readily available to applicant's or recipients due to their limited incomes and disabilities, and that applicant's or recipients may be unfamiliar with transporation that is available. This provision is reasonable because requiring the local agency or another qualified provider to offer assistance to the applicant or recipient with transportation necessary during his or her attempts to obtain SSI benefits insures that he or she can travel to the Social Security Administration offices, to medical providers, and to hearings or litigation proceedings, thereby increasing the applicant's or recipient's chances of obtaining SSI benefits.

Item G. This provision recognizes that a carefully prepared and articulately presented case is important. Many applicants or recipients may be incapable of such preparation and presentation because of their age, disability, or lack of education in specific areas. This provision is reasonable because requiring the local agency or another qualified provider to offer assistance with preparation for and representation at interviews, hearings, or appeals related to SSI application insures that the applicant's or recipient's case will be effectively prepared and presented, thereby increasing the applicant's or recipient's chances to receive SSI benefits.

Item H. This provision is reasonable because developing a contract with a qualified provider is a service which the local agency is required to provide under Minnesota Statutes, section 256D.06, subdivision 5, and as such is reasonably reimbursable under Minnesota Statutes, section 256D.06, subdivision 5, and the provisions of subparts 2 and 3 of these rules.

Item I. This provision recognizes that services other than those specified may be needed when assisting the applicant or recipient to apply for and obtain SSI benefits. This provision is reasonable because services that assist the applicant or recipient establish eligibility for SSI benefits, should be considered special services under Minnesota Statutes, section 256D.06, subdivision 5, and thus be eligible for reimbursement under the provisions of subparts 2 and 3.

Subpart 2. Reimbursement for interim assistance and special services. Minnesota Statutes, section 256D.06, subdivision 5, states that the recipient

shall be required to reimburse the local agency for the interim assistance paid if the general assistance recipient is found eligible for other maintenance benefits and payment of those other benefits has been received for a time period during which general assistance was also paid. The statute also states that the Commissioner shall adopt rules which authorize local agencies to retain from the amount of interim assistance recovered under an interim assistance authorization agreement 25 percent plus actual reasonable fees, costs, and disbursements of appeals and litigation, of providing special assistance to the recipient in processing the recipient's claim for maintenance benefits from another source.

Subpart 2 is necessary to carry out this statutory mandate. This subpart clarifies the method of determining the amount of reimbursement to the local agency for providing interim assistance, the amount of reimbursement available to the local agency for providing special services to applicants or recipients who apply for SSI benefits, and the documentation requirements when claiming reimbursement, so that compliance with Minnesota Statutes, section 256D.06, subdivision 5, is achieved.

Item A. Minnesota Statutes, section 256D.06, subdivision 5, states that the general assistance recipient shall be required to reimburse the local agency for the interim assistance paid if the recipient is found eligible for other maintenance benefits and payment of those other benefits has been received for a time period during which general assistance was also paid. This provision is intended to prevent a recipient from obtaining a double benefit for the period of time in which he or she received general assistance. Title 42 of the United States Code, section 1383, subsection (g)(1), authorizes the state and its political subdivisions to obtain reimbursement for interim assistance furnished by the State to an individual who is determined eligible for SSI benefits.

Pursuant to a written agreement between the State of Minnesota and the Social Security Administration, entered into pursuant to Title 42, United States Code, section 1383(g)(1)-(4), when an applicant has executed an interim assistance authorization agreement and has been determined eligible for SSI benefits, the Social Security Administration will forward the initial payment of SSI benefits to the local agency.

Both the federal and state statutes specify that the local agency may recover from this initial SSI payment the amount of general assistance interim assistance provided to the recipient. Minnesota Statutes, section 256D.06, subdivision 5, states that the amount of interim assistance which may be recovered by the local agency cannot exceed the amount of general assistance paid during the time period to which the other maintenance benefits apply. Title 42, United States Code, section 1383, subsection (g)(4)(A) requires the State to pay to the individual the balance of the initial SSI payment that exceeds the reimbursable amount within 10 days.

