

Minnesota Attorney General: Administrative Rules Proceedings

Copyright Notice:

This material may be protected by copyright law (U.S. Code, Title 17). Researchers are liable for any infringement. For more information, visit www.mnhs.org/copyright.

Version 3
August 20, 2018

RULE REVIEW CHECKLIST

File No. 1459
DATE RECEIVED 3/10/88
REVIEW DATE ~~3/19/88~~ 3.21.88
DUE DATE 3/24/88

APPROVED 3.21-88 mjc
DISAPPROVED
WITHDRAWN

Docket No. 05.0009.0887
ADOPTED W/O HEARING
EMERGENCY RULE

REVISOR APPROVED
REVISOR DISAPPROVED
FIELD W/SEC.STATE
RETURNED TO AGENCY

✓ Rule as adopted (4 copies)
✓ Notice to Solicit Outside Information/Opinion
10.19.87 Date published in State Register
Comments
Petition for Adoption of a Rule
N/A Board's Authorizing Resolution
✓ Proposed rule
Revisor's Certificate
✓ Notice of Intent to Adopt Rule
OK - 246.01/246.23/246.51 Statutory Authority → subd 2
no/N/A Small Business Statement
yes Expenditure of public money statement
yes Signature
✓ Statement of Need and Reasonableness
no Small Business Statement
N/A Fees - § 16A.128
✓ Affidavit of Mailing Notice of Intent to Adopt Rule
✓ Date 30/25 days before adoption
✓ Publication in State Register
1-11-88 Date 30/25 days before adoption
N/A Resolution Adopting
✓ Findings of Fact, Conclusions & Order Adopting
3-8-88 Date
none Written requests, submissions or comments
✓ Declaration of attorney
David Iverson Name of SAAG representing agency
N/A Notice of Submission to Attorney General
N/A Affidavit of Mailing Notice to Attorney General

MTC

SF-00006-05 (4/86)

DEPARTMENT : ATTORNEY GENERAL

STATE OF MINNESOTA

Office Memorandum

DATE : March 23, 1988

TO : ANUPAMA SEAM
Rules Division
Human Services Building

FROM : MARTHA J. CASSERLY
Special Assistant
Attorney General

PHONE : 296-6839

SUBJECT : In the Matter of the Adopted Permanent Rules Relating to Administration of the State Facilities Cost of Care Program

The above-referenced rule has been approved as to its legality by the Attorney General on March 21, 1988.

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

Also enclosed are any petitions, requests, submissions 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 establish 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:sc

Enclosures

cc: Maryanne Hruby
Duane Harves

Department of Human Services

Adopted Permanent Rules Relating to Administration of the State Facilities Cost of Care Programs

Rules as Adopted

REIMBURSEMENT FOR COST OF CARE OF PATIENTS AND RESIDENTS IN STATE FACILITIES

9515.1000 SCOPE AND STATUTORY AUTHORITY.

Parts 9515.1000 to 9515.2600 govern the administration of the state facilities cost of care program in the Department of Human Services. Parts 9515.1000 to 9515.2600 are to be read in conjunction with Minnesota Statutes, sections 246.50 to 246.55 and other rules of the department. Parts 9515.1000 to 9515.2600 do not apply to persons admitted to chemical dependency treatment programs who are eligible to have chemical dependency treatment paid for with funds from the consolidated chemical dependency treatment fund under Minnesota Statutes, chapter 254B and parts 9530.7000 to 9530.7030.

9515.1200 DEFINITIONS.

Subp. 1. to 3. [Unchanged.]

Subp. 4. **Cost of care or per diem.** "Cost of care" or "per diem" means the daily per capita cost of providing care to state facility patients or residents, or the cost of outpatient services calculated in accordance with Minnesota Statutes, section 246.50, subdivision 5.

Subp. 5. to 7. [Unchanged.]

Subp. 8. **Homestead.** "Homestead" means the house owned and occupied by the patient or resident as his or her dwelling place, together with the land upon which it is situated as limited by Minnesota Statutes, section 510.02.

Subp. 10. **Inpatient, resident patient.** "Inpatient" or "resident patient" means a person who occupies a bed in a state facility for the purpose of observation, care, diagnosis, or treatment.

Subp. 11. and 12. [Unchanged.]

Subp. 13. **Outpatient, day care patient.** "Outpatient" or "day care patient" means a person who makes use of diagnostic, therapeutic, counseling, or other services in a state facility or through state personnel but does not occupy a bed overnight.

Subp. 14. **Patient.** "Patient" means any individual receiving observation, diagnosis, care, or treatment in a state facility.

Subp. 15. **Financial file.** "Financial file" means financial data collected for the purpose of determining ability of the patient, resident, or the responsible relative to pay the patient's or resident's cost of care.

Subp. 16. **Person.** "Person" means a patient, resident, or responsible relative.

Subp. 17. to 19. [Unchanged.]

Subp. 19a. **Resident.** "Resident" means a person as defined in Minnesota Statutes, section 246.50, subdivision 4a.

Subp. 20. **Resource.** "Resource" means any property or benefit that is available to pay for the cost of care of the patient or resident.

Subp. 21. [Unchanged.]

Subp. 22. **State facility.** "State facility" means a regional treatment center or state nursing home, as defined by Minnesota Statutes, section 246.50, subdivisions 3 and 3a.

9515.1300 TIME OF DETERMINATION.

Ability to pay the cost of care shall be determined when the patient or resident is admitted, when there is a change in the person's financial status, when a patient, resident, responsible relative, guardian, conservator, or representative payee reports a change in the financial status used in determining ability to pay, when the patient or resident has been hospitalized for 120 days or more, when the patient or resident is being discharged, and when the responsible relative's financial status has not been reviewed for one year.

Within the six-year period after the date of a patient's or

resident's discharge from the facility, the department from time to time may, and upon request of the patient or resident shall, reevaluate the patient's or resident's ability to pay any balance of the charge for cost of care.

9515.1400 PERSONS INTERVIEWED TO DETERMINE ABILITY TO PAY.

In all instances the patient or resident shall be present at the interview to determine ability to pay unless the patient or resident is a minor or the treatment staff of the state facility attests the patient's or resident's presence is medically contraindicated. When the patient or resident cannot be present at the interview, the reason shall be noted in the financial file for that patient or resident.

The patient or resident shall be the source of financial information to determine ability to pay except when the management of the patient's or resident's financial affairs is in the hands of another person. When the patient or resident is not the source of financial information the reason shall be noted in the financial file for that patient or resident.

When the patient or resident is not able to act on his or her own behalf, the person interviewed shall be the patient's or resident's legal guardian, the conservator, the parents of a minor child, a spouse, a relative of the patient or resident, a trustee, a representative payee, the patient's or resident's legal representative, or a county social worker.

If the patient or resident is unable to pay the full cost of the per diem, the responsible relative shall be interviewed.

9515.1500 FINANCIAL INTERVIEW.

When a person is interviewed, the department shall:

A. [Unchanged.]

B. provide the person with an informational pamphlet on cost of care and review with the person how the department determines the charges for the patient's or resident's cost of care;

C. to G. [Unchanged.]

9515.2200 SOURCES OF INCOME CONSIDERED.

Subpart 1. **In general.** The patient's or resident's ability to pay shall be determined from insurance benefits, net income, and value of property owned.

Subp. 2. **Insurance benefits.** When the investigation of the patient's or resident's ability to pay discloses eligibility for insurance benefits, the patient or resident shall be determined to be able to pay the cost of care provided to the full extent of insurance benefits available. The dollar amount of this coverage need not be specified in the determination order.

When the insurance benefits pay less than the per diem, the ability of the patient or resident to pay the remaining part of the per diem shall be determined from the patient's or resident's net income and nonexcluded property.

Subp. 3. **Net income.** The patient's or resident's entire net income remaining after the deductions from gross income have been made in accordance with part 9515.2300, subpart 4, except Supplemental Security Income paid under section 1611(e)(1)(E) of the Social Security Act, United States Code, title 42, section 1382(e)(1)(E), as amended through November 10, 1986, shall be available to pay the cost of care.

Subp. 4. **Property.** As long as the patient or resident owns property not excluded under part 9515.2500, the patient or resident shall be determined able to pay the full cost of care.

9515.2300 NET INCOME OF PATIENT OR RESIDENT.

Subp. 2. and 3. [Unchanged.]

Subp. 4. **Deductions from gross income to arrive at net income.** The following items shall be deducted from the patient's or resident's monthly gross income:

A. and B. [Unchanged.]

C. Child care costs paid by the patient or resident and not reimbursed from any source.

D. Support payments ordered by a court and actually paid. If this deduction is taken, the individual for whom

support is paid shall not be included as a member of the patient's or resident's household in determining the monthly household living allowance in part 9515.2400.

E. to I. [Unchanged.]

J. An allowance of $86 per month per boarder, $71 per month per roomer, and $157 per month for each person who is both a roomer and boarder. This amount shall be updated periodically by the percentage the legislature authorizes for public assistance grants.

K. A personal needs and clothing allowance of the inpatient in the amount determined under Minnesota Statutes, section 256B.35 for persons receiving public assistance grants. In addition, a special personal allowance drawn solely from earnings from any productive employment under an individual plan of rehabilitation or work therapy shall be given to all patients or residents in state facilities. The special personal allowance shall not exceed 50 percent of net monthly income.

L. Sixty percent of the income earned from child care in one's own home or, if the patient or resident chooses, the actual itemized business expenses incurred in providing child care subject to the limitations provided in parts 9515.1200, subparts 2 and 3; and 9515.2300, subpart 4, item I.

M. An inpatient without dependents living in his or her home shall be allowed the actual cost of his or her housing and utilities in the community for the month of admission and a period of three months of continuous hospitalization subsequent to that admission. An inpatient with dependents living in his or her home shall be allowed a pro rata share of his or her household's total actual housing costs during the month of admission and for a period of three months of continuous hospitalization subsequent to that admission. This housing allowance shall be available to the inpatient only twice in any one calendar year regardless of the number of times the patient is admitted to a state hospital in that calendar year. An outpatient or former patient or resident shall be allowed the actual cost of his or her housing and utilities.

N. [Unchanged.]

9515.2400 MONTHLY HOUSEHOLD LIVING ALLOWANCE SCHEDULE.

Number in Household	Monthly Household Living Allowance
1	$ 458
2	$ 688
3	$ 912
4	$1,146
5	$1,375
6	$1,604
over 6	$1,604 plus $ 229 for each additional person

The number in household of an inpatient is the number of dependents the patient or resident claims. The number in household of an outpatient or former patient or resident shall be the patient or resident plus the number of dependents claimed. The gross monthly income of a patient's or resident's spouse, if any, shall be deducted from the housing allowances shown above.

By July 1 of each year, the department shall adjust the monthly household living allowance to reflect the annual percentage change reported in the most recent Consumer Price Index, for all urban consumers in the Minneapolis-Saint Paul area. The Consumer Price Index shall be as published by the Bureau of Labor Statistics, U.S. Department of Labor. The year 1967 is the standard reference base period.

9515.2500 PROPERTY OF PATIENT OR RESIDENT.

Subpart 1. **In general.** Property shall be available to pay for the cost of the patient's or resident's care to the extent owned by the patient or resident, subject to the exclusions in subparts 2 to 7.

Subp. 2. **Real property.** The value of the patient's or resident's homestead is excluded from consideration as a resource.

The value of real property owned by the patient or resident which produces a net income is excluded from consideration as a resource. Real property which the patient or resident is selling on a contract for deed and for which the patient or

resident receives payments is considered income producing property.

