card issuer may also require disclosure of any other names under which the credit card applicant may have a credit history.

Sec. 3. Minnesota Statutes 1982, section 363.03, is amended by adding a subdivision to read:

Subd. 8a. **BUSINESS; SEX DISCRIMINATION.** It is an unfair discriminatory practice for a person engaged in a trade or business or in the provision of a service to refuse to do business with or provide a service to a woman based on her use of her current or former surname. It is an unfair discriminatory practice for a person to impose, as a condition of doing business with or providing a service to a woman, that a woman use her current surname rather than a former surname.

Approved April 25, 1984

CHAPTER 534 — H.F.No. 1966

An act relating to public welfare; providing for the collection of statistical data by the department of health on dissolutions and annulments; restricting the use of certain descriptive words to certain licensed facilities; providing for collection of health care cost information; limiting relative responsibility for state hospital costs; providing appeal rights for former recipients of public assistance; limiting medical assistance and general assistance reimbursements for chemical dependency treatment; extending temporary rulemaking authority for prospective payments for inpatient hospital services; extending administrative aid to counties; expanding medical assistance eligibility for certain persons; eliminating the requirement that the commissioner seek a co-payment waiver for HMO enrollees under medical assistance; clarifying existing language relating to asset transfers; increasing the personal needs allowance; reimbursement for additional services under general assistance medical care; providing for recovery of supplemental aid; requiring county investigations; requiring a cost-of-living adjustment to the schedule of contribution of a noninstitutionalized spouse; appropriating money; amending Minnesota Statutes 1982, sections 144.224; 144.695; 144.696; 144.698; 144.699; 144.701; 144.702; 144.703; 246.50, subdivision 6; 256.045, subdivisions 2, 4, 5, and 7; 256B.17, as amended; 256B.19, subdivision 1; 256B.35, subdivision 1; 261.035; Minnesota Statutes 1983 Supplement, sections 256.045, subdivision 3; 256.968; 256.969, subdivisions 2 and 6; and 256B.06, subdivision 1; proposing new law coded in Minnesota Statutes, chapters 144; 256D and 518; repealing Minnesota Statutes 1982, sections 144.7021; 144.704; and 144.705.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 1982, section 144.224, is amended to read:

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

144.224 **REPORTS OF DISSOLUTION AND ANNULMENT OF MARRIAGE.**

Each month the clerk of court shall ~~file a report with~~ forward to the ~~state registrar, reporting~~ commissioner of health the ~~dissolutions and annulments of marriage granted by the court in~~ statistical report forms collected pursuant to section 3 during the preceding month. The report form shall include only the following information:

a. Name ~~and~~, date of birth, birthplace, residence, race, and educational attainment of the husband and wife;

b. County of decree;

c. Date and type of decree;

d. ~~Signature of the clerk of court; and~~ Place and date of marriage;

e. Date ~~signed~~ of separation;

f. Number and ages of children of marriage;

g. Amount and status of maintenance and child support;

h. Custody of children;

i. Income of the parties;

j. Length of separation and length of marriage; and

k. Number of previous marriages and reasons for ending the previous marriages (death, dissolution, or annulment).

The commissioner may publish data collected under this section in summary form only. The statistical report form shall contain a statement that neither the report form, nor information contained in the form, shall be admissible in evidence in this or any subsequent proceeding.

Sec. 2. **[144.561] RESTRICTION OF NAME AND DESCRIPTION OF CERTAIN MEDICAL FACILITIES.**

Subdivision 1. **DEFINITIONS.** For purposes of this section, the following words have the meanings given to them:

(a) "Person" means an individual, partnership, association, corporation, state, county or local governmental unit or a division, department, board or agency of a governmental unit.

(b) "Medical facility" means an institution, office, clinic, or building, not attached to a licensed hospital, where medical services for the diagnosis or treatment of illness or injury or the maintenance of health are offered in an outpatient or ambulatory setting.

Subd. 2. **PROHIBITION.** No person shall use the words "emergency," "emergent," "trauma," "critical," or any form of these words which suggest, offer, or imply the availability of immediate care for any medical condition likely to cause death, disability or serious illness in the name of any medical facilities, or in advertising, publications or signs identifying the medical facility unless the facility is licensed under the provisions of section 144.50.

Sec. 3. Minnesota Statutes 1982, section 144.695, is amended to read:

144.695 **CITATION.**

Sections 144.695 to 144.703 may be cited as the Minnesota ~~hospital administration act of 1976~~ Health Care Cost Information Act of 1984.

Sec. 4. Minnesota Statutes 1982, section 144.696, is amended to read:

144.696 **DEFINITIONS.**

Subdivision 1. Unless the context clearly indicates otherwise, for the purposes of sections 144.695 to 144.703, the terms defined in this section have the meanings given them.

Subd. 2. "Commissioner of health" means the state commissioner of health.

Subd. 3. "Hospital" means any acute care institution licensed pursuant to sections 144.50 to 144.58, but does not include any health care institution conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any church or denomination.

Subd. 4. ~~"Commissioner of insurance" means the commissioner of insurance.~~

~~Subd. 5. "Insurer" means a person selling policies of accident and health insurance pursuant to chapter 62A, or nonprofit health service plan subscriber contracts pursuant to chapter 62C~~ "Outpatient surgical center" means a facility other than a hospital offering elective outpatient surgery under a license issued under sections 144.50 to 144.58.

Sec. 5. Minnesota Statutes 1982, section 144.698, is amended to read:

144.698 **REPORTING REQUIREMENTS.**

Subdivision 1. Each hospital and each outpatient surgical center, which has not filed the financial information required by this section with a voluntary, nonprofit ~~rate review~~ reporting organization pursuant to section 144.702, shall file annually with the commissioner of health after the close of the fiscal year:

(a) A balance sheet detailing the assets, liabilities, and net worth of the hospital;

(b) A detailed statement of income and expenses; ~~and~~

(c) A copy of its most recent cost report, if any, filed pursuant to requirements of Title XVIII of the United States Social Security Act; and

(d) A copy of all changes to articles of incorporation or bylaws.

Subd. 2. If more than one licensed hospital or outpatient surgical center is operated by the reporting organization, the commissioner of health may require that the information be reported separately for each hospital and each outpatient surgical center.

Subd. 3. The commissioner of health may require attestation by responsible officials of the hospital or outpatient surgical center that the contents of the reports are true.