It is therefore both necessary and reasonable to specify that the local agency must subtract from the initial SSI payment the amount of interim assistance paid to the recipient's assistance unit and forward the difference to the recipient within 10 days of receipt of the initial SSI payment so that compliance with these statute is achieved.

After determining the amount of interim assistance to recover and forwarding the balance of the initial SSI payment to the recipient, it is necessary to specify the amount of interim assistance the local agency may retain, the amount which must be paid to a qualified provider under subpart 3, and the amount which must be forwarded to the Department. Subitems (1), (2) and (3) are necessary to insure that a uniform, statewide procedure is followed by local agencies making this determination.

The following establishes the reasonableness for each subitem under item A.

Subitem (1). This provision is reasonable because it complies with Minnesota Statutes, section 256D.06, subdivision 5, and section 256D.03, subdivision 2, which permits the local agency to recover the county share of interim assistance which the local agency provided with its own funds. Minnesota Statutes, section 256D.03, subdivision 2, sets the county share of general assistance provided to a recipient at 25%.

Subitem (2). This provision is reasonable because it complies with Minnesota Statutes, section 256D.06, subdivision 5, which permits the local agency to retain, from the state's share of interim assistance provided, an additional 25% of the interim assistance recovered as an advocacy incentive. It is reasonable to limit the local agency's recovery by specifying that this 25% is available only where the local agency has provided at least minimal assistance to the SSI applicant to insure that local agencies are being "reimbursed" for services actually provided.

Subitem (3). This provision is reasonable because it complies with Minnesota Statutes, section 256D.06, subdivision 5, which permits the local agency to retain from the remaining 50% of the interim assistance recovered the actual reasonable fees, costs, and disbursements related to appeals and litigation and provision of special assistance to the recipient.

Item B. Minnesota Statutes, section 256D.06, subdivision 5, states that reimbursement for the interim assistance provided may not exceed the amount of general assistance paid. Item B is necessary to inform local agencies that reimbursement for special services is limited to the amount of recovery available from the initial SSI payment, and that additional reimbursement must not be sought from the recipient. Similarly, the local agency may not seek reimbursement unless the recipient is eventually found eligible for other maintenance benefits and receives the initial payment from the other benefit program.

This provision is reasonable because it insures that applicants or recipients who are forced to apply for SSI under part 9500.1254, and who are found to be ineligible for SSI will not have to bear the cost of that application. This provision also puts local agencies on notice as to the amount of reimbursement to expect, thus enabling them to plan their expenditures wisely.

Item C. Minnesota Statutes, section 256D.03, subdivision 2, states that state aid shall be paid to local agencies for 75 percent of all general assistance grants up to the standards established by the Commissioner.

It is reasonable to require that the balance of the initial SSI payment which is not retained by the local agency pursuant to item A or paid to another

qualified provider as reimbursement pursuant to subpart 9 must be credited back to the state because 75% of the interim assistance recovered by the local agency is actually state funds. It is reasonable to require that the state portion of the recovery must be netted from the state share of expenditures paid to the local agency as an advance payment for the next month's general assistance grants in order to meet accounting requirements. This provision is also reasonable because it protects and conserves state funds.

Item D. Minnesota Statutes, section 256D.06, subdivision 5, specifies that the Commissioner shall adopt rules, and may adopt emergency rules, authorizing local agencies to retain from the amount recovered under an interim assistance agreement 25 percent plus actual reasonable fees, costs and disbursements of appeals and litigation, of providing special assistance to the recipient in processing the recipient's claim for maintenance benefits from another source.

This provision is reasonable because it implements the statute and exercises prudent management of public funds by requiring the local agency to document the reasonable, actual fees, costs or disbursements which it or another qualified provider incurs in providing special services to the recipient.

Subpart 3. Reimbursement to qualified providers under contract to provide special services. Minnesota Statutes, section 256D.06, subdivision 5, states that the Commissioner shall adopt rules which authorize local agencies to retain from the amount of interim assistance recovered under an interim assistance authorization agreement 25 percent plus actual reasonable fees, costs, and disbursements of appeals and litigation, of providing special assistance to the recipient in processing the recipient's claim for maintenance benefits from another source. The statute also states that the local agency may contract with qualified persons to provide the special assistance.