Subp. 3. **Personal property.** The value of the following personal property is excluded from consideration as a resource:

A. the value of personal property other than stocks, bonds, and other investment instruments which is owned by the patient or resident and which yields or contributes to the production of a net income, such as tools, farm implements, livestock, and business inventory and fixtures acquired prior to hospitalization;

B. the cash or liquid assets for a single patient or resident and the cash or liquid assets for a married couple shall be the standard for medical assistance recipients as provided in Minnesota Statutes, section 256B.06, as from time to time amended;

C. to G. [Unchanged.]

H. manufactured home used as a home by the patient or resident or the patient's or resident's dependents;

I. to K. [Unchanged.]

L. life insurance owned by the patient or resident is the standard for medical assistance recipients as provided in Minnesota Statutes, section 256B.06, as from time to time amended;

M. and N. [Unchanged.]

Subp. 4. **Waiver of property as a resource.** The department shall waive consideration of property in excess of the exemptions when the patient's or resident's equity cannot be liquidated, the offered price is less than 80 percent of the market value given by two appraisers agreeable to both parties, or the cost of repairs necessary to meet the conditions of sale exceeds 35 percent of the offered price.

Each case shall be referred to the department's reimbursement division central office and decided on the merits of the facts recorded in the patient's or resident's financial file to substantiate the circumstances.

The decision to waive the consideration shall be examined

at least annually for changes in market value, opportunity for sale or mortgage, and other pertinent factors.

Subp. 5. **Transfer of property.** The market value of any property transferred, less any value received, shall be treated as an available resource if the property is valued at more than $1,000 and if the transfer is for less than the market value and if the transfer is made:

A. during or after hospitalization in a state facility; or

B. prior to hospitalization in a state facility, but with intent to avoid the use of the property to pay for facility care or in determining ability to pay for care; or

C. prior to hospitalization in a state facility but within 24 months of admission.

Subp. 6. **Documentation required.** When property described in subpart 5 is transferred during the period between two years prior to admission to a state facility and six years following discharge, the patient, resident, or the representative shall provide documentation of the circumstances of the transfer.

Subp. 7. **Exemption.** The provisions of subparts 5 and 6 do not apply when the patient or resident is not continuing to accrue charges and the full cost of care has been paid. The provisions of subparts 5 and 6 do not apply to property excluded from consideration under other provisions of parts 9515.1000 to 9515.2600.

9515.2600 RESPONSIBLE RELATIVE'S ABILITY TO PAY.

Subpart 1. **In general.** When the patient or resident is determined not to be able to pay the full cost of care, the department shall determine the ability of each responsible relative of the patient or resident to pay the amount permitted by statute.

Subp. 2. [Unchanged.]

Subp. 3. **Insurance benefits.** The responsible relative shall inform the department about dependent benefits from hospital and medical insurance carried by the relative.

Dependent benefits to a patient or resident shall be considered the same as the patient's or resident's insurance.

Any difference between benefits to a patient or resident and others covered by the responsible relative's policy shall be verified.

The responsible relative shall complete and sign the forms necessary to verify eligibility for benefits and assign benefits to pay the cost of care of the patient or resident.

The amount of the premium paid by the responsible relative may be deducted from the responsible relative's total obligation to pay.

Subp. 4. **Liability of responsible relatives.** When the sum of the benefits described in subpart 3 and the patient's or resident's other resources pay less than the full cost of care, the ability of each responsible relative to pay shall be determined in the statutory order of liability for cost of care. When two responsible relatives have the same order of liability for cost of care, a determination shall be made for each one except that a joint determination shall be made for parents who reside in the same household.

Subp. 5. **Limitations on relative's ability to pay.** The ability of a responsible relative to pay shall be determined from the annual gross earnings of the responsible relative subject to the following limitations:

A. and B. [Unchanged.]

C. The department may require full payment of the full per capita cost of care for a patient or resident whose parents or parent, spouse, guardian, or conservator do not reside in Minnesota and are financially able to pay as determined by the department.

D. Only the annual gross earnings of the spouse of a patient or resident shall be used to determine the spouse's ability to pay.

E. to G. [Unchanged.]

Subp. 6. **Determination of relative's ability to pay.** A responsible relative who provides the department the

information, documents, and proofs necessary to determine ability to pay as provided in part 9515.1500, items F and G shall have his or her ability to pay determined from the table in subpart 8. For purposes of this table, household size consists of the responsible relative and the responsible relative's dependents living in the responsible relative's household, other than the patient or resident.

A responsible relative who chooses not to provide the department the information, documents, and proofs necessary to determine ability to pay as provided in part 9515.1500, items F and G may be determined liable for the full per capita cost of care.

Subp. 7. [Unchanged.]

Subp. 8. **Daily payment based on ability to pay according to household size and annual gross earnings of responsible relatives.**

Annual Gross Earnings of Responsible Relative	Household Size									
	1	2	3	4	5	6	7	8	9	10
11,000-11,999	.33	0								
12,000-12,999	.45	.33	0							
13,000-13,999	.57	.45	.33	0						
14,000-14,999	.72	.57	.45	.33	0					
15,000-15,999	.87	.72	.57	.45	.33	0				
16,000-16,999	1.05	.87	.72	.57	.45	.33	0			
17,000-17,999	1.23	1.05	.87	.72	.57	.45	.33	0		
18,000-18,999	1.45	1.23	1.05	.87	.72	.57	.45	.33	0	
19,000-19,999	1.81	1.45	1.23	1.05	.87	.72	.57	.45	.33	0
20,000-20,999	2.26	1.67	1.45	1.23	1.05	.87	.72	.57	.45	.33
21,000-21,999	2.82	1.92	1.67	1.45	1.23	1.05	.87	.72	.57	.45
22,000-22,999	3.52	2.17	1.92	1.67	1.45	1.23	1.05	.87	.72	.57
23,000-23,999	4.41	2.45	2.17	1.92	1.67	1.45	1.23	1.05	.87	.72
24,000-24,999	5.51	3.06	2.45	2.17	1.92	1.67	1.45	1.23	1.05	.87

25,000-25,999	6.89	3.82	2.75	2.45	2.17	1.92	1.67	1.45	1.23	1.05
26,000-26,999	8.61	4.77	3.05	2.75	2.45	2.17	1.92	1.67	1.45	1.23
27,000-27,999	10.76	5.96	3.37	3.05	2.75	2.45	2.17	1.92	1.67	1.45
28,000-28,999	13.45	7.46	4.21	3.37	3.05	2.75	2.45	2.17	1.92	1.67
29,000-29,999	16.81	9.32	5.26	3.72	3.37	3.05	2.75	2.45	2.17	1.92
30,000-30,999	19.49	11.65	6.57	4.07	3.72	3.37	3.05	2.75	2.45	2.17
31,000-31,999	19.49	14.56	8.21	4.45	4.07	3.72	3.37	3.05	2.75	2.45
32,000-32,999	19.49	18.20	10.26	4.83	4.45	4.07	3.72	3.37	3.05	2.75
33,000-33,999	19.49	19.49	12.83	6.03	4.83	4.45	4.07	3.72	3.37	3.05
34,000-34,999	19.49	19.49	16.04	7.53	5.25	4.83	4.45	4.07	3.72	3.37
35,000-35,999	19.49	19.49	19.49	9.41	5.67	5.25	4.83	4.45	4.07	3.72
36,000-36,999	19.49	19.49	19.49	11.76	6.12	5.67	5.25	4.83	4.45	4.07
37,000-37,999	19.49	19.49	19.49	14.70	7.56	6.12	5.67	5.25	4.83	4.45
38,000-38,999	19.49	19.49	19.49	18.38	9.45	7.56	6.12	5.67	5.25	4.83
39,000-39,999	19.49	19.49	19.49	19.49	11.81	9.45	7.56	6.12	5.67	5.25
40,000-40,999	19.49	19.49	19.49	19.49	14.76	11.81	9.45	7.56	6.12	5.67
41,000-41,999	19.49	19.49	19.49	19.49	18.45	18.45	11.81	9.45	7.56	6.12
42,000-42,999	19.49	19.49	19.49	19.49	19.49	19.49	14.76	11.81	9.45	7.56
43,000-43,999	19.49	19.49	19.49	19.49	19.49	19.49	18.45	14.76	11.81	9.45
44,000-44,999	19.49	19.49	19.49	19.49	19.49	19.49	19.49	18.45	14.76	11.81
45,000-45,999	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	14.76
46,000-46,999	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	18.45
47,000-47,999	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49

Subp. 9. and 10. [Unchanged.]

Subp. 11. **Clothing and personal needs allowance of a minor.** The parents of a patient or resident who is an unmarried, dependent child are responsible for meeting the child's clothing and personal needs allowance in addition to the amount they are determined able to pay to meet the cost of care.

REPEALER. Minnesota Rules, part 9515.1100, is repealed.

APPROVED AS TO FORM AND LEGALITY
March 21 19 88
HUBERT H. HUMPHREY, III
ATTORNEY GENERAL
BY MJ Cassedy
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
MAR 21 1988
Joan Anderson Growe
Secretary of State
4:10 P.M.

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

In the Matter of Proposed Amendments to Rules of the Department of Human Services Governing Reimbursement for Cost of Care of Patients and Residents of State Facilities (Minnesota Rules, parts 9515.1000 to 9515.2600)

STATEMENT OF NEED AND REASONABLENESS

BACKGROUND AND STATUTORY AUTHORITY

Minnesota Rules, parts 9515.1000 to 9515.2600 govern reimbursement for the cost of care of patients or residents of state regional treatment centers or state nursing homes.

The proposed rule amendments addressed by this statement of need and reasonableness reflect 1987 amendments to Minnesota Statutes, section 246.50, 1986 amendments to section 246.23, an amendment to the Federal Social Security Act, and updating of numerical values affected by fiscal factors.

PARTS 9515.1000 to 9515.2600.

Laws of Minnesota 1987, chapter 403, article 2, section 46, in amending Minnesota Statutes, section 246.50, changed the term "state hospital" to "regional treatment center" (subdivision 3), added a definition of "state nursing home" (subdivision 3a), and changed the definition of "resident" to read, in part, "any mentally retarded person receiving care or treatment at a regional treatment center...and any person residing at or receiving care in a state nursing home..." (subdivision 4a).

It is necessary to adopt this new terminology in the rules to conform to the statutory definitions and usage. To do so, the term "state hospital" is changed to "state facility", which is defined as a "regional treatment center" or "state nursing home". It is reasonable to use the term "state facility" to provide a single term for referring to both the regional treatment centers and state nursing homes, and is consistent with the usage in Minnesota Statutes, section 246.50, subdivisions 5 and 7, which refer to "state facilities". Throughout these rules, the term "state hospital" is replaced with "state facility".

The rules currently refer to "patients" of state hospitals. It is necessary to add the statutory term "resident" wherever "patient" occurs to refer to all persons who receive services at the state facilities, and to be consistent with the statutory changes.

The above changes in terminology occur in the following rule parts:

9515.1000.
9515.1200, subparts 4, 8, 10, 13, 14, 15, 16 and 20.
9515.1300.
9515.1400.
9515.1500, item B.
9515.2200, headnote, and subparts 1, 2, 3, and 4.
9515.2300, headnote, and subpart 4 (introduction, and items C, D, K, L, and M).
9515.2400.
9515.2500, headnote, subparts 1, 2, 3 (items A, B, H, and L), 4, 5 (items A, B, and C), 6, and 7.
9515.2600, subparts 1, 3, 4, 5 (items C and D), 6, and 11.