Subd. 4. All reports, except privileged medical information, filed pursuant to this section, section 144.701 or section 144.702, subdivision 3 or 4 shall be open to public inspection.

Subd. 5. The commissioner of health shall have the right to inspect hospital and outpatient surgical center books, audits, and records as reasonably necessary to verify hospital and outpatient surgical center reports.

Sec. 6. Minnesota Statutes 1982, section 144.699, is amended to read:

144.699 **CONTINUING ANALYSIS.**

Subdivision 1. **ACUTE CARE COSTS.** The commissioner of health may:

(a) Undertake analyses and studies relating to ~~hospital~~ acute care costs and to the financial status of any hospital or outpatient surgical center subject to the provisions of sections 144.695 to 144.703; and

(b) Publish and disseminate the information relating to ~~hospital~~ acute care costs.

Subd. 2. **FOSTERING PRICE COMPETITION.** The commissioner of health shall:

(a) Encourage hospitals, outpatient surgical centers, and professionals regulated by the health related licensing boards as defined in section 214.01, subdivision 2, and by the commissioner of health under section 214.13, to publish prices for procedures and services that are representative of the diagnoses and conditions for which citizens of this state seek treatment.

(b) Analyze and disseminate available price information and analyses so as to foster the development of price competition among hospitals, outpatient surgical centers, and health professionals.

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

Subd. 3. **COOPERATION WITH ATTORNEY GENERAL.** Upon request of the attorney general, the commissioner of health shall make available to the attorney general all requested information provided under sections 144.695 to 144.703 in order to assist the attorney general in discharging the responsibilities of section 8.31.

Subd. 4. The commissioner of health shall prepare and file summaries and compilations or other supplementary reports based on the information filed with or made available to the commissioner of health, which reports will advance the purposes of sections 144.695 to 144.703.

Sec. 7. Minnesota Statutes 1982, section 144.701, is amended to read:

144.701 ~~INVESTIGATIVE POWER~~ RATE DISCLOSURE.

Subdivision 1. The commissioner of health ~~may initiate reviews or investigations as necessary to assure all purchasers of hospital health care services that the total costs of a hospital are reasonably related to the total services offered, that the hospital's aggregate revenues as expressed by rates are reasonably related to the hospital's aggregate costs, and that rates are set equitably. The commissioner of health shall prohibit hospitals from discriminating among insurers in its rates.~~

~~Subd. 2. In order to properly discharge these obligations, the commissioner of health may review projected annual revenues and expenses of hospitals and comment on them.~~

~~Subd. 3. In the interest of promoting the most efficient and effective use of hospitals, the commissioner of health may promote experimental alternative methods of budgeting, cost control, rate determination and payment~~ shall ensure that the total costs, total revenues, and total services of each hospital and each outpatient surgical center are reported to the public in a form understandable to consumers.

Subd. ~~4~~ 2. The commissioner of health shall ~~begin to~~ compile relevant financial and accounting data concerning hospitals and outpatient surgical centers in order to have statistical information available for legislative policy making.

Subd. ~~5~~ 3. The commissioner of health shall obtain from each hospital and outpatient surgical center a current rate schedule. Any subsequent amendments or modifications of that schedule shall be filed with the commissioner of health at least 60 days in advance of their effective date. ~~The commissioner of health may, by rule, exempt from this requirement rate increases which have a minimal impact on hospital costs. If the hospital has not agreed to submit to a voluntary rate review in accordance with section 144.702, the commissioner of health may hold a public hearing pursuant to chapter 14, on any increase which he determines is excessive and may publicly comment on any increase.~~

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

Subd. ~~6~~ 4. Each report which is required to be submitted to the commissioner of health ~~pursuant to subdivision 5~~ under sections 144.695 to 144.703 and which is not submitted to ~~be reviewed by~~ a voluntary, nonprofit ~~rate review~~ reporting organization in accordance with section 144.702 shall be accompanied by a filing fee in an amount prescribed by rule of the commissioner of health. ~~Filing fees shall be set at a level sufficient to cover the costs of any reviews undertaken pursuant to subdivision 5, and may take into consideration the length or complexity of the report being filed.~~ Fees received pursuant to this subdivision shall be deposited in the general fund of the state treasury.

Sec. 8. Minnesota Statutes 1982, section 144.702, is amended to read:

144.702 VOLUNTARY REPORTING ~~AND RATE REVIEW~~ OF HOSPITAL AND OUTPATIENT SURGICAL CENTER COSTS.

Subdivision 1. A hospital or outpatient surgical center may agree to submit its financial reports to~~, and be subject to a review of its rates by,~~ a voluntary, nonprofit ~~rate review~~ reporting organization whose reporting ~~and review~~ procedures have been approved by the commissioner of health in accordance with this section.

Subd. 2. The commissioner of health may approve voluntary reporting ~~and rate review~~ procedures which are substantially equivalent to reporting requirements and ~~rate review~~ procedures adopted by the commissioner of health for reporting ~~and rate reviews conducted pursuant to~~ procedures under sections ~~144.698 and 144.701~~ 144.695 to 144.703. The commissioner of health shall, by rule, prescribe standards for approval of voluntary ~~rate review~~ reporting procedures, which standards shall provide for:

(a) The filing of appropriate financial information with the ~~rate review~~ reporting organization;

(b) Adequate analysis and verification of that financial information; and

(c) Timely publication of the ~~review organization's findings and comments~~ costs, revenues, and rates of individual hospitals and outpatient surgical centers prior to the effective date of any proposed rate increase. The commissioner of health shall annually review the procedures approved pursuant to this subdivision.

Subd. 3. Any voluntary, nonprofit ~~rate review~~ reporting organization which ~~conducts a review of the~~ collects information on costs, revenues, and rates of a hospital or outpatient surgical center located in this state shall file a copy of ~~its findings and comments~~ the information received for each hospital and outpatient surgical center with the commissioner of health within 30 days of completion of the ~~review~~ information collection process, together with a summary of the financial information acquired by the organization during the course of its review.

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

Subd. 4. Any voluntary, nonprofit ~~rate review~~ reporting organization which receives the financial information required ~~in section 144.698~~ by sections 144.695 to 144.703 shall make the information and all summaries and analyses of the information available to the commissioner of health in accordance with procedures prescribed by the commissioner of health.