This subpart is necessary to carry out the statutory mandate, and to specify the contracting procedures and payment methods which the local agency must use when contracting with a qualified provider of special services. The reasonableness of each item is established below.

Item A. Minnesota Statutes, section 256D.06, subdivision 5, specifies that a local agency may enter into a contract with a qualified provider to provide special services to an applicant or recipient.

In order to implement the provisions of statute, it is both necessary and reasonable to require a qualified provider to enter into a contract with the local agency in order to receive reimbursement for the provision of special services.

Minnesota Statutes, section 256D.04, clause (2), requires the Commissioner to promulgate uniform rules consistent with law for carrying out and enforcing the provisions of sections 256D.01 to 256D.21 to the end that general assistance may be administered as uniformly as possible throughout the state.

It is therefore reasonable to specify that the contract must be on a standardized form so that the provisions of the contract are consistent statewide. It is reasonable to recognize that local county board contracting procedures may require modifications to the format of the contract and permit such modifications provided the changes do not alter the substance of the contract.

Item B. Minnesota Statutes, section 256D.06, subdivision 5, specifies that the local agency may reimburse a qualified provider through contract for the provision of special services.

Minnesota Statutes, section 256D.04, clause (2), requires the Commissioner to promulgate uniform rules consistent with law for carrying out and enforcing the provisions of sections 256D.01 to 256D.21 to the end that general assistance may be administered as uniformly as possible throughout the state.

This provision is necessary because it implements the provisions of statute, specifies the amount of reimbursement that qualified providers may obtain, and specifies the procedures by which such reimbursement shall be made. It is reasonable to allow qualified providers under contract with the local agency to recover fees, costs, and disbursements when it is a qualified provider other than the local agency that has provided the special services because the local agency is allowed to recover for these same things when they are providing special services.

Subitem (1). Minnesota Statutes, section 256D.04, clause (4), requires the Commissioner to accept and supervise the disbursement of any funds that may be provided by the federal government or from other sources for use in this state for general assistance. Minnesota Statutes, section 256D.04, clause (2), requires the Commissioner to promulgate uniform rules consistent with law for carrying out and enforcing the provisions of sections 256D.01 to 256D.21 to the end that general assistance may be administered as uniformly as possible throughout the state.

In order to protect and preserve public funds and to implement these statutes, it is necessary to specify that a qualified provider be reimbursed only when an applicant or recipient has been referred to the provider and only if the local agency receives an initial SSI payment for the recipient served. This provision is reasonable because it insures that public funds are spent only on services authorized, through contract, to be provided.

It is reasonable to state that reimbursement is available to the qualified provider only when the recipient has been referred as provided by subpart 3, item B, because the referral provides a formal mechanism for specifying which applicants or recipients are being served under the contract with the qualified provider so that reimbursement is provided only to recipients covered by the contract specified in Minnesota Statutes, section 256D.06, subdivision 5. It is also reasonable to include this provision in the rule parts in order to achieve statewideness and uniformity.

Because Minnesota Statutes, section 256D.06, subdivision 5, specifies that the money retained for the reimbursement of the fees, costs and disbursements related to provision of special services must be from the state share of the recovery, it is reasonable that reimbursement to the qualified provider shall be made by the local agency only when the initial SSI payment is received for the applicant or recipient and interim assistance has been recovered from which to make reimbursement.

Subitem (2). This provision is necessary to protect and conserve public funds and achieve statewide uniformity. The Equal Access to Justice Act established a federal program to provide legal services to persons without the financial

resources needed to pay for these services. Under the Equal Access to Justice Act, an attorney may be reimbursed up to $75 per hour of service when serving a client. Because this amount has previously been established as a reasonable maximum reimbursement amount, it is reasonable to adopt the same maximum rate for the provision of special services under the general assistance program.

Subitem (3). Minnesota Statutes, section 256D.04, clause (1), requires the Commissioner to supervise the administration of general assistance and general assistance medical care by local agencies as provided in sections 256D.01 to 256D.21. Clause (2) of that statute requires the Commissioner to promulgate uniform rules consistent with law for carrying out and enforcing the provisions of sections 256D.01 to 256D.21 to the end that general assistance may be administered as uniformly as possible throughout the state.