Additional proposed changes are as follows:

PART 9515.1000 SCOPE AND STATUTORY AUTHORITY

This part defines the scope of these rules. Persons who are eligible to have their chemical dependency treatment paid for with funds from the Consolidated Chemical Dependency Treatment Fund (administered under Minnesota Statutes, chapter 254B and parts 9530.7000 to 9530.7030) are not subject to these rules. Therefore it is necessary to explicitly except those persons from these rule parts. Also see the explanation of the repeal of part 9515.1100, below.

PART 9515.1100 RIGHT TO STATE HOSPITAL SERVICES

It is necessary and reasonable to repeal this part to eliminate the conflict of the rule with statute. The rule, which states that "no person shall be denied state hospital services because of inability to pay the cost of care", is inconsistent with Minnesota Statutes, section 246.23, which provides, in part:

> Except for emergency admissions under sections 253B.05 and 253B.11, or when authorized by the commissioner, a chemical dependency program must not admit a chemically dependent person unless the cost of services will be paid for by private money or nongovernmental third-party payments, the person has been placed by a county or a federally recognized tribal unit that is responsible for payment, or the regional treatment center obtains approval of the admission from the county financially responsible for the person.

PART 9515.1200 DEFINITIONS.

Subpart 15. It is necessary to alter the term "patient's financial file" to incorporate the new usage of the term "resident". It is reasonable to use the term "financial file" to preclude the need to repeatedly refer to "patients or residents".

Subpart 19a. It is necessary to create a new subpart to define the term "resident" to conform with Minnesota Statutes, section 246.50, subdivision 4a.

Subpart 22. As explained earlier, it is necessary to replace the term "state hospital" to conform with the new statutory terminology. It is reasonable to adopt the term "state facility", defined as a regional treatment center or state nursing home, as defined in Minnesota Statutes, section 246.50, subdivisions 3 and 3a. This usage is consistent with Minnesota Statutes, section 246.50, subdivisions 5 and 7, which used the term "state facility".

PART 9515.2200 SOURCES OF INCOME CONSIDERED.

Subpart 3. This subpart currently requires that a patient's net income be considered available to pay for the cost of care. A recent amendment to section 1611(e)(1)(E) of the Social Security Act (United States Code, title 42, section 1382(e)(1)(E)) requires that Supplemental Security Income (SSI) not be considered in determining ability to pay. It is necessary to amend part 9515.2200, subpart 3, to except SSI from net income to conform to the Federal law.

PART 9515.2300 NET INCOME OF PATIENT OR RESIDENT.

Subpart 4.

Item J. It is necessary to update this item with current dollar amounts. This item permits an allowance for roomer and boarder expenses to be deducted from the patient's gross income, for the purpose of computing the patient's ability to pay the cost of care. This item provides a method for adjusting the dollar amounts, specifically that the amounts of the allowances be "updated periodically by the percentage the legislature authorizes for public assistance grants." These updates, part of the Medical Assistance/General Assistance Medical Care income standards are periodically announced in the Department of Human Services Instructional Bulletins, the latest of which is #86-76A (appendix A). The amounts announced in #86-76A are based on the changes described in Instructional Bulletin #86-16E (appendix B).

It is reasonable to update the rule with the current dollar amounts to accurately inform the public of the most recent values. This amendment results in no substantive change.

PART 9515.2400 MONTHLY HOUSEHOLD LIVING ALLOWANCE SCHEDULE.

This part provides the amount of the household living allowance to be deducted from the patient's gross income, for the purpose of computing the patient's ability to pay the cost of care. The allowance values are

adjusted annually to reflect the change in the Consumer Price Index (CPI), in the manner provided by this part. These changes were most recently reported in Instructional Bulletin #86-76A (appendix A). It is necessary and reasonable to update the rule with the latest values to accurately inform the public of the current information. This amendment results in no substantive change.

PART 9515.2500 PROPERTY OF PATIENT OR RESIDENT

Subparts 2 and 3. These subparts use the archaic terminology, "shall be" to impose a mandatory requirement. It is necessary and reasonable to replace the term with the grammatically correct word, "is". These amendments result in no substantive change.

PART 9515.2600 RESPONSIBLE RELATIVE'S ABILITY TO PAY.

Subpart 8. This subpart, together with subpart 7, provides a formula for determining a responsible relative's ability to pay for a patient's cost of care. The table provides daily payment amounts dependent on household size and annual gross earnings. The table values are updated when changes occur in the per capita cost of care, in the manner provided by subpart 7, and are announced administratively. The values proposed by these rule amendments merely reflect the current values. It is necessary and reasonable to update the table with the latest values to accurately inform the public of the current information. This amendment results in no substantive change.

DATE: 12/21/87

SANDRA S. GARDEBRING
Commissioner

Department of Human Services

Proposed Permanent Rules Relating to Administration of the State Facilities Cost of Care Programs

Rules as Proposed

REIMBURSEMENT FOR COST OF CARE OF PATIENTS AND RESIDENTS IN A STATE ~~HOSPITAL~~ FACILITIES

9515.1000 SCOPE AND STATUTORY AUTHORITY.

Parts 9515.1000 to 9515.2600 govern the administration of the state ~~hospital~~ facilities cost of care program in the Department of Human Services. Parts 9515.1000 to 9515.2600 are to be read in conjunction with Minnesota Statutes, sections 246.50 to 246.55 and other rules of the department. Parts 9515.1000 to 9515.2600 do not apply to persons admitted to chemical dependency treatment programs who are eligible to have chemical dependency treatment paid for with funds from the consolidated chemical dependency treatment fund under Minnesota Statutes, chapter 254B and parts 9530.7000 to 9530.7030.

9515.1200 DEFINITIONS.

Subp. 1. to 3. [Unchanged.]

Subp. 4. **Cost of care or per diem.** "Cost of care" or "per diem" means the daily per capita cost of providing care to state ~~hospital~~ facility patients or residents, or the cost of outpatient services calculated in accordance with Minnesota Statutes, section 246.50, subdivision 5.

Subp. 5. to 7. [Unchanged.]

Subp. 8. **Homestead.** "Homestead" means the house owned and occupied by the patient or resident as his or her dwelling place, together with the land upon which it is situated as limited by Minnesota Statutes, section 510.02.

Subp. 10. **Inpatient, resident patient.** "Inpatient" or "resident patient" means a person who occupies a bed in a state ~~hospital~~ facility for the purpose of observation, care, diagnosis, or treatment.

Approved by Revisor

Subp. 11. and 12. [Unchanged.]

Subp. 13. **Outpatient, day care patient.** "Outpatient" or "day care patient" means a person who makes use of diagnostic, therapeutic, counseling, or other services in a state ~~hospital~~ facility or through state ~~hospital~~ personnel but does not occupy a ~~hospital~~ bed overnight.

Subp. 14. **Patient.** "Patient" means any individual receiving observation, diagnosis, care, or treatment in a state ~~hospital~~ facility.

Subp. 15. **~~Patient's~~ Financial ~~information~~ file.** "~~Patient's~~ Financial ~~information~~ file" means financial data collected for the purpose of determining ability of the patient, resident, or the responsible relative to pay the patient's or resident's cost of care.

Subp. 16. **Person.** "Person" means a patient, resident, or responsible relative.

Subp. 17. to 19. [Unchanged.]

Subp. 19a. **Resident.** "Resident" means a person as defined in Minnesota Statutes, section 246.50, subdivision 4a.

Subp. 20. **Resource.** "Resource" means any property or benefit that is available to pay for the cost of care of the patient or resident.

Subp. 21. [Unchanged.]

Subp. 22. **State ~~hospital~~ facility.** "State ~~hospital~~ facility" means a ~~state-hospital-for-mentally-ill,-chemically dependent,-or-mentally-retarded-persons~~ regional treatment center or state nursing home, as defined by Minnesota Statutes, section 246.50, subdivisions 3 and 3a.

9515.1300 TIME OF DETERMINATION.

Ability to pay the cost of care shall be determined when the patient or resident is admitted, when there is a change in the person's financial status, when a patient, resident, responsible relative, guardian, conservator, or representative payee reports a change in the financial status used in determining ability to pay, when the patient or resident has

Approved by Revisor _____

been hospitalized for 120 days or more, when the patient or resident is being discharged, and when the responsible relative's financial status has not been reviewed for one year.

Within the six-year period after the date of a patient's or resident's discharge from the ~~hospital~~ facility, the department from time to time may, and upon request of the patient or resident shall, reevaluate the patient's or resident's ability to pay any balance of the charge for cost of care.

9515.1400 PERSONS INTERVIEWED TO DETERMINE ABILITY TO PAY.

In all instances the patient or resident shall be present at the interview to determine ability to pay unless the patient or resident is a minor or the treatment staff of the state ~~hospital~~ facility attests the patient's or resident's presence is medically contraindicated. When the patient or resident cannot be present at the interview, the reason shall be noted in the ~~patient's~~ financial ~~information~~ file for that patient or resident.

The patient or resident shall be the source of financial information to determine ability to pay except when the management of the patient's or resident's financial affairs is in the hands of another person. When the patient or resident is not the source of financial information the reason shall be noted in the ~~patient's~~ financial ~~information~~ file for that patient or resident.

When the patient or resident is not able to act on his or her own behalf, the person interviewed shall be the patient's or resident's legal guardian, the conservator, the parents of a minor child, a spouse, a relative of the patient or resident, a trustee, a representative payee, the patient's or resident's legal representative, or a county social worker.

If the patient or resident is unable to pay the full cost of the per diem, the responsible relative shall be interviewed.

9515.1500 FINANCIAL INTERVIEW.

When a person is interviewed, the department shall:

A. [Unchanged.]

Approved by Revisor _____

B. provide the person with an informational pamphlet on cost of care and review with the person how the department determines the charges for the patient's or resident's cost of care;

C. to G. [Unchanged.]

9515.2200 SOURCES OF INCOME CONSIDERED ~~TO BE PATIENT RESOURCES~~.

Subpart 1. **In general.** The patient's or resident's ability to pay shall be determined from insurance benefits, net income, and value of property owned.

Subp. 2. **Insurance benefits.** When the investigation of the patient's or resident's ability to pay discloses eligibility for insurance benefits, the patient or resident shall be determined to be able to pay the cost of care provided to the full extent of insurance benefits available. The dollar amount of this coverage need not be specified in the determination order.

When the insurance benefits pay less than the per diem, the ability of the patient or resident to pay the remaining part of the per diem shall be determined from the patient's or resident's net income and nonexcluded property.

Subp. 3. **Net income.** The patient's or resident's entire net income remaining after the deductions from gross income have been made in accordance with part 9515.2300, subpart 4, except Supplemental Security Income paid under section 1611(e)(1)(E) of the Social Security Act, United States Code, title 42, section 1382(e)(1)(E), as amended through November 10, 1986, shall be available to pay the cost of care.

Subp. 4. **Property.** As long as the patient or resident owns property not excluded under part 9515.2500, the patient or resident shall be determined able to pay the full cost of care.

9515.2300 NET INCOME OF PATIENT OR RESIDENT.

Subp. 2. and 3. [Unchanged.]

Subp. 4. **Deductions from gross income to arrive at net income.** The following items shall be deducted from the patient's or resident's monthly gross income:

Approved by Revisor _____

A. and B. [Unchanged.]

C. Child care costs paid by the patient or resident and not reimbursed from any source.

D. Support payments ordered by a court and actually paid. If this deduction is taken, the individual for whom support is paid shall not be included as a member of the patient's or resident's household in determining the monthly household living allowance in part 9515.2400.

