

CHAPTER 9500
DEPARTMENT OF HUMAN SERVICES
ASSISTANCE PAYMENTS PROGRAMS

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9500.1100 DEFINITIONS.

[For text of subps 1 to 20a, see M.R.]

Subp 20b **Diagnostic categories eligible under the medical assistance program.** The following diagnostic categories are for persons eligible under the medical assistance program except as provided in subpart 20d, 20e, or 20f

DIAGNOSTIC CATEGORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTERNATIONAL CLASSIFICATION OF DISEASES, 9th Ed., CLINICAL MODIFICATIONS CODES
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A. Nervous System Diseases and Disorders

(1) Intracranial vascular procedures with PDX of hemorrhage	528	
(2) Craniotomy for multiple significant trauma, Implant of chemotherapeutic agent or complex CNS diagnosis	484, 543	
(3) Ventricular shunt, all ages, with CC and Craniotomy, age > 17, with CC	001, 003, 529	003 includes shunt with CC as the principal procedure
(4) Spinal and Extracranial procedures, and Stroke with thrombolytic agent	531-533, 559	
(5) Craniotomy, age 0-17	003	003 excludes shunt as the principal procedure
(6) Craniotomy, age > 17 without CC and Other nervous system procedures with CC	002, 007	
(7) Other nervous system, Ventricular shunt and Extracranial procedures without CC	003, 008, 530, 534	003 includes shunt without CC as the principal procedure
(8) Spinal disorders and injury, Nervous system infection, and Hypertensive encephalopathy	009, 020, 022	

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- (9) Intracranial hemorrhage or Cerebral infarction 014
- (10) Neoplasms and Degenerative disorders of the nervous system, Stupor with coma > 1 hour 010, 012, 027
- (11) Nonspecific cerebrovascular disorders and Stupor with coma < 1 hour with CC, and Other disorders of the nervous system 016, 028, 034, 035
- (12) Nonspecific CVA, Cranial and peripheral nerve disorder, Other stupor and coma 015, 018, 023, 030
- (13) Seizure and headache age > 17, with CC 024
- (14) Nervous system neoplasm without CC, Multiple Sclerosis, and Cerebral Ataxia 011, 013
- (15) Other nervous system diseases and disorders 017, 019, 021, 026, 029, 033, 524
- (16) Seizure and headache without CC and Concussion, age > 17 025, 031, 032

B Eye Diseases and Disorders

- (1) Surgical procedures of Eyes 036-042
- (2) Eye disorders and diseases 043-048

C. Ear, Nose, Throat, and Mouth Diseases and Disorders

- (1) [Reserved for future use]
- (2) [Reserved for future use]
- (3) [Reserved for future use]
- (4) [Reserved for future use]
- (5) Other ENT and mouth OR procedures 063
- (6) Miscellaneous and major ear, nose, throat and mouth procedures 049, 055 Codes in DRG 049 except 20 96-20 98
- (7) Cochlear Implants only 049 Codes 20 96-20.97
- (8) Sinus, mastoid, salivary gland and nose procedures 050, 053, 054, 056
- (9) T & A, Myringotomy, and Salivary gland procedures 051, 057, 060, 061, 062
- (10) Cleft lip and palate repair and Other T & A procedures 052, 058, 059
- (11) Epiglottis, Nasal trauma, and ENT and mouth malignancy 064, 067, 072, 073
- (12) Other ENT and mouth diagnoses and other mouth procedures 066, 068, 074, 168, 169, 185, 187
- (13) Disequilibrium, Otitis media with CC, age 0-17, and Other dental and throat disease 065, 069, 070, 071, 186

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D Respiratory System Diseases and Disorders