Reimbursement to a qualified provider under contract with the local agency will depend on the number of hours of services provided pursuant to item D. It is reasonable to require that the provider document the number of hours of service and costs and disbursements when requesting reimbursement so that sufficient information is available to accurately determine the amount of reimbursement to be made. This provision establishes a reasonable means of ensuring that public funds are protected.

Item C. This item establishes certain limits on the qualified providers' authority to seek reimbursement for special services from an applicant or recipient. It is necessary to protect applicants and recipients from being required to pay for services that are to be reimbursed only after the receipt of the initial SSI payment.

Subitem (1). Minnesota Statutes, section 256D.04, clause (1), requires the Commissioner to supervise the administration of general assistance and general assistance medical care by local agencies as provided in sections 256D.01 to 256D.21. Clause (2) of that statute requires the Commissioner to promulgate uniform rules consistent with law for carrying out and enforcing the provisions of sections 256D.01 to 256D.21 to the end that general assistance may be administered as uniformly as possible throughout the state.

Requiring an applicant or recipient to provide, from their personal funds, advance payment for special services would impose financial hardship on individuals with severely limited financial resources. In order to assure that a recipient is not required to provide advance payment for services which the local agency has required him or her to take, it is necessary to specify that the qualified provider must not require prepayment of any fees, costs or disbursements from the applicant or recipient. It is reasonable to include this provision in the rule parts because it informs a qualified provider that he or she may receive payment for fees, costs, and disbursements related to the provision of special services to the recipient only through the contract with the local agency.

Subitem (2). Minnesota Statutes, section 256D.04, clause (1), requires the Commissioner to supervise the administration of general assistance and general assistance medical care by local agencies as provided in sections 256D.01 to

256D.21. Clause (2) of that statute requires the Commissioner to promulgate uniform rules consistent with law for carrying out and enforcing the provisions of sections 256D.01 to 256D.21 to the end that general assistance may be administered as uniformly as possible throughout the state.

Under part 9500.1254, a recipient may be required to apply for other maintenance benefits. It is not reasonable to require the recipient to pay the qualified provider's fees, which may be as high as $75 per hour, for providing special services related to a mandatory application. If the recipient were required to reimburse the qualified provider for fees, the recipient would have to pay for services related to the requirement to apply for other maintenance benefits from his or her already limited income and resources.

It is therefore reasonable to specify that the qualified provider shall not seek reimbursement for fees from the applicant or recipient.

Permitting qualified providers to seek reimbursement for costs and disbursements directly from a recipient is necessary to insure the availability of competent, qualified providers. Without this provision, qualified providers might be reluctant to serve all but the most clearly eligible SSI applicants for fear of losing money in the process.

This provision is reasonable because, by requiring the qualified provider to inform the recipient that the recipient can obtain special services from the local agency without cost, the recipient is ensured of and aware of the option to receive such services from the local agency and will therefore not be or feel compelled to pay the qualified provider for special services.

Item D. Minnesota Statutes, section 256D.06, subdivision 5, specifies that the amount of funds which may be retained for the reimbursement of fees, costs and disbursements of providing special assistance to a recipient must be taken from the state share of the recovery.

This provision, which specifies that the total amount of reimbursement from the local agency to all qualified providers who serve an applicant or recipient must not exceed the state share of the recovery, is necessary to comply with statute. It provides that qualified provider's reimbursement must be taken from the share of interim assistance remaining after the local agency is reimbursed for the county's 25% of the general assistance payments. See Minnesota Statutes, section 256D.03, subdivision 2.

Minnesota Statutes, section 256D.03, subdivision 2, clause (b), specifies that the local agency may, from its own resources, make payments of general assistance to persons not meeting the eligibility standards of section 256D.05, subdivision 1, but for whom the aid would further the purposes established in the general assistance program in accordance with rules promulgated by the Commissioner. This provision also permits the local agency to pay general assistance at a level above the state standards. It is necessary to specify in these rules that the local agency may elect to provide additional amounts of reimbursement to a qualified provider for the provider's fees, costs and disbursements to comply with the statute. It is reasonable to limit this provision to expressly authorized amounts and to specify, in compliance with the statute, that these amounts be paid from local agency funds only.