Subd. 5. If the reporting and ~~rate review~~ procedures of a voluntary, nonprofit ~~rate review~~ reporting organization have been approved by the commissioner of health those reporting ~~and rate reviewing~~ activities of the organization shall be exempt from the provisions of sections 325D.49 to 325D.66.

Subd. 6. For the purposes of this section "~~rate review~~ reporting organization" means an association or other organization which has as one of its primary functions the ~~peer review of hospital rates~~ collection and dissemination of acute care cost information.

Sec. 9. Minnesota Statutes 1982, section 144.703, is amended to read:

144.703 **ADDITIONAL POWERS.**

Subdivision 1. In addition to the other powers granted to the commissioner of health ~~and the commissioner of insurance~~ by law, the commissioner of health ~~and the commissioner of insurance~~ may ~~each~~:

(a) Adopt, amend, and repeal rules in accordance with chapter 14;

(b) ~~Hold public hearings, conduct investigations, and administer oaths or affirmations in any hearing or investigation~~ Adopt in rule a schedule of fines, ranging from $100 to $1,000, for failure of a hospital or an outpatient surgical center to submit, or to make a timely submission of, information called for by sections 144.695 to 144.703.

Subd. 2. Any person aggrieved by a final determination of the commissioner of health ~~or the commissioner of insurance~~ as to any rule or determination under sections 144.695 to 144.703~~; or 62A.02, subdivision 3; or 62C.15, subdivision 2,~~ shall be entitled to an administrative hearing and judicial review in accordance with the contested case provisions of chapter 14.

Sec. 10. **REPORT.**

By January 15, 1985, the commissioner of health shall, in consultation with the state planning agency, conduct a study and prepare a report to the legislature describing recommendations for an integrated, comprehensive cost containment program for acute care health services. At a minimum the commissioner shall consider:

(a) a proposal for a mechanism that would constrain expansion in the service capacity of the acute care health system by means of specific and quantifiable prospectively determined limits;

(b) a proposal for mechanisms that would prospectively control increases in charges for acute care health services;

(c) a proposal detailing appropriate competitive initiatives to achieve cost containment for acute care health services;

(d) a proposal that would ensure appropriate financial and geographic access to acute care health services; and

(e) any other related proposals and alternatives the commissioner deems prudent.

Sec. 11. **SAVINGS CLAUSE.**

The following rules adopted by the commissioner of health under sections 144.695 to 144.703 are repealed.

(a) Rules prescribing standards for the investigation, analysis, and judging of the reasonableness of the use of finances in a hospital.

(b) Rules prescribing standards for allowable increase limits.

(c) Rules prescribing standards for acceptable increases in gross acute care charges.

All other rules adopted by the commissioner under sections 144.695 to 144.703 remain in effect.

Notwithstanding the time limitation prescribed in 7 MCAR S 1.475 E.1., the experimental alternative reporting requirements contained in 7 MCAR S 1.475 shall be in effect until amended or repealed by the commissioner.

The rules not repealed by this section adopted under sections 144.695 to 144.703 apply to hospitals and outpatient surgical centers. The commissioner may grant outpatient surgical centers a group variance from compliance with provisions of the rules if uniform alternative requirements substantially equivalent to those prescribed in the rules are reasonably necessary to achieve the purposes of sections 144.695 to 144.703.

Promptly after enactment of sections 1 to 10, the commissioner shall publish in the State Register rules adopted under sections 144.695 to 144.703 that are not repealed by this section.

Sec. 12. Minnesota Statutes 1982, section 246.50, subdivision 6, is amended to read:

Subd. 6. "Relatives" means the spouse, and parents ~~and, in the case of the mentally ill or chemically dependent, children~~ of a patient, in that order of liability for cost of care.

Sec. 13. **ACTIONS DISCONTINUED.**

The commissioner of public welfare shall discontinue all collection activities currently pending against persons who have been determined to be

(1) responsible relatives because they are children of current or former state hospital patients; and

(2) liable for relative contributions under sections 246.50 to 246.55.

Sec. 14. Minnesota Statutes 1982, section 256.045, subdivision 2, is amended to read:

Subd. 2. **LOCAL WELFARE HEARINGS.** In counties in which the commissioner of public welfare has appointed a local welfare referee, any person applying for ~~or~~, receiving, or having received public assistance granted by a local agency pursuant to Minnesota Statutes, Sections 256.72 to 256.87, Chapters 256B, 256D, 261, the Federal Food Stamp Act or a program of social services whose application for assistance is denied, or not acted upon with reasonable promptness, or whose assistance is suspended, reduced, ~~or~~ terminated ~~by a local agency~~, or claimed to have been incorrectly paid, or any patient or relative aggrieved by an order of the commissioner under section 252.27, may contest that action or decision before the local welfare referee by submitting a written request for a hearing to the local agency within 30 days after receiving written notice of the action or decision, or within 90 days of such written notice if the applicant or recipient shows good cause why the request was not submitted within the 30 day time limit. The local welfare referee shall conduct a hearing on the matter and shall issue a ruling affirming, reversing, or modifying the action or decision of the local agency. The ruling of the local welfare referee shall be binding upon the local agency and the aggrieved party unless appeal is taken in the manner provided by subdivision 3.

Sec. 15. Minnesota Statutes 1983 Supplement, section 256.045, subdivision 3, is amended to read:

Subd. 3. **STATE AGENCY HEARINGS.** In counties in which the commissioner of welfare has not appointed a local welfare referee, any person applying for ~~or~~, receiving or having received any of the forms of public assistance described in subdivision 2 whose application for assistance is denied, not acted upon with reasonable promptness, or whose assistance is suspended, reduced, ~~or~~ terminated ~~by a local agency~~, or claimed to have been incorrectly paid, or any patient or relative aggrieved by an order of the commissioner under section 252.27, may contest that action or decision before the state agency by submitting a written request for a hearing to the state agency within 30 days after receiving written notice of the action or decision, or within 90 days of such written notice if the applicant, recipient, patient or relative shows good cause why the request was not submitted within the 30 day time limit. A local agency~~, applicant, recipient, patient or relative~~ or party aggrieved by a ruling of a local welfare referee may appeal the ruling to the state agency by filing a notice of appeal with the state

agency within 30 days after receiving the ruling of the local welfare referee. A state welfare referee shall conduct a hearing on the matter and shall recommend an order to the commissioner of public welfare. In appeals from rulings of local welfare referees, the hearing may be limited, upon stipulation of the parties, to a review of the record of the local welfare referee.