- | | | |
|---|------------------------------|----------------|
| (1) With Ventilator support < 96 hrs | 475 | excludes 96 72 |
| (2) With ventilator support 96+ hrs | 475 | includes 96 72 |
| (3) [Reserved for future use] | | |
| (4) [Reserved for future use] | | |
| (5) [Reserved for future use] | | |
| (6) Respiratory neoplasms | 082 | |
| (7) [Reserved for future use] | | |
| (8) [Reserved for future use] | | |
| (9) COPD, Simple pneumonia with CC, Chest trauma without CC, and Other respiratory disorders | 084, 088, 089 | |
| (10) Tracheostomy for face, mouth, and neck diagnoses | 482 | |
| (11) Bronchitis and asthma with CC or Simple pneumonia and pleurisy except with CC | 090, 091, 096 | |
| (12) Pleural effusion, Infection and inflammation with CC, Pulmonary edema and respiratory failure | 079, 085, 087 | |
| (13) Pulmonary embolism and Other respiratory diseases with CC | 078, 101 | |
| (14) [Reserved for future use] | | |
| (15) Specific respiratory system diseases and disorders | 080, 081, 083, 092 | |
| (16) Pleural effusion, Pneumothorax, Bronchitis and Other diagnoses without CC | 086, 095, 097, 098, 100, 102 | |
| (17) Ventilator 96+ hours With ECMO/Tracheostomy with major surgery or With extensive burns with skin graft | 504, 541 | |
| (18) Tracheostomy with ventilator 96+ hours or without major surgery | 542 | |
| (19) Major chest procedures | 075 | |
| (20) Other respiratory system OR procedures with CC | 076 | |
| (21) Other respiratory system OR procedures without CC | 077 | |

E. Circulatory System Diseases and Disorders

- | | | |
|-------------------------------|------------------------------|--|
| (1) Major cardiac surgeries | 105, 106, 108, 110, 547, 549 | |
| (2) [Reserved for future use] | | |

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- (3) Permanent cardiac pacemaker except device replacement without major CV disease, and other procedures for circulatory disease 114, 517, 552
- (4) Major cardiac surgery and implantable defibrillator 104, 515, 535, 536
- (5) Other cardiac interventional and vascular procedures, and Pacemaker device replacement 118, 120, 479, 518, 554, 556
- (6) Amputation for circulatory disease except upper limb and toe 113
- (7) Drug-eluting stent, Other vascular procedures, Cardiac pacemaker with major CV diagnosis or AICD lead or generator 551, 553, 557, 558
- (8) Heart failure and shock and Unexplained cardiac arrest 127, 129
- (9) AMI without major complications, Cardiac cath without complex diagnoses, and Hypertension 122, 125, 134
- (10) Peripheral vascular disease with CC 130
- (11) Acute MI and Other circulatory diagnoses with CC and endocarditis 121, 126, 144
- (12) ASHD with CC, Other circulatory conditions without CC, and Vein ligation and stripping 119, 132, 139, 140, 143, 145
- (13) Deep vein thrombophlebitis, peripheral vascular disorders without CC, Congenital valve disease, age > 17 and Arrhythmia with CC 128, 131, 135, 136, 138
- (14) Major CV procedure without CC, Acute MI, expired, and Cardiac cath with complex diagnosis 111, 123, 124
- (15) Syncope and collapse with and without CC 141, 142
- (16) Atherosclerosis with CC, Congenital and valvular disorders, age 0-17 133, 137
- (17) Coronary bypass with and without cath, without major CV diagnosis 548, 550
- (18) Percutaneous cardiovascular procedure with major CV diagnosis 555

F Digestive System Diseases and Disorders

- (1) Anal/stomal, Hernia, Appendectomy and other procedures 158, 162, 163, 167
- (2) Hernia procedures age > 17, Appendectomy without complicating diagnosis with CC 160, 161, 166

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- (3) Bowel and other digestive system surgery 147, 151, 153, 155, 157, 159, 165, 171
- (4) Stomach and esophagus procedures and Digestive disease, age 0-17 149, 156, 164, 172, 190
- (5) Other surgical procedures of the digestive system with CC 152, 170
- (6) Rectal resection, Lysis of peritoneal adhesions and Other major bowel surgery 146, 148, 150, 154
- (7) Digestive system conditions including malignancy, hemorrhage and obstruction 173, 174, 180, 188
- (8) Other bowel, stomach, digestive system diseases with and without CC 176, 177, 179, 182, 189
- (9) Digestive system Obstruction, Uncomplicated ulcer, and GI hemorrhage 175, 178, 181, 183, 184