Item E. Minnesota Statutes, section 256D.06, subdivision 5, specifies that the amount of funds which may be retained for the reimbursement of fees, costs and disbursements of providing special assistance to a recipient must be taken from the state share of the recovery. When an applicant or recipient is served by more than one qualified provider, and the amount of interim assistance recovered under subpart 2, item A, subitems (2) and (3) is less than the total amount of reimbursement sought by all providers the reimbursement to each provider may be less than the amount billed by that provider.

It is therefore necessary to specify a method of determining the amount of reimbursement which must be paid to each provider so that each provider receives fair treatment, and to insure that uniform reimbursement procedures are followed statewide.

Because providers may bill at greatly varying rates for the same unit of service, equal treatment would not be afforded by determining the amount of reimbursement to each based on the amount each billed.

Moreover, since providers may submit claims for reimbursement at different times, equal treatment would not be afforded by determining the amount of reimbursement to each based on when the request for reimbursement is received.

Specifying that the amount of reimbursement to each provider will be based upon the number of hours that each provider has served the applicant or recipient is therefore the most reasonable means of insuring equal treatment. This provision is also reasonable because it informs affected parties of the rule provisions which may effect them.

Item F. When an applicant or recipient is served by the local agency and one or more other qualified providers, and the amount of reimbursement sought by qualified providers is less than the amount of interim assistance retained under subpart 2, item A, subitems (2) and (3), it is necessary to specify the amount of reimbursement to be paid to the other providers and the amount the local agency may retain. The method prescribed in item F is reasonable because it ensures that the qualified providers are fully reimbursed for their actual fees, costs, and disbursements, and permits the local agency to retain up to the full 25% permitted under Minnesota Statutes, section 256D.06, subdivision 5, as an "advocacy incentive."

Item G. Minnesota Statutes, section 256D.04, clause (4), requires the Commissioner to accept and supervise the disbursement of any funds that may be provided by the federal government or from other sources for use in this state for general assistance and general assistance medical care. Clause (2) of that statute requires the Commissioner to promulgate uniform rules consistent with law for carrying out and enforcing the provisions of sections 256D.01 to 256D.21 to the end that general assistance may be administered as uniformly as possible throughout the state.

A qualified provider may have served an applicant or recipient in applying or attempting to qualify for SSI prior to that person's application for general assistance or prior to implementation of these rules. If the qualified provider is successful in helping the applicant or recipient obtain SSI benefits, the need for general assistance is reduced, state and county funds

are conserved, and the intent of Minnesota Statutes, section 256D.06, subdivision 5, is served. Reimbursement to the qualified provider will encourage early provision of services to persons who are or who become recipients of general assistance, thereby further conserving public funds. Providing reimbursement to qualified providers in this situation is therefore consistent with the intent of the statute.

This provision specifies that reimbursement is limited to services provided within 6 months of referral of the applicant or recipient to the qualified provider and that such reimbursement is not required if the contracting procedures of a particular local agency prohibit the payment to conserve state funds. These provisions are reasonable because they encourage providers to provide the special services authorized by statute, and insure that statewide uniformity is achieved. Six months is a reasonable time limit that insures that services reimbursed under these rules were not provided at so remote a time as to be unrelated to the intent of these rules.

Because Minnesota Statutes, section 256D.06, subdivision 5, specifies that the expense of providing special assistance to recipients may be reimbursed by the local agency from the state share of the interim assistance recovered, the local agency's only obligation to a qualified provider is to pay for services provided to a person who has received general assistance pending a determination of SSI eligibility. Because the local agency's obligation is to persons who are general assistance recipients, it is reasonable to state that payment for the provision of special services within six months of referral of the person to the qualified provider must be made only after reimbursement has been made for the provision of special services rendered to the person during the time the person was a recipient of general assistance.