Sec. 16. Minnesota Statutes 1982, section 256.045, subdivision 4, is amended to read:

Subd. 4. **CONDUCT OF HEARINGS.** All hearings held pursuant to subdivisions 2 or 3 shall be conducted according to the provisions of the federal Social Security Act and the regulations implemented in accordance with that act to enable this state to qualify for federal grants-in-aid, and according to the rules and written policies of the commissioner of public welfare. The hearing shall not be held earlier than five days after filing of the required notice with the local or state agency. The local welfare referee or state welfare referee shall notify all interested persons of the time, date and location of the hearing at least five days before the date of the hearing. Interested persons may be represented by legal counsel or other spokesman of their choice at the hearing and may appear personally, testify and offer evidence, and examine and cross-examine witnesses. The applicant ~~or~~, recipient, or former recipient shall have the opportunity to examine the contents of his case file and all documents and records to be used by the local agency at the hearing at a reasonable time before the date of the hearing and during the hearing. All evidence, except that privileged by law, commonly accepted by reasonable men in the conduct of their affairs as having probative value with respect to the issues shall be submitted at the hearing and such hearing shall not be "a contested case" within the meaning of section 14.02, subdivision 3.

Sec. 17. Minnesota Statutes 1982, section 256.045, subdivision 5, is amended to read:

Subd. 5. **ORDERS OF THE COMMISSIONER OF WELFARE.** The commissioner of public welfare may accept the recommended order of a state welfare referee and issue the order to the local agency and the applicant ~~or~~, recipient, or former recipient. If the commissioner refuses to accept the recommended order of the state welfare referee, he shall notify the local agency and the applicant ~~or~~, recipient, or former recipient of that fact and shall state his reasons therefor and shall allow each party ten days' time to submit additional written argument on the matter. After the expiration of the ten day period, the commissioner shall issue an order on the matter to the local agency and the applicant ~~or~~, recipient, or former recipient. Any order of the commissioner issued in accordance with this subdivision shall be conclusive upon the parties unless appeal is taken in the manner provided by subdivision 7.

Sec. 18. Minnesota Statutes 1982, section 256.045, subdivision 7, is amended to read:

Subd. 7. **JUDICIAL REVIEW.** ~~An applicant or recipient or local agency~~ Any party who is aggrieved by an order of the commissioner of welfare may appeal the order to the district court of the county responsible for furnishing assistance by serving a written copy of a notice of appeal upon the commissioner and any adverse party of record within 30 days after the date the commissioner issued the order, and by filing the original notice and proof of service with the clerk of the district court. Service may be made personally or by mail; service by mail is complete upon mailing; no filing fee shall be required by the clerk of court in appeals taken pursuant to this subdivision. The commissioner may elect to become a party to the proceedings in the district court. Any party may demand that the commissioner furnish all parties to the proceedings with a copy of his decision, and a transcript of any testimony, evidence, or other supporting papers from the hearing held before the state welfare referee, by serving a written demand upon the commissioner within 30 days after service of the notice of appeal.

Sec. 19. Minnesota Statutes 1983 Supplement, section 256.968, is amended to read:

256.968 **LIMITATION ON INPATIENT CHEMICAL DEPENDENCY TREATMENT.**

The commissioner of public welfare shall limit medical assistance and general assistance medical care reimbursement for treatment of alcoholism, chemical dependency or drug addiction which is rendered in a licensed inpatient hospital to one treatment episode per calendar year per recipient if the hospital is being reimbursed on a per episode basis or to 30 days per calendar year in a licensed hospital or certified nursing home ~~to 30 days~~ reimbursed under other methodologies unless need for extended care is certified by the attending physician and has received prior approval from the commissioner.

Sec. 20. Minnesota Statutes 1983 Supplement, section 256.969, subdivision 2, is amended to read:

Subd. 2. **RATES FOR INPATIENT HOSPITALS.** Rates paid to inpatient hospitals shall be based on a rate per admission until the commissioner can begin to reimburse hospitals for services under the medical assistance and general assistance medical care programs based upon a diagnostic classification system appropriate to the service populations. On July 1, 1984, the commissioner shall begin to utilize to the extent possible existing classification systems, including medicare. The commissioner shall incorporate the grouping of hospitals with similar characteristics for uniform rates upon the development and implementation of the diagnostic classification system. Prior to implementation of the diagnostic classification system, the commissioner shall report the proposed grouping of hospitals to the senate health and human services committee and the house health and welfare committee. Medical assistance and general assistance

medical care reimbursement for treatment of mental illness shall be reimbursed based upon diagnosis classifications.

Sec. 21. Minnesota Statutes 1983 Supplement, section 256.969, subdivision 6, is amended to read:

Subd. 6. **RULES.** The commissioner of public welfare shall promulgate temporary and permanent rules to implement a system of prospective payment for inpatient hospital services pursuant to chapter 14, the Administrative Procedure Act. Notwithstanding section 14.53, temporary rule authority authorized by Laws 1983, chapter 312, Article 5, section 9, subdivision 6, shall extend to August 1, 1985.

Sec. 22. Minnesota Statutes 1983 Supplement, section 256B.06, subdivision 1, is amended to read:

Subdivision 1. Medical assistance may be paid for any person:

(1) Who is a child eligible for or receiving adoption assistance payments under Title IV-E of the Social Security Act, United States Code, title 42, sections 670 to 676 under Minnesota Statutes, section 259.40; or

(2) Who is a child eligible for or receiving foster care maintenance payments under Title IV-E of the Social Security Act, United States Code, title 42, sections 670 to 676; or

(3) Who is eligible for or receiving public assistance, ~~or a woman who is pregnant, as medically verified, and who would be eligible for assistance~~ under the aid to families with dependent children program ~~if the child had been born and living with the woman,~~ the Minnesota supplemental aid program; or

(4) Who is a pregnant woman, as certified in writing by a physician or nurse midwife, and who (a) meets the other eligibility criteria of this section, and (b) would be categorically eligible for assistance under the aid to families with dependent children program if the child had been born and was living with the woman; or

(5) Who meets the categorical eligibility requirements of the supplemental security income program and the other eligibility requirements of this section; or