G. Hepatobiliary System Diseases and Disorders

- (1) Liver and Biliary tract disorders without CC 206, 208
- (2) Disorders of the pancreas except malignancy 204
- (3) Other disorders of liver except malignancy, cirrhosis, and alcoholic hepatitis with CC 205
- (4) Malignancy of hepatobiliary system or pancreas and Cirrhosis and alcoholic hepatitis 202, 203
- (5) Biliary tract disorders, laparoscopic chole without CDC, without CC 194, 207, 494
- (6) Cholecystectomy except lap without CC and laparoscopic chole with CC 196, 198, 493
- (7) Other surgery for liver, gall bladder and pancreas disease 192, 195, 197, 199, 200
- (8) Biliary, Pancreas and Liver procedures with CC 191, 193, 201

H. Diseases and Disorders of the Musculoskeletal System and Connective Tissues

- (1) Combined anterior/posterior spinal fusion 496, 546
- (2) Spinal fusion except cervical without CC 497
- (3) Hip and femur procedures with CC and other musculoskeletal surgery 210, 217, 233, 471, 498, 501
- (4) Surgeries of hip and lower extremity and cervical fusion without CC 212, 213, 216, 519, 544, 545
- (5) Back and neck except fusion and Lower extremity procedures 211, 218, 220, 228, 234, 491, 499

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- (6) Other surgeries for soft tissue and removal of fix device 226, 227, 520, 537
- (7) Other orthopedic procedures on lower extremity 219, 225, 230, 502, 503
- (8) Upper extremity and back procedures without CC 223, 500, 538
- (9) Carpal tunnel release and Minor arm procedures 006, 224, 229, 232
- (10) Connective tissue disorders 240, 242, 244
- (11) Pathological fracture, musculoskeletal malignancy and Septic arthritis 239, 242
- (12) Fractures, sprains and other injuries 235-238, 241, 243, 245, 248, 250, 253, 255, 256
- (13) Other musculoskeletal disorders, Signs and Symptoms, Limb injury, and Aftercare 246, 247, 249, 251, 252, 254

I Diseases and Disorders of the Skin, Subcutaneous Tissue, and Breast

- (1) Skin graft and debridement with CC and Malignant breast disease 263, 265, 274
- (2) Treated with skin graft, biopsy, or debridement 262, 264, 266, 269, 271
- (3) Other skin and subcutaneous diseases and procedures 257, 258, 261, 267, 270, 272, 273, 275, 277
- (4) Subtotal mastectomy and Other skin, subcutaneous tissue, and breast conditions 259, 260, 268, 278-280, 282, 283
- (5) Nonmalignant breast and Minor skin disorders without CC 276, 281, 284

J Endocrine, Nutritional, and Metabolic Diseases and Disorders

- (1) Major surgical procedures 285-288, 292, 293
- (2) Diabetes, age > 35 294
- (3) Nutritional and miscellaneous metabolic conditions, age > 17 and inborn metabolic errors 296, 299
- (4) Metabolic disorders, age 0-17 and Diabetes, age 0-35 295, 298
- (5) Metabolic disorders, age > 17 and Endocrine disorders without CC 297, 301
- (6) Other endocrine, nutritional, and metabolic conditions 289-291, 300

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K Kidney and Urinary Tract Diseases and Disorders

- (1) Kidney, ureter, or major bladder procedures 303, 304, 315
- (2) Prostatectomy and kidney procedures for non-neoplasm 305, 306, 308, 312
- (3) Neoplasms with CC and other kidney and urinary tract conditions without CC or age 0-17 318, 331, 333
- (4) Renal failure 316
- (5) Other kidney and urinary tract conditions and Admission for renal dialysis 317, 320-322, 325, 328, 332
- (6) Kidney stones and other kidney and urinary symptoms without CC 319, 324, 326, 327, 329, 330
- (7) TURP and other prostate surgeries 307, 309-311, 313, 314, 323