Item H. Minnesota Statutes, section 256D.06, subdivision 5, specifies that the local agency may contract with qualified persons to provide special services to an applicant or recipient. A qualified provider may provide specialized services which are not available through the local agency. Likewise, the local agency may provide specialized services which are not available from another qualified provider. Item H specifies that a contract is to be used when a recipient or applicant requires or desires services from more than one qualified provider. It is necessary to require a contractual agreement because Minnesota Statutes, section 256D.06, subdivision 5, specifically authorizes local agencies to "contract" for special services.

Because the applicant or recipient may require both types of specialized services, it is reasonable to permit the local agency and another qualified provider to jointly provide the special services specified in subpart 1. The joint provision of special services is consistent with Minnesota Statutes, section 256D.06, subdivision 5, assures that the applicant's or recipient's need for special assistance is met, and insures a uniform statewide procedure.

Subpart 4. Termination of special services and contracts. Minnesota Statutes, section 256D.04, clause (4), requires the Commissioner to accept and supervise the disbursement of any funds that may be provided by the federal government or from other sources for use in this state for general assistance and general assistance medical care. Clause (2) of that statute requires the Commissioner to promulgate uniform rules consistent with law for carrying out and enforcing the provisions of sections 256D.01 to 256D.21 to the end that general assistance may be administered as uniformly as possible throughout the state.

In order to implement the provisions of statute, it is necessary to include this subpart to establish the procedures and methods for terminating special services and contracts, and to create statewide uniformity. The reasonableness of each item under this subpart is discussed below.

Item A. Under part 9500.1254, subpart 3, an applicant or recipient may choose to receive special services from a qualified provider. Because the applicant or recipient may choose whether or not to receive special services from a qualified provider, the applicant or recipient must also have the right to decide to discontinue receiving services from a chosen provider.

It is reasonable to specify that when an applicant or recipient requests in writing that the local agency terminate the special services agreement with a qualified provider, that the local agency must terminate the agreement and must mail written notice of the termination to the provider so that the provider does not attempt to provide additional services under an agreement that no longer exist.

It is reasonable to require the local agency to mail the provider a copy of the applicant's or recipient's termination request to verify that the applicant or recipient has requested termination of the agreement.

This provision specifies that the termination is effective three days after the notice of termination is mailed, and that services provided after that date are not eligible for reimbursement under subpart 3. This provision is necessary to clarify when termination of the agreement is effective and which services will not be reimbursed once the agreement is terminated. This provision is also necessary to create statewide uniformity. Three days is a reasonable time because it insures that the provider will receive the notice and will know, therefore, that further service to the applicant or recipient will not be reimbursed.

Item B. A qualified provider may choose to discontinue providing special services to a recipient. When the qualified provider chooses to discontinue service provision, the qualified provider has a duty to inform the recipient and the local agency that services will no longer be provided.

It is necessary to specify that when a qualified provider elects not to provide the special services in subpart 1 to a recipient, affected parties must be informed of the decision, and provided with certain information in order to make arrangements for providing continuing special services to the recipient, if appropriate. The reasonableness of the information required is established below.

Subitem (1). The applicant's or recipient's application for SSI may be dependent upon completing additional steps in SSI's application process. Because the applicant or recipient may need to complete those steps in order to be found eligible for SSI benefits, it is reasonable to specify that the qualified provider must inform the applicant or recipient and the local agency of the status of the applicant's or recipient's application for SSI benefits so that the applicant's or recipient's chances of obtaining SSI benefits are not reduced by the failure to complete the needed application steps.

Subitem (2). This provision is reasonable because it informs the applicant or recipient and the local agency of deadlines which are essential to determination of the applicant's or recipient's eligibility for SSI benefits, and enhances the applicant's or recipient's chances of being found eligible for those benefits.

Subitem (3). This provision is reasonable because it enables the applicant or recipient to exercise his or her right to select another qualified provider.

Subitem (4). This provision is reasonable because providing this information to the applicant or recipient may assist him or her in exercising the right to select another qualified provider.

Item C. If a qualified provider fails to perform all or part of the terms of the contract with the local agency, the local agency will have a cause for termination of the contract with a qualified provider. When the local agency does terminate the contract, it is necessary to require a written notice to be provided to the qualified provider and to the applicants or recipients being served by the provider to make sure they are informed of the termination. Specifying that the local agency must inform the qualified provider and recipients being served by the qualified provider that the contract is terminated is reasonable because it enables those parties to take appropriate action.