~~(5)~~ (6) Who, except for the amount of income or resources, would qualify for supplemental security income for the aged, blind and disabled, or aid to families with dependent children, and ~~is in need of medical assistance~~ who meets the other eligibility requirements of this section; or

~~(6)~~ (7) Who is under 21 years of age and in need of medical care that neither he nor his relatives responsible under sections 256B.01 to 256B.26 are financially able to provide; or

~~(7)~~ (8) Who is residing in a hospital for treatment of mental disease or tuberculosis and is 65 years of age or older and without means sufficient to pay the per capita hospital charge; and

~~(8)~~ (9) Who resides in Minnesota, or, if absent from the state, is deemed to be a resident of Minnesota in accordance with the regulations of the state agency; and

~~(9)~~ (10) Who alone, or together with his spouse, does not own real property other than the homestead. For the purposes of this section, "homestead" means the house owned and occupied by the applicant or recipient as his ~~dwelling place~~ primary place of residence, together with the contiguous land upon which it is situated ~~and an area no greater than two contiguous lots in a platted or laid out city or town or 80 contiguous acres in unplatted land. Occupancy or exemption shall be determined as provided in chapter 510 and applicable law, including continuing exemption by filing notice under section 510.07.~~ The homestead shall continue to be excluded for persons residing in a long-term care facility if it is used as a primary residence by the spouse, minor child, or disabled child of any age; or the applicant/recipient is expected to return to the home as a principal residence within six calendar months of entry to the long-term care facility. Certification of expected return to the homestead shall be documented in writing by the attending physician. Real estate not used as a home may not be retained unless it produces net income applicable to the family's needs or the family is making a continuing effort to sell it at a fair and reasonable price ~~or unless sale of the real estate would net an insignificant amount of income applicable to the family's needs,~~ or unless the commissioner determines that sale of the real estate would cause undue hardship; and

~~(10)~~ (11) Who individually does not own more than $3,000 in cash or liquid assets, or if a member of a household with two family members (husband and wife, or parent and child), does not own more than $6,000 in cash or liquid assets, plus $200 for each additional legal dependent. Cash and liquid assets may include a prepaid funeral contract and insurance policies with cash surrender value. The value of the following shall not be included:

(a) the homestead, and (b) one motor vehicle licensed pursuant to chapter 168 and defined as: (1) passenger automobile, (2) station wagon, (3) motorcycle, (4) motorized bicycle or (5) truck of the weight found in categories A to E, of section 168.013, subdivision 1e; and

~~(11)~~ (12) Who has or anticipates receiving an annual income not in excess of ~~$2,600 for a single person, or $3,250 for two family members (husband and wife, parent and child, or two siblings), plus $625 for each additional legal dependent~~ the income standards by family size used in the aid to families with dependent children program, or who has income in excess of these maxima and in the month of application, or during the three months prior to the month of application, incurs expenses for medical care that total more than one-half of the

annual excess income in accordance with the regulations of the state agency. In computing income to determine eligibility of persons who are not residents of long term care facilities, the commissioner shall disregard increases in income due solely to increases in federal retiree, survivor's, and disability insurance benefits, veterans administration benefits, and railroad retirement benefits in the percentage amount established in the biennial appropriations law unless prohibited by federal law or regulation. If prohibited, the commissioner shall first seek a waiver. In excess income cases, eligibility shall be limited to a period of six months beginning with the first of the month in which these medical obligations are first incurred; and

~~(12)~~ (13) Who has continuing monthly expenses for medical care that are more than the amount of his excess income, computed on a monthly basis, in which case eligibility may be established before the total income obligation referred to in the preceding paragraph is incurred, and medical assistance payments may be made to cover the monthly unmet medical need. In licensed nursing home and state hospital cases, income over and above that required for justified needs, determined pursuant to a schedule of contributions established by the commissioner of public welfare, is to be applied to the cost of institutional care. The commissioner of public welfare may establish a schedule of contributions to be made by the spouse of a nursing home resident to the cost of care ~~and shall seek a waiver from federal regulations which establish the amount required to be contributed by either spouse when one spouse is a nursing home resident~~; and

~~(13)~~ (14) Who has applied or agrees to apply all proceeds received or receivable by him or his spouse from automobile accident coverage and private health care coverage to the costs of medical care for himself, his spouse, and children. The state agency may require from any applicant or recipient of medical assistance the assignment of any rights accruing under private health care coverage. Any rights or amounts so assigned shall be applied against the cost of medical care paid for under this chapter. Any assignment shall not be effective as to benefits paid or provided under automobile accident coverage and private health care coverage prior to receipt of the assignment by the person or organization providing the benefits.

Sec. 23. Minnesota Statutes 1982, section 256B.17, as amended by Laws 1983, chapter 312, article 5, sections 20, 21, 22, 23, and 24, is amended to read:

256B.17 **TRANSFERS OF PROPERTY.**

Subdivision 1. **TRANSFERS FOR LESS THAN MARKET VALUE.** In determining the resources of an individual and an eligible spouse, there shall be included any resource or interest therein which was given away ~~or~~, sold, or disposed of for less than fair market value within the 24 months preceding application for medical assistance or during the period of eligibility.

Subd. 2. **PRESUMPTION OF PURPOSE.** Any transaction described in subdivision 1 shall be presumed to have been for the purpose of establishing eligibility for benefits or assistance under this chapter unless the individual or eligible spouse furnishes convincing evidence to establish that the transaction was exclusively for another purpose.

Subd. 3. **RESOURCE VALUE.** For purposes of subdivision 1, the value of the resource or interest shall be the fair market value at the time it was given away, sold, or ~~given away~~ disposed of, less the amount of compensation received.

Subd. 4. **PERIOD OF INELIGIBILITY.** For any uncompensated transfer, the period of ineligibility shall be calculated by dividing the uncompensated transferred amount by the statewide average monthly skilled nursing facility per diem for the previous calendar year to determine the number of months of ineligibility. The individual shall remain ineligible until this fixed ineligibility period has expired, ~~subject to the exclusions contained in section 256B.06, subdivision 1~~. The period of ineligibility may exceed 24 months, and a reapplication for benefits after 24 months from the date of the transfer shall not result in eligibility unless and until the period of ineligibility has expired.