L Male Reproductive System Diseases and Disorders

- (1) Treated with major surgery or with CC 334, 336, 338, 340, 341, 344
- (2) Treated with minor surgery or without CC 335, 337, 339, 342, 343, 345
- (3) Malignancy and other diseases treated without surgery 346, 347, 348, 349, 350, 351, 352

M. Female Reproductive System Diseases and Disorders

- (1) Tubal interruption and Reconstructive procedures, D & C, conization except for malignancy 356, 361, 362, 364
- (2) Uterine and adnexa procedures without CC 355, 359, 363, 367
- (3) Menstrual and Other female reproductive system infections and disorders 368, 369
- (4) [Reserved for future use]
- (5) Other female reproductive system procedures 358, 360, 365
- (6) Pelvic evisceration, radical hysterectomy, surgery and medical treatment for malignancy 353, 354, 357, 366

N. Pregnancy Related Conditions

- (1) Postpartum and postabortion diagnoses with surgery 377
- (2) Ectopic pregnancy and other antepartum diagnoses without CC 378, 384
- (3) Postpartum and postabortion conditions treated without surgery 376
- (4) Abortion with surgery 381
- (5) [Reserved for future use]

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(6) Threatened abortion	379
(7) Abortion without D & C, False labor, and Other conditions without surgery	380, 382, 383
O [Reserved for future use]	
P Blood and Immunity Disorders	
(1) Splenectomy and Other surgical procedures of blood forming organs	392, 393, 394
(2) [Reserved for future use]	
(3) Red blood cell disorders age > 17	395
(4) Red blood cell disorders age 0-17	396
(5) Coagulation, reticuloendothelial and immunity disorders with CC	397, 398
(6) Reticuloendothelial and immunity disorders without CC	399
Q Myeloproliferative Diseases and Disorders, Poorly Differentiated Malignancy and other Neoplasms	
(1) [Reserved for future use]	
(2) Treated with chemotherapy with acute leukemia as secondary diagnosis	492
(3) [Reserved for future use]	
(4) Treated with radiotherapy or chemotherapy without acute leukemia	409, 410
(5) [Reserved for future use]	
(6) Surgical treatments for myeloproliferative diseases and disorders	401, 402, 406-408, 539, 540
(7) Other nonsurgical treatments for myeloproliferative diseases and disorders	403-405, 411-414, 473
R Infections and Parasitic Diseases	
(1) Treated with surgical procedure	415
(2) Other infection and parasitic diseases	423
(3) Septicemia age > 17	416
(4) Septicemia age 0-17	417
(5) Postop and post-traumatic infections and Fever of unknown origin (FUO), age > 17 with CC	418, 419
(6) Viral illness and fever of unknown origin, age 0-17	422
(7) FUO without CC and Viral illness, age > 17	420, 421

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S Mental Diseases and Disorders

- (1) Treated with surgical procedure (ages 0+) 424
- (2) (Ages 0-17) 425, 427-429, 432
- (3) (Ages > 17) 425, 427-429, 432

T Substance Use and Substance Induced Organic Mental Disorder

- (1) Ages 0-20, with CC 521 DRG 521 excludes procedures 94.61, 94 63, 94.64, 94.66, 94 67, 94 69
- (2) Ages > 20, with CC 521 DRG 521 excludes procedures 94.61, 94.63, 94 64, 94.66, 94.67, 94 69
- (3) Age 0-20, without CC and Rehab 523
- (4) Age > 20, without CC and Rehab 523

U [Reserved for future use]

V Injuries, Poisonings, and Toxic Effects of Drugs

- (1) Treated with surgical procedure 439, 440, 442
- (2) Other surgery without CC and Hand procedures for injuries 441, 443
- (3) [Reserved for future use]
- (4) Traumatic injury age 0-17, Allergic reactions, and other poisoning without CC 446, 447, 448, 451, 453, 455
- (5) Other toxic effects and Complications of treatment with CC 449, 452, 454
- (6) Traumatic injury age > 17 and Toxic effects age > 17 without CC 444, 445, 450