In order to provide the provider and the recipient sufficient information to enable them to exercise their rights to seek remedy, it is reasonable to inform the recipient and the provider of the reasons for the termination.

In order to assist the recipient to choose another qualified provider, it is reasonable to require the local agency to provide a list of qualified providers to the recipient.

It is necessary to clarify when the termination is effective and when services will no longer be eligible for reimbursement under subpart 3 to create uniformity and statewideness. It is reasonable to specify that the termination is effective three days after the notice of termination is mailed to the qualified provider and that services provided after that date are not eligible for reimbursement, because this insures that the provider has received the notice and is aware that further services to the applicant or recipient will not be reimbursed.

Fiscal Impact Statement of Parts 9500.1254 and 9500.1256, which Govern County Responsibilities for the Referral of General Assistance Applicants and Recipients to Other Maintenance Benefit Programs and for the Provision of Special Services to Supplemental Security Income Applicants.

The purpose of this statement is to identify the potential costs of implementing parts 9500.1254 and 9500.1256, and to explain why no net cost to counties should be expected.

The provisions of parts 9500.1254 and 9500.1256 which have a potential cost are the provisions requiring special services for SSI applicants.

The statutory provision, codified as Minnesota Statutes, section 256D.06, subdivision 5, which requires the provision of special services also provides for the costs of special services to be reimbursed. When this statutory provision was passed in 1984, no net cost to the State or the counties was assumed. This assumption still appears to be correct.

For every recipient who is placed on SSI who would otherwise be receiving General Assistance, the State saves $150 per month and the county save $50 per month in General Assistance costs. The State also saves approximately $120 per month, and the county $13 per month, through the shifting of medical costs from General Assistance Medical Care to Medical Assistance. The latter savings results from 53% Federal funding of Medical Assistance.

In the year following passage of the legislation (F.Y. 1985), Minnesota's SSI caseload rose by 1,200 cases. The greatest part of this increase can reasonably be attributed to county efforts to assist GA recipients in establishing SSI eligibility. If we assume one year's savings on 600 cases, the State would save $1,900,000 and the counties $450,000. Some of the State's savings are rebated to the counties from the State share of interim assistance recoveries as reimbursement for direct expenses or contracted services. Between this reimbursement and the savings accruing to counties, it is believed that the counties will experience no net increase in costs from providing the special services.

OUTSIDE EXPERT WITNESSES

The Department of Human Services will not be using outside expert witnesses to testify in support of these rules.

CONCLUSION

The forgoing statements and information demonstrate the need for and the reasonableness of the proposed amendments to part 9500.1206 and proposed parts 9500.1254 to 9500.1256. To a great extent, the need for and reasonableness of the rules are prescribed expressly by state statute, state rules, and the inherent responsibility of the Minnesota Department of Human Services to exercise prudent management of public funds.

11/22/85
(Date)

LEONARD W. LEVINE, Commissioner
Minnesota Department of Human Services

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF RULES OF THE STATE DEPARTMENT OF HUMAN SERVICES GOVERNING REFERRAL OF GENERAL ASSISTANCE APPLICANTS AND RECIPIENTS TO OTHER MAINTENANCE BENEFIT PROGRAMS, MINNESOTA RULES, PARTS 9500.1200, 9500.1206, 9500.1254 AND 9500.1256

STATEMENT OF COMPLIANCE WITH RULEMAKING PROCEDURES

I, Special Assistant Attorney General, Blake Shepard, do hereby declare that I have examined the rules and all related documents and that, based on my examination and my personal familiarity with the applicable procedures, the Administrative Procedure Act, the rules of the Office of Administrative Hearings, and the rules of the Attorney General have been followed. Any exceptions are noted below.