E. to I. [Unchanged.]

J. An allowance of ~~$71~~ $86 per month per boarder, ~~$59~~ $71 per month per roomer, and ~~$130~~ $157 per month for each person who is both a roomer and boarder. This amount shall be updated periodically by the percentage the legislature authorizes for public assistance grants.

K. A personal needs and clothing allowance of the inpatient in the amount determined ~~in accordance with~~ under Minnesota Statutes, section 256B.35 for persons receiving public assistance grants. In addition, a special personal allowance drawn solely from earnings from any productive employment under an individual plan of rehabilitation or work therapy shall be given to all patients or residents in state ~~hospitals~~ facilities. The special personal allowance shall not exceed 50 percent of net monthly income.

L. Sixty percent of the income earned from child care in one's own home or, if the patient or resident chooses, the actual itemized business expenses incurred in providing child care subject to the limitations provided in ~~part~~ parts 9515.1200, subparts 2 and 3; and ~~part~~ 9515.2300, subpart 4, item I.

M. An inpatient without dependents living in his or her home shall be allowed the actual cost of his or her housing and utilities in the community for the month of admission and a period of three months of continuous hospitalization subsequent to that admission. An inpatient with dependents living in his or her home shall be allowed a pro rata share of his or her household's total actual housing costs during the month of

admission and for a period of three months of continuous hospitalization subsequent to that admission. This housing allowance shall be available to the inpatient only twice in any one calendar year regardless of the number of times the patient is admitted to a state hospital in that calendar year. An outpatient or former patient or resident shall be allowed the actual cost of his or her housing and utilities.

N. [Unchanged.]

9515.2400 MONTHLY HOUSEHOLD LIVING ALLOWANCE SCHEDULE.

Number in Household	Monthly Household Living Allowance
1	~~$--419~~ $ 458
2	~~$--628~~ $ 688
3	~~$--838~~ $ 912
4	~~$1,047~~ $1,146
5	~~$1,256~~ $1,375
6	~~$1,466~~ $1,604
over 6	~~$1,466~~ $1,604 plus ~~$209~~ $229 for each additional person

The number in household of an inpatient ~~shall be~~ is the number of dependents the patient or resident claims. The number in household of an outpatient or former patient or resident shall be the patient or resident plus the number of dependents ~~the patient claims~~ claimed. The gross monthly income of a patient's or resident's spouse, if any, shall be deducted from the housing allowances shown above.

By July 1 of each year, the department shall adjust the monthly household living allowance to reflect the annual percentage change reported in the most recent Consumer Price Index, for all urban consumers in the Minneapolis-Saint Paul area. The Consumer Price Index shall be as published by the Bureau of Labor Statistics, U.S. Department of Labor. The year 1967 is the standard reference base period.

9515.2500 PROPERTY OF PATIENT OR RESIDENT.

Subpart 1. **In general.** Property shall be available to pay for the cost of the patient's or resident's care to the extent owned by the patient or resident, subject to the exclusions in subparts 2 to 7.

Approved by Revisor _____

Subp. 2. **Real property.** The value of the patient's or resident's homestead ~~shall be~~ is excluded from consideration as a resource.

The value of real property owned by the patient or resident which produces a net income ~~shall be~~ is excluded from consideration as a resource. Real property which the patient or resident is selling on a contract for deed and for which the patient or resident receives payments ~~shall be~~ is considered income producing property.

Subp. 3. **Personal property.** The value of the following personal property ~~shall be~~ is excluded from consideration as a resource:

A. the value of personal property other than stocks, bonds, and other investment instruments which is owned by the patient or resident and which yields or contributes to the production of a net income, such as tools, farm implements, livestock, and business inventory and fixtures acquired prior to hospitalization;

B. the cash or liquid assets for a single patient or resident and the cash or liquid assets for a married couple shall be the standard for medical assistance recipients as provided in Minnesota Statutes, section 256B.06, as from time to time amended;

C. to G. [Unchanged.]

H. manufactured home used as a home by the patient or resident or the patient's or resident's dependents;

I. to K. [Unchanged.]

L. life insurance owned by the patient ~~shall be~~ or resident is the standard for medical assistance recipients as provided in Minnesota Statutes, section 256B.06, as from time to time amended;

M. and N. [Unchanged.]

Subp. 4. **Waiver of property as a resource.** The department shall waive consideration of property in excess of the exemptions when the patient's or resident's equity cannot be liquidated, the offered price is less than 80 percent of the

Approved
by Revisor _____

market value given by two appraisers agreeable to both parties, or the cost of repairs necessary to meet the conditions of sale exceeds 35 percent of the offered price.

Each case shall be referred to the department's reimbursement division central office and decided on the merits of the facts recorded in the patient's or resident's financial ~~information~~ file to substantiate the circumstances.

The decision to waive the consideration shall be examined at least annually for changes in market value, opportunity for sale or mortgage, and other pertinent factors.

Subp. 5. **Transfer of property.** The market value of any property transferred, less any value received, shall be treated as an available resource if the property is valued at more than $1,000 and if the transfer is for less than the market value and if the transfer is made:

A. during or after hospitalization in a state ~~hospital~~ facility; or

B. prior to hospitalization in a state ~~hospital~~ facility, but with intent to avoid the use of the property to pay for ~~hospital~~ facility care or in determining ability to pay for ~~hospital~~ care; or

C. prior to hospitalization in a state ~~hospital~~ facility but within 24 months of admission ~~to the hospital~~.

Subp. 6. **Documentation required.** When property described in subpart 5 is transferred during the period between two years prior to admission to a state ~~hospital~~ facility and six years following discharge, the patient, resident, or the ~~patient's~~ representative shall provide documentation of the circumstances of the transfer.

Subp. 7. **Exemption.** The provisions of subparts 5 and 6 do not apply when the patient or resident is not continuing to accrue charges and the full cost of care has been paid. The provisions of subparts 5 and 6 do not apply to property excluded from consideration under other provisions of parts 9515.1000 to 9515.2600.

Approved by Revisor _____

9515.2600 RESPONSIBLE RELATIVE'S ABILITY TO PAY.

Subpart 1. **In general.** When the patient or resident is determined not to be able to pay the full cost of care, the department shall determine the ability of each responsible relative of the patient or resident to pay the amount permitted by statute.

Subp. 2. [Unchanged.]

Subp. 3. **Insurance benefits.** The responsible relative shall inform the department about dependent benefits from hospital and medical insurance carried by the relative.

Dependent benefits to a patient or resident shall be considered the same as the patient's or resident's insurance.

Any difference between benefits to a patient or resident and others covered by the responsible relative's policy shall be verified.

The responsible relative shall complete and sign the forms necessary to verify ~~patient~~ eligibility for benefits and assign benefits to pay the cost of care of the patient or resident.

The amount of the premium paid by the responsible relative may be deducted from the responsible relative's total obligation to pay.

Subp. 4. **Liability of responsible relatives.** When the sum of the benefits described in subpart 3 and the patient's or resident's other resources pay less than the full cost of care, the ability of each responsible relative to pay shall be determined in the statutory order of liability for cost of care. When two responsible relatives have the same order of liability for cost of care, a determination shall be made for each one except that a joint determination shall be made for parents who reside in the same household.

Subp. 5. **Limitations on relative's ability to pay.** The ability of a responsible relative to pay shall be determined from the annual gross earnings of the responsible relative subject to the following limitations:

A. and B. [Unchanged.]

Approved
by Revisor _____

C. The department may require full payment of the full per capita cost of care for a patient or resident whose parents or parent, spouse, guardian, or conservator do not reside in Minnesota and are financially able to pay as determined by the department.

D. Only the annual gross earnings of the spouse of a patient or resident shall be used to determine the spouse's ability to pay.

E. to G. [Unchanged.]

Subp. 6. **Determination of relative's ability to pay.** A responsible relative who provides the department the information, documents, and proofs necessary to determine ability to pay as provided in part 9515.1500, items F and G shall have his or her ability to pay determined from the table in subpart 8. For purposes of this table, household size consists of the responsible relative and the responsible relative's dependents living in the responsible relative's household, other than the patient or resident.

A responsible relative who chooses not to provide the department the information, documents, and proofs necessary to determine ability to pay as provided in part 9515.1500, items F and G may be determined liable for the full per capita cost of care.

Subp. 7. [Unchanged.]

Subp. 8. **Daily payment based on ability to pay according to household size and annual gross earnings of responsible relatives.**

Annual Gross Earnings of Responsible Relative	Household Size									
	1	2	3	4	5	6	7	8	9	10
11,000-11,999	.33	0								
12,000-12,999	.45	.33	0							
13,000-13,999	.57	.45	.33	0						

Approved by Revisor _____

14,000-										
14,999	.72	.57	.45	.33	0					
15,000-										
15,999	.87	.72	.57	.45	.33	0				
16,000-										
16,999	1.05	.87	.72	.57	.45	.33	0			
17,000-										
17,999	1.23	1.05	.87	.72	.57	.45	.33	0		
18,000-										
18,999	1.45	1.23	1.05	.87	.72	.57	.45	.33	0	
19,000-										
19,999	1.81	1.45	1.23	1.05	.87	.72	.57	.45	.33	0
20,000-										
20,999	2.26	1.67	1.45	1.23	1.05	.87	.72	.57	.45	.33
21,000-										
21,999	2.82	1.92	1.67	1.45	1.23	1.05	.87	.72	.57	.45
22,000-										
22,999	3.52	2.17	1.92	1.67	1.45	1.23	1.05	.87	.72	.57
23,000-										
23,999	4.41	2.45	2.17	1.92	1.67	1.45	1.23	1.05	.87	.72
24,000-										
24,999	5.51	3.06	2.45	2.17	1.92	1.67	1.45	1.23	1.05	.87
25,000-										
25,999	6.89	3.82	2.75	2.45	2.17	1.92	1.67	1.45	1.23	1.05
26,000-										
26,999	8.61	4.77	3.05	2.75	2.45	2.17	1.92	1.67	1.45	1.23
27,000-										
27,999	~~8.80~~	5.96	3.37	3.05	2.75	2.45	2.17	1.92	1.67	1.45
	10.76									
28,000-										
28,999	~~8.80~~	7.46	4.21	3.37	3.05	2.75	2.45	2.17	1.92	1.67
	13.45									
29,000-										
29,999	~~8.80--8.80~~	5.26	3.72	3.37	3.05	2.75	2.45	2.17	1.92	
	16.81 9.32									
30,000-										
30,999	~~8.80--8.80~~	6.57	4.07	3.72	3.37	3.05	2.75	2.45	2.17	
	19.49 11.65									
31,000-										
31,999	~~8.80--8.80~~	8.21	4.45	4.07	3.72	3.37	3.05	2.75	2.45	
	19.49 14.56									
32,000-										
32,999	~~8.80--8.80--8.80~~	4.83	4.45	4.07	3.72	3.37	3.05	2.75		
	19.49 18.20 10.26									
33,000-										
33,999	~~8.80--8.80--8.80~~	6.03	4.83	4.45	4.07	3.72	3.37	3.05		
	19.49 19.49 12.83									
34,000-										
34,999	~~8.80--8.80--8.80~~	7.53	5.25	4.83	4.45	4.07	3.72	3.37		
	19.49 19.49 16.04									
35,000-										
35,999	~~8.80--8.80--8.80--8.80~~	5.67	5.25	4.83	4.45	4.07	3.72			
	19.49 19.49 19.49 9.41									
36,000-										
36,999	~~8.80--8.80--8.80--8.80~~	6.12	5.67	5.25	4.83	4.45	4.07			
	19.49 19.49 19.49 11.76									
37,000-										
37,999	~~8.80--8.80--8.80--8.80~~	7.56	6.12	5.67	5.25	4.83	4.45			
	19.49 19.49 19.49 14.70									
38,000-										
38,999	~~8.80--8.80--8.80--8.80--8.80~~	7.56	6.12	5.67	5.25	4.83				
	19.49 19.49 19.49 18.38 9.45									
39,000-										
39,999	~~8.80--8.80--8.80--8.80--8.80--8.80~~	7.56	6.12	5.67	5.25					
	19.49 19.49 19.49 19.49 11.81 9.45									
40,000-										
40,999	~~8.80--8.80--8.80--8.80--8.80--8.80--8.80~~	7.56	6.12	5.67						
	19.49 19.49 19.49 19.49 14.76 11.81 9.45									
41,000-										
41,999	~~8.80--8.80--8.80--8.80--8.80--8.80--8.80--8.80~~	7.56	6.12							
	19.49 19.49 19.49 19.49 18.45 18.45 11.81 9.45									