Subd. 5. ~~**EXCLUSIONS FOR HOMESTEAD TRANSFERS**~~ **EXCLUDED RESOURCES.** ~~Notwithstanding subdivision 4, an individual shall not be ineligible if the transferred property is a homestead as defined by section 256B.06, subdivision 1, and one of the following conditions applies:~~ Except for the limitations contained in subdivision 6, a resource which is transferred while otherwise excluded under sections 256B.06 and 256B.07 shall not be considered an available resource for purposes of medical assistance eligibility. This exception shall not apply to applicants for or recipients of general assistance medical care benefits under chapter 256D.

Subd. 6. **PROHIBITED TRANSFERS OF EXCLUDED RESOURCES.** Any individual who is an inpatient in a skilled nursing facility or an intermediate care facility who, at any time during or after the 24-month period immediately prior to application for medical assistance, disposed of a homestead for less than fair market value shall be ineligible for medical assistance in accordance with subdivisions 1 to 4. An individual shall not be ineligible for medical assistance if one of the following conditions applies to the homestead transfer:

(1) a satisfactory showing is made that the individual can reasonably be expected to return to the homestead as a permanent residence;

(2) title to the ~~home~~ homestead was transferred to the individual's spouse, child who is under age 21, or blind or permanently and totally disabled child as defined in the supplemental security income program;

(3) a satisfactory showing is made that the individual intended to dispose of the ~~home~~ homestead at fair market value or for other valuable consideration; or

(4) the local agency determines that denial of eligibility would cause undue hardship for the individual, based on imminent threat to the individual's health and well-being.

Subd. ~~6~~ 7. **EXCEPTION FOR ASSET TRANSFERS.** Notwithstanding the provisions of subdivisions 1 to ~~5~~ 6, an institutionalized spouse who applies for medical assistance on or after July 1, 1983, may transfer liquid assets to his or her noninstitutionalized spouse without loss of eligibility if all of the following conditions apply:

(a) The noninstitutionalized spouse is not applying for or receiving assistance;

(b) The noninstitutionalized spouse has less than $10,000 in liquid assets, including assets singly owned and 50 percent of assets owned jointly with the institutionalized spouse;

(c) The amount transferred, together with the noninstitutionalized spouse's own assets, totals no more than $10,000 in liquid assets; and

(d) The transfer may be effected only once, at the time of initial medical assistance application.

Subd. ~~7~~ 8. **CONFORMANCE WITH FEDERAL LAW.** Notwithstanding the other provisions of this section, uncompensated property transfers shall be treated no more restrictively than allowed by federal law.

~~Subd. 8. EFFECTIVE DATE. Subdivisions 5, 6, and 7, and the changes in subdivision 4 made by Laws 1983, chapter 312, article 5, section 20 apply to transfers made on or after June 10, 1983, regardless of the individual's status in relation to eligibility for medical assistance.~~

Sec. 24. Minnesota Statutes 1982, section 256B.19, subdivision 1, is amended to read:

Subdivision 1. **DIVISION OF COST.** The cost of medical assistance paid by each county of financial responsibility shall be borne as follows: Payments shall be made by the state to the county for that portion of medical assistance paid by the federal government and the state on or before the 20th day of each month for the succeeding month upon requisition from the county showing the amount required for the succeeding month. Ninety percent of the expense of assistance not paid by federal funds available for that purpose shall be paid by the state and ten percent shall be paid by the county of financial responsibility.

For counties where health maintenance organizations are under contract to the state to provide services to medical assistance recipients, the division of the nonfederal share of medical assistance expenses for payments made to health maintenance organizations in the form of prepaid capitation payments, this division of medical assistance expenses shall be 95 percent by the state and five percent by the county of financial responsibility.

State contracts with health maintenance organizations shall assure medical assistance recipients of at least the comprehensive health maintenance services defined in section 62D.02, subdivision 7. The contracts shall require health maintenance organizations to provide information to the commissioner concerning the number of people receiving services, the number of encounters, the type of services received, evidence of an operational quality assurance program pursuant to section 62D.04 and information about utilization. ~~Persons who become eligible for medical assistance after July 1, 1982 and who choose to receive services from a health maintenance organization under contract to the state pursuant to this section shall be guaranteed six months medical assistance eligibility.~~

~~The commissioner of public welfare shall seek a waiver to charge a coinsurance fee to recipients of medical assistance who become eligible for medical assistance benefits and who choose not to receive the benefits of a health maintenance organization contracted for by the state pursuant to this section. The coinsurance fee shall be limited to the maximum monthly charge allowed by 42 CFR, sections 447.50 to 447.59, as amended through December 31, 1981. The local welfare agency may waive the coinsurance fee when it determines that the medical needs of the recipient would not be best served by enrollment in a health maintenance organization. The coinsurance fee shall be charged only to recipients who become eligible for medical assistance after the commissioner has reported to the legislature regarding the proposed method of implementing this paragraph~~ Persons who become eligible for medical assistance after July 1, 1984, who are not participating in any medicaid demonstration project as defined under sections 256B.70 and 256B.71, and who choose at the time of application for assistance to receive services from a health maintenance organization, shall be guaranteed six months of coverage by a state contracted health maintenance organization if the recipient remains in the health maintenance organization from the time of initial enrollment. The continued eligibility guarantee shall not be granted when ineligibility for medical assistance is due to death, loss of state or county residency, failure to respond to the county's efforts to contact the recipient, failure to locate the recipient, or when the recipient is eligible for continued eligibility as defined in section 256B.062.

Sec. 25. Minnesota Statutes 1982, section 256B.35, subdivision 1, is amended to read:

Subdivision 1. Notwithstanding any law to the contrary, welfare allowances for clothing and personal needs for individuals receiving medical assistance while residing in any skilled nursing home or intermediate care facility, including recipients of supplemental security income, in this state shall not be less than ~~$35~~ $40 per month from all sources.

Provided that this personal needs allowance may be paid as part of the Minnesota supplemental aid program, notwithstanding the provisions of section 256D.37, subdivision 2, and payments to the recipients from Minnesota supplemental aid funds may be made once each three months beginning in October, 1977 covering liabilities that accrued during the preceding three months.