Blake Shepard

Special Assistant
Attorney General

Dated: January 17, 1986

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF RULES OF THE STATE DEPARTMENT OF HUMAN SERVICES GOVERNING REFERRAL OF GENERAL ASSISTANCE APPLICANTS AND RECIPIENTS TO OTHER MAINTENANCE BENEFIT PROGRAMS, MINNESOTA RULES, PARTS 9500.1200, 9500.1206, 9500.1254 AND 9500.1256

AFFIDAVIT OF MAILING NOTICE OF SUBMISSION TO THE ATTORNEY GENERAL

STATE OF MINNESOTA)
)ss.
COUNTY OF RAMSEY)

Nancy Storelee, being first duly sworn, deposes and says:

That on the 17th day of January, 1986, in the City of St. Paul, County of Ramsey, State of Minnesota, I served the attached Notice of Submission to the Attorney General by depositing in the State of Minnesota Central Mail System for United States mailing, a copy thereof, properly enveloped, with postage prepaid, on all persons and associations who requested notice that the rules in the above-entitled matter have been submitted to the Attorney General.

Nancy Storelee

Subscribed and sworn to before me

this 17 day of January, 1986.

Claudia A. Eliason

CLAUDIA A. ELIASON
NOTARY PUBLIC-MINNESOTA
WASHINGTON COUNTY
MY COMMISSION EXPIRES NOVEMBER 15, 1990

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF RULES OF THE STATE DEPARTMENT OF HUMAN SERVICES GOVERNING REFERRAL OF GENERAL ASSISTANCE APPLICANTS AND RECIPIENTS TO OTHER MAINTENANCE BENEFIT PROGRAMS, MINNESOTA RULES, PARTS 9500.1200, 9500.1206, 9500.1254 AND 9500.1256

NOTICE OF SUBMITTAL TO THE ATTORNEY GENERAL

To all Interested Persons:

Pursuant to your request and in accordance with Minnesota Statutes, section 14.26, PLEASE TAKE NOTICE that the above-captioned rule has been submitted to the Attorney General's Office on January 17, 1986 for review as to form and legality. Pursuant to Minnesota Rule, part 2000.0700, any person may question the legality of the above-captioned rules within eight (8) days after receipt of the rule by the Attorney General. Thereafter, the Office of the Attorney General shall conduct its review. If you desire to question the legality of the above-captioned rule, you should direct your comments to the Attorney General's Office, G-25 Administration Building, 50 Sherburne Avenue, St. Paul, Minnesota 55155.

Enclosed is a copy of the rule as submitted to the Attorney General. You may contact Mike Sirovy at (612)297-2011 if you have any questions about the rule.

AUTHORIZED SIGNATURE

STATE OF MINNESOTA

Office Memorandum

DEPARTMENT: Human Services

PHONE: 7-1489

DATE: January 17, 1986

TO: Judith Wehrwein
A.G. - Administration

FROM: Rae Bly
DHS Rulemaking

SUBJECT: Attorney General Review of Rules Governing Referral of General Assistance Applicants and Recipients to Other Maintenance Benefit Programs

Minnesota Rules, parts 9500.1200, 9500.1206, 9500.1254 and 9500.1256 have been promulgated in accordance with the noncontroversial rulemaking procedures of Minnesota Statutes, sections 14.22 to 14.28.

The following documents are enclosed for your review as required by Minnesota Statutes, section 14.26, and Minnesota Rules, part 2000.0400:

1. Notice of Intent to Solicit Outside Opinion;
2. Order for Notice of Intent to Adopt a Rule Without Public hearing, signed by the commissioner;
3. Mailing List Certificate;
4. Findings of Fact and Conclusions, signed by the commissioner;
5. Statement of Need and Reasonableness;
6. Certificate of Compliance with Rulemaking Procedures;
7. Affidavit of Mailing Notice of Intent to Adopt a Rule Without Public Hearing, and an Affidavit of Additional Mailing;
8. Rule as Proposed;
9. Written comments received in response to the Notice of Intent to Adopt a Rule Without Public Hearing;
10. Original and three copies of the Rule as adopted;
11. two copies of the Order Adopting, signed by the commissioner; and
12. Notice of Submittal and Affidavit of Mailing Notice of Submission.

No written comments were received in response to the Notice of Intent to Solicit Outside Opinion, and there were no requests for notification of submission to the Attorney General.

Please call me if you have any questions or if I may be of assistance.

Thank you for your attention.

RB/acb