Approved
by Revisor _____

42,000-
42,999 ~~8.80--8.80--8.80--8.80--8.80--8.80--8.80--8.80-8.80~~ 7.56
19.49 19.49 19.49 19.49 19.49 19.49 14.76 11.81 9.45
43,000-
43,999 ~~8.80--8.80--8.80--8.80--8.80--8.80--8.80--8.80-8.80-8.80~~
19.49 19.49 19.49 19.49 19.49 19.49 18.45 14.76 11.81 9.45
44,000-
44,999
19.49 19.49 19.49 19.49 19.49 19.49 19.49 18.45 14.76 11.81
45,000-
45,999
19.49 19.49 19.49 19.49 19.49 19.49 19.49 19.49 19.49 14.76
46,000-
46,999
19.49 19.49 19.49 19.49 19.49 19.49 19.49 19.49 19.49 18.45
47,000-
47,999
19.49 19.49 19.49 19.49 19.49 19.49 19.49 19.49 19.49 19.49

Subp. 9. and 10. [Unchanged.]

Subp. 11. **Clothing and personal needs allowance of a minor.** The parents of a patient or resident who is an unmarried, dependent child ~~shall be~~ are responsible for meeting the ~~patient's~~ child's clothing and personal needs allowance in addition to the amount they are determined able to pay to meet the cost of care.

REPEALER. Minnesota Rules, part 9515.1100, is repealed.

Approved
by Revisor _____

Office of the Revisor of Statutes

Administrative Rules

TITLE: Proposed Permanent Rules Relating to Administration of the State Facilities Cost of Care Programs

AGENCY: Department of Human Services

MINNESOTA RULES: Chapter 9515

The attached rules are approved for publication
in the State Register

Paul M. Marinac
Assistant Deputy Revisor

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

Human Services Building
444 Lafayette Road
St. Paul, Minnesota 55155-38___

TO: Rita Desmond
515 Transportation Building
St. Paul, MN 55155

FROM: Anupama Seam
Rules Division, 2nd Floor
Human Services Building

SUBJECT: Review of a Rule Adopted Without a Public Hearing; Permanent Rules Relating to Administration of the State Facilities Cost of Care Programs.(Minnesota Rules, parts 9515.1000 to 9515.2600).

Enclosed are the documents required to be submitted under Minnesota Rules, part 2010.0300 for your review of a rule adopted without a public hearing for the above entitled matter.

Official documents in this submitted material include:

1. A photocopy of the notice of solicitation of outside information or opinions as published in the State Register.

2. A copy of the proposed rule with a certificate of approval as to form by the revisor of statutes attached.

3. The notice of intent to adopt a rule without a public hearing as mailed.

4. The statement of need and reasonableness in support of the proposed rule complying with part 2010.0700.

5. The affidavit of mailing the notice of intent to adopt a rule without a public hearing. The affidavits state that the mailing list maintained by the agency pursuant to Minnesota Statutes, sections 14.22 and 14.14, subdivision 1a is accurate, complete, and current and that the notice of intent to adopt the rule without a public hearing was mailed to all persons and groups whose names appear on the list.

6. A photocopy of the notice of intent to adopt the rule without a public hearing as published in the State Register.

7. Four copies of the rule as adopted. Any modification made to the proposed rule is reflected on the rule as adopted and is approved as to form by the revisor of statutes.

8. The findings of fact, conclusions, and order adopting the rule.

9. All written requests, submissions, or comments on the rule received by the agency except requests solely for copies of the rule or of the statement of need and reasonableness. Please note that no requests, submissions, or comments on the rule were received.

10. The declaration of the attorney in the attorney general's office who represents the agency.

11. The notice of submission of the rule to the attorney general, if applicable. Please note that the notice of submission is not applicable to this rule.

12. The affidavit of mailing notice of submission of the rule to the attorney general, if applicable. Please note that the affidavit of mailing is not applicable to this rule.

If you have any questions on this submitted material, please call me at 297-4997.

Security Act, sections 1905(a)(6) and 1902(a)(25), which authorize the agency to establish procedures and rules for determining rates for care of residents of intermediate care facilities for persons with mental retardation or related conditions which qualify as vendors of medical assistance, waivered services, and for provision of training and habilitation services.

The State Department of Human Services requests information and opinions concerning the subject matter of the rule. Interested persons or groups may submit data or views on the subject matter of concern in writing or orally. Written statements should be addressed to:

Lisa Rotegard
Long-term Care Management
Minnesota Department of Human Services
444 Lafayette Road, 4th Floor
St. Paul, MN 55155

Oral statements will be received during regular business hours over the telephone at (612) 297-3829 and in person at the above address.

All statements of information and opinions shall be accepted until further notice is published in the *State Register* or the Notice of Hearing or Notice of Intent to Adopt Rules Without a Hearing is published in the *State Register*. Any written material received by the State Department of Human Services shall become part of the rulemaking record to be submitted to the attorney general or administrative law judge in the event that the rule is adopted.

Department of Human Services

Notice of Solicitation of Outside Information or Opinions Regarding Proposed Rules Governing Reimbursement for Cost of Care of Patients of State Regional Treatment Centers, under *Minnesota Rules*, Parts 9515.1000 to 9515.2600

Notice is hereby given that the State Department of Human Services is seeking information or opinions from sources outside the agency in preparing to propose the amendment of rules governing reimbursement for cost of care of patients of state regional treatment centers, under *Minnesota Rules*, Parts 9515.1000 to 9515.2600. The proposals would conform the rules to new statutory definitions, and to the requirement for full-pay by recipients of chemical dependency treatment, and would except Supplemental Security Income from net income in determining ability to pay costs. The amendments of the rules are authorized by *Minnesota Statutes*, section 246.01, section 246.23, and sections 246.50 to 246.55, in conjunction with section 1611(e)(1)(E) of the Social Security Act, which permit the agency to administer and manage state facilities and establish rules for the determination of the responsibility for a patient's or resident's care.

The State Department of Human Services requests information and opinions concerning the subject matter of the rule. Interested persons or groups may submit data or views on the subject matter of concern in writing or orally. Written statements should be addressed to:

Julie Elhard
Reimbursement Division
Minnesota Department of Human Services
444 Lafayette Road, 2nd Floor
St. Paul, MN 55155

Oral statements will be received during regular business hours over the telephone at (612) 296-3507 and in person at the above address.

All statements of information and opinions shall be accepted until further notice is published in the *State Register* or the Notice of Hearing or Notice of Intent to Adopt Rules Without a Hearing is published in the *State Register*. Any written material received by the State Department of Human Services shall become part of the rulemaking record to be submitted to the attorney general or administrative law judge in the event that the rule is adopted.

Metropolitan Council

Notice of Solicitation of Outside Information or Opinions Regarding Proposed Rules Governing Matters of Metropolitan Significance

Notice is hereby given that the Metropolitan Council is seeking information or opinions from sources outside the Metropolitan

Department of Human Services

In the Matter of the Proposed Adoption of Amendments to Rules of the State Department of Human Services Governing Reimbursement for Cost of Care of Patients and Residents in State Facilities (Minnesota Rules, parts 9515.1000 to 9515.2600)

NOTICE OF INTENT TO ADOPT AMENDMENTS TO A RULE WITHOUT A PUBLIC HEARING

Notice is hereby given that the State Department of Human Services intends to adopt the above-entitled amendments without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in Minnesota Statutes, sections 14.22 to 14.28. The statutory authority to adopt the rule is Minnesota Statutes, sections 246.01, 246.23, and 246.51, subdivision 2, in conjunction with section 1611(e)(1)(E) of the Social Security Act.

All persons have 30 days or until 4:30 p.m. on February 10, 1988, in which to submit comments in support of or in opposition to the proposed amendments or any part or subpart of the amendments. Comment is encouraged. Each comment should identify the portion of the proposed amendments addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the amendments 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 unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed amendments 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.

Comments or written requests for a public hearing must be submitted to:

Julie Elhard
Minnesota Department of Human Services
Reimbursement Division
444 Lafayette Road, 2nd Floor
St. Paul, MN 55155
(612) 296-3507

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

The rule affected by the proposed amendments governs reimbursement of state facilities for the cost of care. Those affected by the amendments are patients and residents of state facilities, responsible relatives, guardians, conservators or legal representatives for the patient or resident, and the state facilities.

The proposed amendments conform to several statutory changes on which the rule is based. Amendments to Minnesota Statutes, section 246.50 changed the term "state hospital" to "regional treatment center", added a definition of "state nursing home", and changed the definition of "resident". These changes are to be incorporated in various parts of the rule. An amendment to Minnesota Statutes, section 246.23, requires full payment from nongovernmental funds for persons admitted to chemical dependency programs. Part 9515.1100 is inconsistent with that provision, and is therefore to be repealed. An amendment to the Social Security Act requires that Supplemental Security Income (SSI) not be considered in determining a patient's ability to pay for costs of care. Part 9515.2200 is to be amended to except SSI from net income. Dollar values in parts 9515.2400 to 9515.2600 are periodically adjusted and announced administratively in the manner provided by the rules. The rules are to be updated to reflect the current values without making any substantive changes.

A free copy of the amendments is available upon request from Julie Elhard at the address noted above. A copy of the amendments may also be viewed at any of the 87 county welfare or human services agencies in the State of Minnesota.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed amendments and identifies the data and information relied upon to support the proposed amendments has been prepared and is available upon request from Julie Elhard at the address noted above.

Adoption of these amendments will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

If no hearing is required, upon adoption of the amendments, the amendments and the required supporting documents will be submitted 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 amendments, must submit the written request to Julie Elhard at the address noted above.

Date: 12/21/87

Sandra Gardebring

SANDRA S. GARDEBRING
Commissioner

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF RULES GOVERNING REIMBURSEMENT FOR COST OF CARE OF PATIENTS AND RESIDENTS IN STATE FACILITIES

AFFIDAVIT OF MAILING

Nancy Bishop, being first duly sworn, deposes and says:

That on the 6th day of January, 1988, at the City of St. Paul, County of Ramsey, State of Minnesota, I mailed the attached Notice of Intent to Adopt Amendments to a Rule without a Public Hearing by depositing in the State of Minnesota Central Mail System for first class mailing, a copy thereof, properly enveloped, with postage prepaid, to 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 notice of hearing by this Department.