W. Burns

- (1) [Reserved for future use]
- (2) [Reserved for future use]
- (3) Extensive or full thickness with ventilation 96+ hours without skin graft or Extensive with other inhalation injury or significant trauma 505, 507, 508
- (4) Nonextensive burns with or without CC or significant trauma 509, 510, 511

X Factors Influencing Health Status

- (1) OR procedures with diagnosis of other contact with health services 461
- (2) Rehabilitation, Aftercare, and Signs and symptoms 462-467

Y [Reserved for future use]

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Z	[Reserved for future use]		
AA	[Reserved for future use]		
BB.	[Reserved for future use]		
CC.	Caesarean Sections		
(1)	With complicating diagnosis	370	
(2)	Without complicating diagnosis	371	
DD.	Vaginal Delivery		
(1)	With complicating diagnosis	372	
(2)	Without complicating diagnosis or operating room procedures	373	
(3)	With operating room procedure	374, 375	
(4)	[Reserved for future use]		
EE.	[Reserved for future use]		
FF	Depressive Neuroses		
Depressive Neuroses		426	
GG	Psychoses		
(1)	(Ages 0-17)	430	
(2)	(Ages > 17)	430	
HH	Childhood Mental Disorders		
Childhood Mental Disorders		431	
II.	Unrelated Operating Room Procedures		
(1)	Extensive	468	
(2)	Nonextensive	476, 477	
JJ.	[Reserved for future use]		
KK.	Extreme Immaturity		
(1)	Weight < 750 Grams	386	76501, 76502
(2)	[Reserved for future use]		
(3)	[Reserved for future use]		
(4)	Weight 750 to 1499 Grams	386 387	76503-76505 76500
(5)	Neonate respiratory distress syndrome	386	Codes in DRG 386 except 76501-76505

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LL Prematurity with Major Problems

(1) Weight < 1250 Grams	387	76511-76514
(2) Weight 1250 to 1749 Grams	387	76506-76510, 76515, 76516
(3) Weight > 1749 Grams	387	Codes in DRG 387 except 76500, 76506, 76510-76516

MM Prematurity Without Major Problems and Neonates Died

Prematurity Without Major Problems and Neonates Died	385, 388	Includes neonates who expire in the birth hospital, and the discharge date is the same as the birth date
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NN. Full Term Neonates With

(1) Major problems (Age 0)	389
(2) Other problems	390

OO. Multiple Significant Trauma

(1) Limb reattachment and Hip and Femur OR procedures	485
(2) Other multiple significant trauma without OR	487
(3) Full thick burn with skin graft or inhalation injury with CC or significant trauma and Other surgery for multiple significant trauma	486, 506

PP. [Reserved for future use]

QQ Normal Newborns

Normal Newborns	391
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RR [Reserved for future use]

SS [Reserved for future use]

TT. [Reserved for future use]

UU. Organ and Cell Transplants

(1) Heart transplants	103
(2) Liver and/or intestinal, Bone marrow, Lung, Simultaneous pancreas and kidney, Pancreas transplants and Other heart assist system implant	480, 481, 495, 512, 513, 525
(3) Kidney transplant	302

VV [Reserved for future use]

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WW Human Immunodeficiency Virus

- | | |
|---|-----|
| (1) Treated with extensive operating room procedure | 488 |
| (2) With major related condition | 489 |
| (3) With or without other related condition | 490 |

Subp 20c. [Repealed, 31 SR 819]

Subp 20d **Diagnostic categories for persons eligible under the general assistance medical care program.** The following diagnostic categories are for persons eligible under the general assistance medical care program except as provided in subpart 20e or 20f

DIAGNOSTIC CATEGORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTERNATIONAL CLASSIFICATION OF DISEASES, 9th Ed., CLINICAL MODIFICATIONS CODES
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A Nervous System Conditions