Sec. 26. **[256D.43] RECOVERIES OF SUPPLEMENTAL AID UNDER INTERIM ASSISTANCE AGREEMENTS.**

Any applicant, otherwise eligible for supplemental aid and possibly eligible for maintenance benefits from any other source shall (a) make application for those benefits within 30 days of the supplemental aid application; and (b) execute an interim assistance authorization agreement on a form as directed by the commissioner. If found eligible for benefits from other sources, and a payment received from another source relates to the period during which supplemental aid is also being received, the recipient shall be required to reimburse the local agency for the interim assistance paid. Reimbursement shall not exceed the amount of supplemental aid paid during the time period to which the other maintenance benefits apply and shall not exceed the state standard applicable to that time period. Reimbursement may be sought directly from the other source of maintenance income but shall remain the primary obligation of the recipient in those instances where an interim assistance agreement has been executed. The commissioner shall adopt rules, and may adopt temporary rules, in accordance with chapter 14, authorizing local agencies to retain from the amount recovered under an interim assistance agreement 25 percent plus actual reasonable fees, costs, and disbursements of appeals and litigation, of providing special assistance to the recipient in processing the recipient's claim for maintenance benefits from another source. The money retained under this section shall be from the state share of the recovery. The local agency may contract with qualified persons to provide the special assistance. The rules adopted by the commissioner shall include the methods by which local agencies shall identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled. This subdivision does not require repayment of per diem payments made to shelters for battered women pursuant to section 256D.05, subdivision 3.

Sec. 27. **STATE ADMINISTRATIVE AIDS.**

Subdivision 1. **SUSPENSION.** Notwithstanding Laws 1983, chapter 312, article 1, section 2, subdivision 3, the provisions of section 256D.22 are suspended until December 31, 1984.

Subd. 2. **APPROPRIATIONS.** The sum of $2,000,000 is appropriated from the general fund to the commissioner of public welfare for purposes of section 256D.22.

Sec. 28. Minnesota Statutes 1982, section 261.035, is amended to read:

When a person dies in any county, ~~not leaving~~ without apparent means to provide for his own burial and without relatives of sufficient ability to procure the burial, the county board shall first investigate to determine whether the person who has died has contracted for any prepaid burial arrangements. If such arrangements have been made, the county shall authorize burial in accord with the written instructions of the deceased. If it is determined that the person did not leave sufficient means to defray the necessary expenses of his burial, nor any relatives therein of sufficient ability to procure his burial, the county board shall cause a decent burial of his remains to be made at the expense of the county.

Sec. 29. **[518.147] STATISTICAL REPORT FORM.**

On or before the time a final decree of dissolution or annulment of marriage is entered, the petitioner or the moving party, if other than the petitioner, shall complete and file with the clerk of court a statistical report form provided by the commissioner of health. After entry of the final decree, the clerk shall forward the form to the commissioner of health pursuant to section 144.224. The clerk of court shall not refuse entry of a decree on the basis that the statistical report form is incomplete. Neither the statistical report form, nor information contained in the form, shall be admissible in evidence in this or any subsequent proceeding.

Sec. 30. **CONTRIBUTION OF NONINSTITUTIONALIZED SPOUSE.**

The commissioner of public welfare shall adjust the schedule for determining the contribution required from the noninstitutionalized spouse of a resident or patient of a nursing home or hospital to reflect an increase of at least 50 percent in the cost of living of the noninstitutionalized spouse and shall provide for subsequent periodic adjustments to reflect future increases using the RSD1 cost of living charge.

Sec. 31. **CITIZEN REVIEW BOARD PILOT PROJECT.**

Subdivision 1. **PURPOSE.** The purpose of a citizen review board pilot project is to determine (1) the need for and feasibility of establishing a statewide system of citizen review boards for children placed in substitute care for more than six months; (2) the optimal methods of achieving statewide compliance with the requirements of Public Law 96-272, Sections 427 and 475; (3) a comparison of the citizen review board concept with local social service agency administrative review panels; (4) whether a citizen review facilitates the timely return of children to their birth parents, placement for adoption, or other permanency

plans; and (5) whether the citizen review process provides benefits to children that are comparable to those provided by the juvenile court.

Subd. 2. **PILOT PROJECT; ESTABLISHMENT.** The commissioner of public welfare, hereinafter the commissioner, shall establish a citizen review board pilot project in at least one judicial district to be determined by the commissioner. The citizen review boards shall review one-half of the cases of children in substitute care for more than six months in each project district. The other one-half will be reviewed under existing administrative review procedures.

Subd. 3. **CITIZEN REVIEW BOARD.** There shall be one citizen review board for every 75 children eligible for review by a citizen board in each project area. Each board shall consist of five members who are residents of the judicial district and have shown an interest in the welfare of children. Each board shall, to the extent feasible, represent the various socio-economic, racial, and ethnic groups of the district in which it serves. At least one member shall be a foster parent. No more than one person may be employed by the department of public welfare, by a child welfare agency, or by the juvenile court. Board members shall be appointed by the commissioner in consultation with the administrator of the local social services agency and the presiding judge of the juvenile court. Board members shall be required to attend in-service training sessions sponsored by the commissioner. Board members shall be appointed to serve a term that expires June 30, 1987. Appointments to fill vacancies on the board shall be made in the same manner and subject to the same conditions as the initial appointments to the board. Members shall continue to serve until a successor is appointed. Members of the board shall not receive compensation but shall be reimbursed for expenses.

Subd. 4. **REVIEW.** For purposes of determining what efforts have been made by the supervising agency or child caring institution to carry out the plan for permanent placement of each child subject to review under the project, citizen review boards shall, every six months from the date of the child's initial placement, review the cases of participating children who have resided in public or private foster care for a period of more than six months and who are under the jurisdiction of (1) the commissioner of corrections; (2) the designated social service agency; (3) the commissioner of public welfare pursuant to Minnesota Statutes, section 260.242; or (4) a child placing agency, a facility licensed pursuant to Minnesota Statutes, sections 245.781 to 245.812, a county home school, or a licensed group foster home. All children in care who are subject to citizen board review shall be reviewed within a year and every six months thereafter until the project expires. The review procedure established by this subdivision shall replace administrative reviews required by Minnesota Statutes, section 257.071, subdivision 2, for children reviewed under the pilot project.

Subd. 5. **RETURN OF CHILDREN TO PARENTS; ADOPTION.** Citizen review boards shall encourage and facilitate the timely return to their

birth parents of foster children reviewed under this program or, where appropriate, shall encourage the appropriate agency to initiate procedures to make the child free for adoption and to exert maximum effort to place the child for adoption.