Nancy Bishop

Subscribed and sworn to before me

this 6 day of January, 1988

Louis J. Breidel



Department of Human Services

In the Matter of the Proposed Adoption of Amendments to Rules of the State Department of Human Services Governing Reimbursement for Cost of Care of Patients and Residents in State Facilities (Minnesota Rules, parts 9515.1000 to 9515.2600)

NOTICE OF INTENT TO ADOPT AMENDMENTS TO A RULE WITHOUT A PUBLIC HEARING

Notice is hereby given that the State Department of Human Services intends to adopt the above-entitled amendments without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in Minnesota Statutes, sections 14.22 to 14.28. The statutory authority to adopt the rule is Minnesota Statutes, sections 246.01, 246.23, and 246.51, subdivision 2, in conjunction with section 1611(e)(1)(E) of the Social Security Act.

All persons have 30 days or until 4:30 p.m. on February 10, 1988, in which to submit comments in support of or in opposition to the proposed amendments or any part or subpart of the amendments. Comment is encouraged. Each comment should identify the portion of the proposed amendments addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the amendments 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 unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed amendments 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.

Comments or written requests for a public hearing must be submitted to:

Julie Elhard
Minnesota Department of Human Services
Reimbursement Division
444 Lafayette Road, 2nd Floor
St. Paul, MN 55155
(612) 296-3507

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

The rule affected by the proposed amendments governs reimbursement of state facilities for the cost of care. Those affected by the amendments are patients and residents of state facilities, responsible relatives, guardians, conservators or legal representatives for the patient or resident, and the state facilities.

The proposed amendments conform to several statutory changes on which the rule is based. Amendments to Minnesota Statutes, section 246.50 changed the term "state hospital" to "regional treatment center", added a definition of "state nursing home", and changed the definition of "resident". These changes are to be incorporated in various parts of the rule. An amendment to Minnesota Statutes, section 246.23, requires full payment from nongovernmental funds for persons admitted to chemical dependency programs. Part 9515.1100 is inconsistent with that provision, and is therefore to be repealed. An amendment to the Social Security Act requires that Supplemental Security Income (SSI) not be considered in determining a patient's ability to pay for costs of care. Part 9515.2200 is to be amended to except SSI from net income. Dollar values in parts 9515.2400 to 9515.2600 are periodically adjusted and announced administratively in the manner provided by the rules. The rules are to be updated to reflect the current values without making any substantive changes.

A free copy of the amendments is available upon request from Julie Elhard at the address noted above. A copy of the amendments may also be viewed at any of the 87 county welfare or human services agencies in the State of Minnesota.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed amendments and identifies the data and information relied upon to support the proposed amendments has been prepared and is available upon request from Julie Elhard at the address noted above.

Adoption of these amendments will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

If no hearing is required, upon adoption of the amendments, the amendments and the required supporting documents will be submitted 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 amendments, must submit the written request to Julie Elhard at the address noted above.

Date: 12/21/87

Sandra Gardebring

SANDRA S. GARDEBRING
Commissioner

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF RULES GOVERNING REIMBURSEMENT FOR COST OF CARE OF PATIENTS AND RESIDENTS IN STATE FACILITIES

AFFIDAVIT OF ADDITIONAL MAILING

Nancy Bishop, being first duly sworn, deposes and says:

That on the 6th day of January, 1988, at the City of St. Paul, County of Ramsey, State of Minnesota, I mailed the attached Notice of Intent to Adopt Amendments to a Rule without a Public Hearing by depositing in the State of Minnesota Central Mail System for first class mailing, a copy thereof, properly enveloped, with postage prepaid to the following parties:

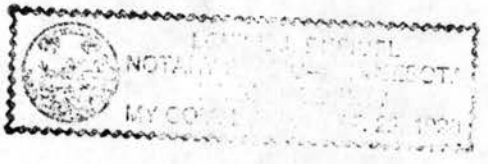
.The 87 Minnesota County Human Services Agencies
.The 10 Minnesota Department of Human Services Regional Treatment Centers

Nancy Bishop

Subscribed and sworn to before me

this 6 day of January, 1988

Notary Public



Department of Human Services

In the Matter of the Proposed Adoption of Amendments to Rules of the State Department of Human Services Governing Reimbursement for Cost of Care of Patients and Residents in State Facilities (Minnesota Rules, parts 9515.1000 to 9515.2600)

NOTICE OF INTENT TO ADOPT AMENDMENTS TO A RULE WITHOUT A PUBLIC HEARING

Notice is hereby given that the State Department of Human Services intends to adopt the above-entitled amendments without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in Minnesota Statutes, sections 14.22 to 14.28. The statutory authority to adopt the rule is Minnesota Statutes, sections 246.01, 246.23, and 246.51, subdivision 2, in conjunction with section 1611(e)(1)(E) of the Social Security Act.

All persons have 30 days or until 4:30 p.m. on February 10, 1988, in which to submit comments in support of or in opposition to the proposed amendments or any part or subpart of the amendments. Comment is encouraged. Each comment should identify the portion of the proposed amendments addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the amendments 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 unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed amendments 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.

Comments or written requests for a public hearing must be submitted to:

Julie Elhard
Minnesota Department of Human Services
Reimbursement Division
444 Lafayette Road, 2nd Floor
St. Paul, MN 55155
(612) 296-3507

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

The rule affected by the proposed amendments governs reimbursement of state facilities for the cost of care. Those affected by the amendments are patients and residents of state facilities, responsible relatives, guardians, conservators or legal representatives for the patient or resident, and the state facilities.

The proposed amendments conform to several statutory changes on which the rule is based. Amendments to Minnesota Statutes, section 246.50 changed the term "state hospital" to "regional treatment center", added a definition of "state nursing home", and changed the definition of "resident". These changes are to be incorporated in various parts of the rule. An amendment to Minnesota Statutes, section 246.23, requires full payment from nongovernmental funds for persons admitted to chemical dependency programs. Part 9515.1100 is inconsistent with that provision, and is therefore to be repealed. An amendment to the Social Security Act requires that Supplemental Security Income (SSI) not be considered in determining a patient's ability to pay for costs of care. Part 9515.2200 is to be amended to except SSI from net income. Dollar values in parts 9515.2400 to 9515.2600 are periodically adjusted and announced administratively in the manner provided by the rules. The rules are to be updated to reflect the current values without making any substantive changes.

A free copy of the amendments is available upon request from Julie Elhard at the address noted above. A copy of the amendments may also be viewed at any of the 87 county welfare or human services agencies in the State of Minnesota.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed amendments and identifies the data and information relied upon to support the proposed amendments has been prepared and is available upon request from Julie Elhard at the address noted above.

Adoption of these amendments will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

If no hearing is required, upon adoption of the amendments, the amendments and the required supporting documents will be submitted 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 amendments, must submit the written request to Julie Elhard at the address noted above.

Date: 12/21/87

Sandra Gardebring

SANDRA S. GARDEBRING
Commissioner

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF RULES GOVERNING REIMBURSEMENT FOR COST OF CARE OF PATIENTS AND RESIDENTS IN STATE FACILITIES

CERTIFICATE

I hereby certify that the list of persons, associations and other interested groups who have requested, pursuant to Minnesota Statutes, section 14.14, subdivision 1a, and 14.22 or 14.30, that their names be placed on the State Department of Human Services rulemaking mailing list is accurate, complete, and current as of this 6th day of January, 1988.

Nancy Bishop

Proposed Rules

Pursuant to Minn. Stat. of 1982, §§ 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing, as long as the agency determines that the rules will be noncontroversial in nature. The agency must first publish a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. The notice must advise the public:

1. that they have 30 days in which to submit comment on the proposed rules;
2. that no public hearing will be held unless 25 or more persons make a written request for a hearing within the 30-day comment period;
3. of the manner in which persons shall request a hearing on the proposed rules; and
4. that the rule may be modified if the modifications are supported by the data and views submitted.

If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.14-14.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

Pursuant to Minn. Stat. §§ 14.29 and 14.30, agencies may propose emergency rules under certain circumstances. Proposed emergency rules are published in the *State Register* and, for at least 25 days thereafter, interested persons may submit data and views in writing to the proposing agency.

Department of Corrections

Withdrawal of Proposed Permanent Rules Relating to Municipal Jail Facilities

Notice is hereby given that the above-captioned rules as proposed and published in the *State Register* on November 9, 1987 (12 S.R. 982) are hereby withdrawn pursuant to *Minnesota Statutes* 14.05, Subdivision 3, (1986).

Dated: 22 December 1987

Orville B. Pung, Commissioner
Department of Corrections

Department of Human Services

Proposed Permanent Rules Relating to Administration of the State Facilities Cost of Care Programs

Notice of Intent to Adopt Amendments to a Rule Without a Public Hearing

Notice is hereby given that the State Department of Human Services intends to adopt the above-entitled amendments without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in *Minnesota Statutes*, sections 14.22 to 14.28. The statutory authority to adopt the rule is *Minnesota Statutes*, sections 246.01, 246.23, and 246.51, subdivision 2, in conjunction with section 1611(e)(1)(E) of the Social Security Act.

All persons have 30 days or until 4:30 p.m. on February 10, 1988, in which to submit comments in support of or in opposition to the proposed amendments or any part or subpart of the amendments. Comment is encouraged. Each comment should identify the portion of the proposed amendments addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the amendments 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 unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed amendments 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.

Comments or written requests for a public hearing must be submitted to:

Julie Elhard
Minnesota Department of Human Services
Reimbursement Division
444 Lafayette Road, 2nd Floor
St. Paul, MN 55155
(612) 296-3507

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.

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

The rule affected by the proposed amendments governs reimbursement of state facilities for the cost of care. Those affected by the amendments are patients and residents of state facilities, responsible relatives, guardians, conservators or legal representatives for the patient or resident, and the state facilities.

The proposed amendments conform to several statutory changes on which the rule is based. Amendments to *Minnesota Statutes*, section 246.50 changed the term "state hospital" to "regional treatment center", added a definition of "state nursing home", and changed the definition of "resident". These changes are to be incorporated in various parts of the rule. An amendment to *Minnesota Statutes*, section 246.23, requires full payment from nongovernmental funds for persons admitted to chemical dependency programs. Part 9515.1100 is inconsistent with that provision, and is therefore to be repealed. An amendment to the Social Security Act requires that Supplemental Security Income (SSI) not be considered in determining a patient's ability to pay for costs of care, Part 9515.2200 is to be amended to except SSI from net income. Dollar values in parts 9515.2400 to 9515.2600 are periodically adjusted and announced administratively in the manner provided by the rules. The rules are to be updated to reflect the current values without making any substantive changes.

A free copy of the amendments is available upon request from Julie Elhard at the address noted above. A copy of the amendments may also be viewed at any of the 87 county welfare or human services agencies in the State of Minnesota.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed amendments and identifies the data and information relied upon to support the proposed amendments has been prepared and is available upon request from Julie Elhard at the address noted above.

Adoption of these amendments will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of *Minnesota Statutes*, section 14.11.

If no hearing is required, upon adoption of the amendments, the amendments and the required supporting documents will be submitted 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 amendments, must submit the written request to Julie Elhard at the address noted above.

Sandra S. Gardebring
Commissioner

Rules as Proposed

REIMBURSEMENT FOR COST OF CARE OF PATIENTS AND RESIDENTS IN ~~A~~ STATE ~~HOSPITAL~~ FACILITIES

9515.1000 SCOPE AND STATUTORY AUTHORITY.

Parts 9515.1000 to 9515.2600 govern the administration of the state ~~hospital~~ facilities cost of care program in the Department of Human Services. Parts 9515.1000 to 9515.2600 are to be read in conjunction with Minnesota Statutes, sections 246.50 to 246.55 and other rules of the department. Parts 9515.1000 to 9515.2600 do not apply to persons admitted to chemical dependency treatment programs who are eligible to have chemical dependency treatment paid for with funds from the consolidated chemical dependency treatment fund under Minnesota Statutes, chapter 254B and parts 9530.7000 to 9530.7030.