- | | |
|---|--|
| (1) Intracranial vascular procedures with principal diagnosis of hemorrhage | 528 |
| (2) Craniotomy except craniotomy without CC | 001, 003, 484, 531, 543 |
| (3) Ventricular shunt and extracranial procedures with CC and acute stroke with thrombolytic agent | 529, 533, 559 |
| (4) Other neurological OR procedures or intracranial hemorrhage, cerebral infarct, and nervous system neoplasms | 002, 007, 008, 014, 020, 530, 532, 534 |
| (5) Spinal disorders and injuries, encephalopathy, cerebrovascular disorder, stupor and coma with CC | 009, 016, 022, 028 |
| (6) Nervous system neoplasms with CC, degenerative disorders, precerebral occlusion and other specified disorders | 010, 012, 015, 021, 027, 034 |
| (7) Seizure and headache except with CC or specified stupor and coma | 017, 023, 024, 026, 029, 030 |
| (8) Concussion and other nervous system diseases and disorders with and without CC | 011, 013, 018, 019, 025, 031-033, 035, 524 |

B. Eye Diseases and Disorders

Eye Diseases and Disorders	036-048
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C. Ear, Nose, Throat, and Mouth Diseases and Disorders

- (1) Major head and ENT procedures 049, 050, 053,
054, 056, 059, 063
- (2) Tonsillectomy, adenoidectomy, and Other 051, 052, 055,
ear, nose, throat, and mouth procedures 057, 058,
060-062, 064,
185-187
- (3) Epiglottitis, Laryngotracheitis, and Other 067, 069, 071-073
ENT conditions
- (4) Disequilibrium, Epitaxis, Otitis media 065, 066, 068,
and URI except without CC 070, 074

D Respiratory System Conditions

- (1) Treated with ventilator support for 475 excludes procedure
< 96 hrs 96 72
- (2) Treated with ventilator support for 96+ 475 includes procedure
hours 96 72
- (3) [Reserved for future use]
- (4) PE., Respiratory infections, Neoplasms, 078-083, 085,
Pleural effusion, Pulmonary edema, and 087, 092, 094, 101
respiratory failure, and other conditions with
CC
- (5) COPD, Pneumonia, Pneumothorax, 086, 088-091,
Bronchitis and Other respiratory system 093, 095-099, 102
conditions without CC
- (6) Major chest trauma and Respiratory signs 084, 100
and symptoms without CC
- (7) Tracheostomy for face, mouth, and neck 482, 508
diagnoses and Full thickness burns
- (8) Major chest and other surgical procedure 075-077

E Circulatory System Conditions

- (1) [Reserved for future use]
- (2) [Reserved for future use]
- (3) [Reserved for future use]
- (4) Valve replacement with cath, CABG with 104, 106, 535, 536
PTCA, and AICD implant with AMI, heart
failure and shock
- (5) Major cardiothoracic and vascular 105, 108, 110,
procedures 113, 515, 547, 553
- (6) Other cardiac and circulatory surgeries 111, 120, 548,
and percutaneous procedures including 549-552, 554,
drug-eluting stents 555, 557, 558

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- | | |
|---|---|
| (7) Procedures for circulatory disorders,
Cardiac pacemaker revision or replacement,
Acute MI with CC, and Endocarditis | 114, 117, 118,
121, 123, 124,
126, 518, 556 |
| (8) Heart failure and shock, other circulatory
disorders with CC and vascular procedures
without CC | 127, 129, 130,
144, 479 |
| (9) Vein ligation and stripping, Circulatory
disorders with cath without CC | 119, 125 |
| (10) Uncomplicated AMI and Other circulatory
system diagnoses without CC | 122, 145 |
| (11) Cardiac arrhythmias, Valve disorders, and
Hypertension | 131, 134-138 |
| (12) Thrombophlebitis, Atherosclerosis,
Angina, and Syncope | 128, 132, 133,
139-142 |
| (13) Chest pain | 143 |