Subd. 6. **RECOMMENDATIONS TO JUVENILE COURT AND THE LOCAL SOCIAL SERVICES AGENCY.** The citizen review board shall submit to the juvenile court and the local social services agency, within ten days following review of any placement, findings and recommendations regarding the efforts and progress made by the designated local social services agency to carry out the case placement plan established pursuant to Minnesota Statutes, section 257.071, together with any other recommendations regarding the child. The findings and recommendations shall include the date of the next review; the signature of all persons attending the review; documentation of the procedural safeguards as required in Public Law 96-272, Section 475; and any comments the birth parents or the child wish to communicate to the agency or the court.

Subd. 7. **UNNECESSARY CHANGES IN PLACEMENT.** Citizen review boards shall promote and encourage the department of public welfare and all agencies involved in placing children in foster care to maximize stability and family continuity for children in foster care by discouraging unnecessary changes in the placement of foster children.

Subd. 8. **APPROPRIATENESS OF PLACEMENT.** Citizen review boards shall review foster care placements and family recruitment policies of agencies involved in placing children for adoption to ensure that the best interests of minority children are met by having due consideration given to their racial and ethnic heritage.

Subd. 9. **INFORMATION ON RIGHTS.** Citizen review boards shall assist the local social services agencies in informing birth parents, foster parents, and other interested parties of their rights and responsibilities with respect to any child in foster care. Birth parents, foster parents, the child, and other interested parties shall be allowed to participate in the review process.

Subd. 10. **DEFICIENCY REPORTS.** Citizen review boards shall report to the department of public welfare, the local social services agency, and other adoptive or foster care agencies deficiencies in the agencies' efforts to secure permanent homes for children whose cases have been reviewed by the board.

Subd. 11. **AGENCY COOPERATION; DATA PRIVACY REQUIREMENTS.** All public and private agencies and institutions that provide or arrange foster care services for children shall cooperate with the citizen review boards by furnishing information required for effective implementation of this section. Information in the possession of a public agency or institution shall be provided pursuant to Minnesota Statutes, section 13.05, subdivision 9, and shall retain the same classification in the possession of a citizen review board as it had

in the possession of the public agency or institution. Information supplied by a private agency or institution that identifies an individual shall not be disclosed or disseminated by a citizen review board for any purpose except as required to implement this section.

Subd. 12. **LIMITATIONS.** This section shall not be construed to limit or delay actions by agencies or institutions to arrange for adoptions, foster care, termination of parental rights, or other related matters on their own initiative; or to alter or restrict the duties and authority of those agencies and institutions in those matters.

Subd. 13. **REVIEW; REPORT.** The commissioner shall monitor each pilot project. The commissioner, the local social services agency, and the presiding judge of the juvenile court in each project area shall review the quality, efficiency, and effectiveness of the pilot project. The commissioner shall evaluate the projects and report to the legislature by November 15, 1986. The report shall include: (1) a comparison of the citizen review board process and the local social services agency administrative review panels; (2) the cost-effectiveness of the citizen review board; (3) the effect upon the numbers of children in substitute care for longer than six months; (4) the number of children served; (5) the extent of compliance with federal requirements; (6) the quality and efficiency of the citizen review board pilot projects; and (7) recommendations regarding establishment of citizen review boards statewide in order to maximize achievement of statewide compliance with requirements of Public Law 96-272, Sections 427 and 475.

Sec. 32. **RULES OF THE DEPARTMENT.**

For purposes of the pilot projects the department of public welfare shall promulgate permanent rules necessary to implement section 1.

Sec. 33. **REPEALER.**

Minnesota Statutes 1982, sections 144.7021, 144.704, and 144.705 are repealed.

Sec. 34. **APPROPRIATIONS.**

Subdivision 1. There is appropriated to the commissioner of public welfare from the general fund for the purposes of sections 25 and 31, $776,000, for the fiscal year ending June 30, 1985. This appropriation is added to the appropriation for medical assistance in Laws 1983, chapter 312, article 1, section 2, subdivisions 1 and 5.

Subd. 2. There is appropriated from the general fund to the commissioner of health, $10,000 for the biennium ending June 30, 1985, for the purpose of processing the data received pursuant to sections 1 and 30.

Sec. 35. **EFFECTIVE DATE.**

Sections 14 to 22, 24, 28, and 31 are effective July 1, 1984. Section 23 is effective for all transfers which occur on or after the effective date of this act. Sections 12 and 13 of this act are effective the day after final enactment and apply to all claims which have not yet been reduced to judgment. Section 25 is effective October 1, 1984.

Approved April 25, 1984

CHAPTER 535 — H.F.No. 1975

An act relating to transportation; allowing entire portions of former trunk highways to revert to counties under certain circumstances; allowing town road funds to be used for gravel maintenance; discontinuing a trunk highway route; amending Minnesota Statutes 1982, section 161.16, subdivision 4; and Minnesota Statutes 1983 Supplement, section 162.081, subdivision 4.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 1982, section 161.16, subdivision 4, is amended to read:

Subd. 4. **REVERSION OR CONVEYANCE TO ANOTHER ROAD AUTHORITY.** (a) If the commissioner makes a change in the definite location of a trunk highway as provided in this section, the portion of the existing road that is no longer a part of the trunk highway by reason of the change and all right, title, and interest of the state in the trunk highway shall revert to the road authority originally charged with the care of that trunk highway unless the commissioner, the road authority originally charged with the care of the trunk highway and the road authority of the political subdivision in which the portion is located agree on another disposition, in which case the reversion is as provided in the agreement. When the reversion is to a county and a portion lies partly within a city of under 5,000 population the entire portion shall revert to the county if it meets the criteria for a county state-aid highway.

(b) If the portion had its origin as a trunk highway, it shall become a county highway unless it lies within the corporate limits of a city, in which case it shall become a street of the city. When the existing road that is no longer a part of the trunk highway by reason of the change lies within a city of less than 5,000 population, the portion shall revert to the county if the portion meets the criteria for a county state-aid highway. In municipalities of over 5,000 population that portion of the road may revert to the county if the appropriate authorities of the state, county and the various cities through which the route passes so agree. Should any city not agree that the portion of the roadway that passes through it shall revert to county jurisdiction, the portion shall not so revert, although the