9515.1200 DEFINITIONS.

Subp. 1. to 3. [Unchanged.]

Subp. 4. **Cost of care or per diem.** "Cost of care" or "per diem" means the daily per capita cost of providing care to state ~~hospital~~ facility patients or residents, or the cost of outpatient services calculated in accordance with Minnesota Statutes, section 246.50, subdivision 5.

Subp. 5. to 7. [Unchanged.]

Subp. 8. **Homestead.** "Homestead" means the house owned and occupied by the patient or resident as his or her dwelling place, together with the land upon which it is situated as limited by Minnesota Statutes, section 510.02.

Subp. 10. **Inpatient, resident patient.** "Inpatient" or "resident patient" means a person who occupies a bed in a state ~~hospital~~ facility for the purpose of observation, care, diagnosis, or treatment.

Subp. 11. and 12. [Unchanged.]

Subp. 13. **Outpatient, day care patient.** "Outpatient" or "day care patient" means a person who makes use of diagnostic, therapeutic, counseling, or other services in a state ~~hospital~~ facility or through state ~~hospital~~ personnel but does not occupy a ~~hospital~~ bed overnight.

Subp. 14. **Patient.** "Patient" means any individual receiving observation, diagnosis, care, or treatment in a state ~~hospital~~ facility.

Subp. 15. **~~Patient's~~ Financial ~~information~~ file.** "~~Patient's~~ Financial ~~information~~ file" means financial data collected for the purpose of determining ability of the patient, resident, or the responsible relative to pay the patient's or resident's cost of care.

Subp. 16. **Person.** "Person" means a patient, resident, or responsible relative.

Subp. 17. to 19. [Unchanged.]

Subp. 19a. **Resident.** "Resident" means a person as defined in Minnesota Statutes, section 246.50, subdivision 4a.

Subp. 20. **Resource.** "Resource" means any property or benefit that is available to pay for the cost of care of the patient or resident.

Subp. 21. [Unchanged.]

Subp. 22. **State ~~hospital~~ facility.** "State ~~hospital~~ facility" means a ~~state hospital for mentally ill, chemically dependent, or mentally retarded persons~~ regional treatment center or state nursing home, as defined by Minnesota Statutes, section 246.50, subdivisions 3 and 3a.

9515.1300 TIME OF DETERMINATION.

Ability to pay the cost of care shall be determined when the patient or resident is admitted, when there is a change in the person's financial status, when a patient, resident, responsible relative, guardian, conservator, or representative payee reports a change in the financial status used in determining ability to pay, when the patient or resident has been hospitalized for 120 days or more, when the patient or resident is being discharged, and when the responsible relative's financial status has not been reviewed for one year.

Within the six-year period after the date of a patient's or resident's discharge from the ~~hospital~~ facility, the department from time to time may, and upon request of the patient or resident shall, reevaluate the patient's or resident's ability to pay any balance of the charge for cost of care.

9515.1400 PERSONS INTERVIEWED TO DETERMINE ABILITY TO PAY.

In all instances the patient or resident shall be present at the interview to determine ability to pay unless the patient or resident is a minor or the treatment staff of the state ~~hospital~~ facility attests the patient's or resident's presence is medically contraindicated. When the patient or resident cannot be present at the interview, the reason shall be noted in the ~~patient's~~ financial ~~information~~ file for that patient or resident.

The patient or resident shall be the source of financial information to determine ability to pay except when the management of the patient's or resident's financial affairs is in the hands of another person. When the patient or resident is not the source of financial information the reason shall be noted in the ~~patient's~~ financial ~~information~~ file for that patient or resident.

When the patient or resident is not able to act on his or her own behalf, the person interviewed shall be the patient's or resident's legal guardian, the conservator, the parents of a minor child, a spouse, a relative of the patient or resident, a trustee, a representative payee, the patient's or resident's legal representative, or a county social worker.

If the patient or resident is unable to pay the full cost of the per diem, the responsible relative shall be interviewed.

9515.1500 FINANCIAL INTERVIEW.

When a person is interviewed, the department shall:

A. [Unchanged.]

B. provide the person with an informational pamphlet on cost of care and review with the person how the department determines the charges for the patient's or resident's cost of care;

C. to G. [Unchanged.]

9515.2200 SOURCES OF INCOME CONSIDERED ~~TO BE PATIENT RESOURCES~~.

Subpart 1. **In general.** The patient's or resident's ability to pay shall be determined from insurance benefits, net income, and value of property owned.

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.

Subp. 2. **Insurance benefits.** When the investigation of the patient's or resident's ability to pay discloses eligibility for insurance benefits, the patient or resident shall be determined to be able to pay the cost of care provided to the full extent of insurance benefits available. The dollar amount of this coverage need not be specified in the determination order.

When the insurance benefits pay less than the per diem, the ability of the patient or resident to pay the remaining part of the per diem shall be determined from the patient's or resident's net income and nonexcluded property.

Subp. 3. **Net income.** The patient's or resident's entire net income remaining after the deductions from gross income have been made in accordance with part 9515.2300, subpart 4, except Supplemental Security Income paid under section 1611(e)(1)(E) of the Social Security Act, United States Code, title 42, section 1382(e)(1)(E), as amended through November 10, 1986, shall be available to pay the cost of care.

Subp. 4. **Property.** As long as the patient or resident owns property not excluded under part 9515.2500, the patient or resident shall be determined able to pay the full cost of care.

9515.2300 NET INCOME OF PATIENT OR RESIDENT.

Subp. 2. and 3. [Unchanged.]

Subp. 4. **Deductions from gross income to arrive at net income.** The following items shall be deducted from the patient's or resident's monthly gross income:

A. and B. [Unchanged.]

C. Child care costs paid by the patient or resident and not reimbursed from any source.

D. Support payments ordered by a court and actually paid. If this deduction is taken, the individual for whom support is paid shall not be included as a member of the patient's or resident's household in determining the monthly household living allowance in part 9515.2400.

E. to I. [Unchanged.]

J. An allowance of ~~$71~~ $86 per month per boarder, ~~$59~~ $71 per month per roomer, and ~~$130~~ $157 per month for each person who is both a roomer and boarder. This amount shall be updated periodically by the percentage the legislature authorizes for public assistance grants.

K. A personal needs and clothing allowance of the inpatient in the amount determined ~~in accordance with~~ under Minnesota Statutes, section 256B.35 for persons receiving public assistance grants. In addition, a special personal allowance drawn solely from earnings from any productive employment under an individual plan of rehabilitation or work therapy shall be given to all patients or residents in state ~~hospitals~~ facilities. The special personal allowance shall not exceed 50 percent of net monthly income.

L. Sixty percent of the income earned from child care in one's own home or, if the patient or resident chooses, the actual itemized business expenses incurred in providing child care subject to the limitations provided in ~~part~~ parts 9515.1200, subparts 2 and 3; and ~~part~~ 9515.2300, subpart 4, item I.

M. An inpatient without dependents living in his or her home shall be allowed the actual cost of his or her housing and utilities in the community for the month of admission and a period of three months of continuous hospitalization subsequent to that admission. An inpatient with dependents living in his or her home shall be allowed a pro rata share of his or her household's total actual housing costs during the month of admission and for a period of three months of continuous hospitalization subsequent to that admission. This housing allowance shall be available to the inpatient only twice in any one calendar year regardless of the number of times the patient is admitted to a state hospital in that calendar year. An outpatient or former patient or resident shall be allowed the actual cost of his or her housing and utilities.

N. [Unchanged.]

9515.2400 MONTHLY HOUSEHOLD LIVING ALLOWANCE SCHEDULE.

Number in Household	Monthly Household Living Allowance
1	~~$ 419~~ $ 458
2	~~$ 628~~ $ 688
3	~~$ 838~~ $ 912
4	~~$1,047~~ $1,146
5	~~$1,256~~ $1,375
6	~~$1,466~~ $1,604
over 6	~~$1,466~~ $1,604 plus ~~$ 209~~ $ 229 for each additional person

The number in household of an inpatient ~~shall be~~ is the number of dependents the patient or resident claims. The number in household of an outpatient or former patient or resident shall be the patient or resident plus the number of dependents ~~the patient claims~~ claimed. The gross monthly income of a patient's or resident's spouse, if any, shall be deducted from the housing allowances shown above.

By July 1 of each year, the department shall adjust the monthly household living allowance to reflect the annual percentage change reported in the most recent Consumer Price Index, for all urban consumers in the Minneapolis-Saint Paul area. The Consumer Price Index shall be as published by the Bureau of Labor Statistics, U.S. Department of Labor. The year 1967 is the standard reference base period.

9515.2500 PROPERTY OF PATIENT OR RESIDENT.

Subpart 1. **In general.** Property shall be available to pay for the cost of the patient's or resident's care to the extent owned by the patient or resident, subject to the exclusions in subparts 2 to 7.

Subp. 2. **Real property.** The value of the patient's or resident's homestead ~~shall be~~ is excluded from consideration as a resource.

The value of real property owned by the patient or resident which produces a net income ~~shall be~~ is excluded from consideration as a resource. Real property which the patient or resident is selling on a contract for deed and for which the patient or resident receives payments ~~shall be~~ is considered income producing property.

Subp. 3. **Personal property.** The value of the following personal property ~~shall be~~ is excluded from consideration as a resource:

A. the value of personal property other than stocks, bonds, and other investment instruments which is owned by the patient or resident and which yields or contributes to the production of a net income, such as tools, farm implements, livestock, and business inventory and fixtures acquired prior to hospitalization;

B. the cash or liquid assets for a single patient or resident and the cash or liquid assets for a married couple shall be the standard for medical assistance recipients as provided in Minnesota Statutes, section 256B.06, as from time to time amended;

C. to G. [Unchanged.]

H. manufactured home used as a home by the patient or resident or the patient's or resident's dependents;

I. to K. [Unchanged.]

L. life insurance owned by the patient ~~shall be~~ or resident is the standard for medical assistance recipients as provided in Minnesota Statutes, section 256B.06, as from time to time amended;

M. and N. [Unchanged.]

Subp. 4. **Waiver of property as a resource.** The department shall waive consideration of property in excess of the exemptions when the patient's or resident's equity cannot be liquidated, the offered price is less than 80 percent of the market value given by two appraisers agreeable to both parties, or the cost of repairs necessary to meet the conditions of sale exceeds 35 percent of the offered price.

Each case shall be referred to the department's reimbursement division central office and decided on the merits of the facts recorded in the patient's or resident's financial ~~information~~ file to substantiate the circumstances.

The decision to waive the consideration shall be examined at least annually for changes in market value, opportunity for sale or mortgage, and other pertinent factors.

Subp. 5. **Transfer of property.** The market value of any property transferred, less any value received, shall be treated as an available resource if the property is valued at more than $1,000 and if the transfer is for less than the market value and if the transfer is made:

A. during or after hospitalization in a state ~~hospital~~ facility; or

B. prior to hospitalization in a state ~~hospital~~ facility, but with intent to avoid the use of the property to pay for ~~hospital~~ facility care or in determining ability to pay for ~~hospital~~ care; or

C. prior to hospitalization in a state ~~hospital~~ facility but within 24 months of admission ~~to the hospital~~.

Subp. 6. **Documentation required.** When property described in subpart 5 is transferred during the period between two years

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.

prior to admission to a state ~~hospital~~ facility and six years following discharge, the patient, resident, or the ~~patient's~~ representative shall provide documentation of the circumstances of the transfer.

Subp. 7. **Exemption.** The provisions of subparts 5 and 6 do not apply when the patient or resident is not continuing to accrue charges and the full cost of care has been paid. The provisions of subparts 5 and 6 do not apply to property excluded from consideration under other provisions of parts 9515.1000 to 9515.2600.

9515.2600 RESPONSIBLE RELATIVE'S ABILITY TO PAY.

Subpart 1. **In general.** When the patient or resident is determined not to be able to pay the full cost of care, the department shall determine the ability of each responsible relative of the patient or resident to pay the amount permitted by statute.

Subp. 2. [Unchanged.]

Subp. 3. **Insurance benefits.** The responsible relative shall inform the department about dependent benefits from hospital and medical insurance carried by the relative.

Dependent benefits to a patient or resident shall be considered the same as the patient's or resident's insurance.

Any difference between benefits to a patient or resident and others covered by the responsible relative's policy shall be verified.

The responsible relative shall complete and sign the forms necessary to verify ~~patient~~ eligibility for benefits and assign benefits to pay the cost of care of the patient or resident.

The amount of the premium paid by the responsible relative may be deducted from the responsible relative's total obligation to pay.

Subp. 4. **Liability of responsible relatives.** When the sum of the benefits described in subpart 3 and the patient's or resident's other resources pay less than the full cost of care, the ability of each responsible relative to pay shall be determined in the statutory order of liability for cost of care. When two responsible relatives have the same order of liability for cost of care, a determination shall be made for each one except that a joint determination shall be made for parents who reside in the same household.

Subp. 5. **Limitations on relative's ability to pay.** The ability of a responsible relative to pay shall be determined from the annual gross earnings of the responsible relative subject to the following limitations:

A. and B. [Unchanged.]

C. The department may require full payment of the full per capita cost of care for a patient or resident whose parents or parent, spouse, guardian, or conservator do not reside in Minnesota and are financially able to pay as determined by the department.

D. Only the annual gross earnings of the spouse of a patient or resident shall be used to determine the spouse's ability to pay.

E. to G. [Unchanged.]

Subp. 6. **Determination of relative's ability to pay.** A responsible relative who provides the department the information, documents, and proofs necessary to determine ability to pay as provided in part 9515.1500, items F and G shall have his or her ability to pay determined from the table in subpart 8. For purposes of this table, household size consists of the responsible relative and the responsible relative's dependents living in the responsible relative's household, other than the patient or resident.

A responsible relative who chooses not to provide the department the information, documents, and proofs necessary to determine ability to pay as provided in part 9515.1500, items F and G may be determined liable for the full per capita cost of care.

Subp. 7. [Unchanged.]

Subp. 8. **Daily payment based on ability to pay according to household size and annual gross earnings of responsible relatives.**

Annual Gross Earnings of Responsible Relative	Household Size									
	1	2	3	4	5	6	7	8	9	10
11,000-11,999	.33	0								
12,000-12,999	.45	.33	0							
13,000-13,999	.57	.45	.33	0						
14,000-14,999	.72	.57	.45	.33	0					
15,000-15,999	.87	.72	.57	.45	.33	0				
16,000-16,999	1.05	.87	.72	.57	.45	.33	0			
17,000-17,999	1.23	1.05	.87	.72	.57	.45	.33	0		
18,000-18,999	1.45	1.23	1.05	.87	.72	.57	.45	.33	0	

Annual Gross Earnings of Responsible Relative	Household Size									
	1	2	3	4	5	6	7	8	9	10
19,000-19,999	1.81	1.45	1.23	1.05	.87	.72	.57	.45	.33	0
20,000-20,999	2.26	1.67	1.45	1.23	1.05	.87	.72	.57	.45	.33
21,000-21,999	2.82	1.92	1.67	1.45	1.23	1.05	.87	.72	.57	.45
22,000-22,999	3.52	2.17	1.92	1.67	1.45	1.23	1.05	.87	.72	.57
23,000-23,999	4.41	2.45	2.17	1.92	1.67	1.45	1.23	1.05	.87	.72
24,000-24,999	5.51	3.06	2.45	2.17	1.92	1.67	1.45	1.23	1.05	.87
25,000-25,999	6.89	3.82	2.75	2.45	2.17	1.92	1.67	1.45	1.23	1.05
26,000-26,999	8.61	4.77	3.05	2.75	2.45	2.17	1.92	1.67	1.45	1.23
27,000-27,999	~~8.80~~ 10.76	5.96	3.37	3.05	2.75	2.45	2.17	1.92	1.67	1.45
28,000-28,999	~~8.80~~ 13.45	7.46	4.21	3.37	3.05	2.75	2.45	2.17	1.92	1.67
29,000-29,999	~~8.80~~ 16.81	~~8.80~~ 9.32	5.26	3.72	3.37	3.05	2.75	2.45	2.17	1.92
30,000-30,999	~~8.80~~ 19.49	~~8.80~~ 11.65	6.57	4.07	3.72	3.37	3.05	2.75	2.45	2.17
31,000-31,999	~~8.80~~ 19.49	~~8.80~~ 14.56	8.21	4.45	4.07	3.72	3.37	3.05	2.75	2.45
32,000-32,999	~~8.80~~ 19.49	~~8.80~~ 18.20	~~8.80~~ 10.26	4.83	4.45	4.07	3.72	3.37	3.05	2.75
33,000-33,999	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 12.83	6.03	4.83	4.45	4.07	3.72	3.37	3.05
34,000-34,999	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 16.04	7.53	5.25	4.83	4.45	4.07	3.72	3.37
35,000-35,999	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 9.41	5.67	5.25	4.83	4.45	4.07	3.72
36,000-36,999	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 11.76	6.12	5.67	5.25	4.83	4.45	4.07
37,000-37,999	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 14.70	7.56	6.12	5.67	5.25	4.83	4.45
38,000-38,999	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 18.38	~~8.80~~ 9.45	7.56	6.12	5.67	5.25	4.83
39,000-39,999	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 11.81	~~8.80~~ 9.45	7.56	6.12	5.67	5.25
40,000-40,999	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 14.76	~~8.80~~ 11.81	~~8.80~~ 9.45	7.56	6.12	5.67
41,000-41,999	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 18.45	~~8.80~~ 18.45	~~8.80~~ 11.81	~~8.80~~ 9.45	7.56	6.12
42,000-42,999	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 14.76	~~8.80~~ 11.81	~~8.80~~ 9.45	7.56
43,000-43,999	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 19.49	~~8.80~~ 18.45	~~8.80~~ 14.76	~~8.80~~ 11.81	~~8.80~~ 9.45
44,000-44,999	19.49	19.49	19.49	19.49	19.49	19.49	19.49	18.45	14.76	11.81
45,000-45,999	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	14.76
46,000-46,999	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	18.45
47,000-47,999	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49

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.

Subp. 9. and 10. [Unchanged.]

Subp. 11. **Clothing and personal needs allowance of a minor.** The parents of a patient or resident who is an unmarried, dependent child ~~shall be~~ are responsible for meeting the ~~patient's~~ child's clothing and personal needs allowance in addition to the amount they are determined able to pay to meet the cost of care.

REPEALER. Minnesota Rules, part 9515.1100, is repealed.

Public Utilities Commission

Proposed Permanent Rules Relating to Certificates of Need for Power Plants and Transmission Lines

Notice of Intent to Adopt Rules Without a Public Hearing

Notice is hereby given that the Minnesota Public Utilities Commission (Commission) intends to adopt the above-entitled rules without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in *Minnesota Statutes* Section 14.22 to 14.28 (1986). The Commission's authority to adopt the rule is set forth in *Minnesota Statutes* Sections 216A.05, 216B.08, 216B.243 (1986).

All persons have until 4:30 p.m. on February 10, 1988, to submit comments in support of or in opposition to the proposed rules or any part or subpart of the rules. Comment is encouraged. Each comment should identify the portion of the proposed rules addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rules within the comment period. If 25 or more persons submit a written request for a public hearing within the comment period, a public hearing will be held unless a sufficient number withdraw their requests in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rules addressed, the reason for the request, and any change proposed.

If a public hearing is required, the Commission will proceed pursuant to *Minnesota Statutes* Sections 14.131 to 14.20 (1986).

Comments or written requests for a public hearing must be submitted to:

Caroline Robinson
Minnesota Public Utilities Commission
780 American Center Building
150 East Kellogg Boulevard
St. Paul, Minnesota 55101
(612) 296-9617

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

The proposed rules, if adopted, will amend the existing rules governing the certificate of need process for power plants and transmission lines. The proposed rules are published below. One free copy of the rules is available upon request from Kris Kline at (612) 296-7124.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rules and identifies the data and information relied upon to support the proposed rule has been prepared and is available from Kris Kline at (612) 296-7124.

You are hereby advised, pursuant to *Minnesota Statutes* Section 14.115 (1986), "Small business considerations in rulemaking," that the proposed rules will impact small electric utilities and small businesses which build cogeneration or small power production facilities. Small electric utilities are service businesses regulated by government bodies for standards and costs and, therefore, are exempt from this statute. Small businesses which build cogeneration or small power production facilities are exempt from the certificate of need process if the facilities produce less than 80 megawatts of electrical power. See *Minnesota Statutes* Section 216B.243 (1986). For those small businesses which build cogeneration or small power production facilities that produce electric power in excess of 80 megawatts, the proposed rules require additional data in technical areas where certificate of need applications have been deficient in past cases. However, the impact on these businesses has been reduced in the proposed rules by providing that applicants may request an exemption from the data requirements and by permitting the processing of applications in less than six months under certain conditions.

The adoption of these rules by the Commission will not require the expenditure of public money by local public bodies or have a direct impact on agricultural land. Therefore, *Minnesota Statutes* Section 14.11 (1986) is not applicable to this rulemaking proceeding.

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of the Rule of the State Department of Human Services Governing Reimbursement for Cost of Care of Patients and Residents in State Facilities.

FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING RULE WITHOUT PUBLIC HEARING

Notice of the Commissioner's intent to adopt the above-entitled rule was published in the State Register on 11th January, 1988 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 1a and 14.22, on 6th January, 1988. The statement of need and reasonableness was prepared before the notice of intent to adopt a rule without a public hearing was mailed to all persons on the rulemaking mailing list and published in the State Register and was available to the public.

All persons were given the opportunity to submit comment on the rule for 30 days after notice of proposed rulemaking. No submissions or comments to the rule were received by the agency. No requests for notice of submission to the attorney general were received by the agency.

Based on the comments and evidence in the record before the agency, I find the following:

The above-captioned rule is needed and reasonable.

NOW, THEREFORE, IT IS ORDERED that the rule identified as Reimbursement for cost of care of patients and residents in state facilities is adopted this 8th day of March, 1988, pursuant to authority vested in me by Minnesota Statutes, sections 246.01, 246.23, and 246.51, subdivision 2, in conjunction with section 1611 (e)(1)(E) of the Social Security Act.

SANDRA S. GARDEBRING
Commissioner

In the Matter of the Adoption
of the Rule of the State Department
of Human Services Relating to
Administration of the State
Facilities Cost of Care
Programs. (Minnesota Rules,
parts 9515.1000 to 9515.2600)

DECLARATION OF
COUNSEL

I, David Iverson, Special Assistant Attorney General, do hereby declare that I have examined the above captioned rule, and the supporting rulemaking record, and that, based on my examination, the Administrative Procedure Act and Minnesota Rules, chapter 2010 have been followed. Any exceptions are listed below. For Attorney General billing purposes, the four-digit docket client code is 0887.

David Iverson

Special Assistant
Attorney General

Dated: 3-9-'88.