F. Digestive System Diseases and Disorders

- | | |
|---|---------------------------------|
| (1) Major bowel, stomach, esophagus, and
duodenal surgery with CC | 146, 148, 154 |
| (2) Minor bowel and Other digestive system
surgeries with CC | 150, 152, 156, 170 |
| (3) Major bowel procedures without CC and
Other digestive system procedures with CC | 147, 149, 157,
164, 188 |
| (4) Appendectomy without complicating
principal diagnoses, Stomal and Hernia
procedures | 158, 160-163,
166-169 |
| (5) Treated with other surgical procedure | 151, 153, 155,
159, 165, 171 |
| (6) GI hemorrhage and CC and Other digestive
system diagnoses, age 0-17 | 174, 190 |
| (7) Uncomplicated peptic ulcer and Other
digestive system diseases | 172, 177-180, 189 |
| (8) Miscellaneous digestive disorders with CC
and Digestive malignancy without CC | 173, 182 |
| (9) GI Hemorrhage and Obstruction without
CC and Miscellaneous disorders except CC | 175, 176, 181,
183, 184 |

G. Hepatobiliary System Conditions

- | | |
|--|----------------------------|
| (1) Pancreas, Liver, Shunt, and Hepatobiliary
procedures | 191, 193, 199, 201 |
| (2) Cholecystectomy except laparoscopic and
Diagnostic hepatobiliary procedures | 194, 195, 197,
198, 200 |
| (3) Cirrhosis and alcoholic hepatitis and Other
liver disorders with CC | 202, 205 |

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- (4) Pancreas, liver, shunt procedures without CC and biliary procedures with CC 192, 196, 493
- (5) Lap cholecystectomy without CC 494
- (6) Other disorders of liver and Pancreas and Hepatobiliary malignancy 203, 204, 206
- (7) Disorders of biliary tract 207, 208

H Diseases and Disorders of the Musculoskeletal System and Connective Tissues

- (1) Major and high resource utilization surgery. Kidney transplant, Limb reattachment and Hip and femur surgery for trauma, Spinal fusion for curvature or malignancy 302, 485, 546
- (2) Surgery on Hip and Femur, Multiple Joints, and Knee and Spinal Fusion 210, 471, 496, 497, 501
- (3) Muscular system and connective tissue surgery and Wound debridement 217, 233
- (4) Musculoskeletal disorder with Major OR procedure or OR without CC on lower extremity, hip, and spine 212, 226, 498, 519, 537, 545
- (5) Lower extremity Amputation, Joint replacement, and Reattachment and Biopsy of Musculoskeletal tissue 213, 216, 218, 285, 544
- (6) Other surgery on Hip, Lower extremity and Spine 225, 230, 491, 502, 520
- (7) Minor lower extremity joint without CC and Major upper extremity joint procedure with CC 211, 219, 223, 228, 234
- (8) Upper extremity procedures, Knee procedures without PDx of infection, and Removal of fixation device 220, 224, 503, 538
- (9) Back and neck procedures except fusion, Arthroscopy, and Connective tissue disorders 232, 240, 241, 499, 500
- (10) Pathological fracture and Musculoskeletal and Connective tissue malignancy 238, 239, 256
- (11) Soft tissue procedures, Fractures, Injuries, Sprains and strains 227, 235, 236, 244, 250, 255
- (12) Medical back problems and Other diseases and disorders 237, 242, 243, 245-248
- (13) Aftercare, musculoskeletal system and connective tissue 249, 252, 253
- (14) Injury to extremities without CC 251, 254
- (15) [Reserved for future use]
- (16) [Reserved for future use]
- (17) [Reserved for future use]

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(18) [Reserved for future use]

(19) Hand and wrist procedures and carpal tunnel release 006, 229, 441

I. Diseases and Disorders of the Skin, Subcutaneous Tissue, and Breast

- (1) Treated with skin graft and/or debridement 263, 265, 287
- (2) Malignant breast disorders with CC 266, 268, 270, 274
- (3) Other skin, subcutaneous tissue and breast procedure with CC 264, 269
- (4) Breast biopsy and mastectomy 257-260, 262, 277
- (5) Other skin, subcutaneous tissue, and breast conditions 261, 267, 272, 276, 281, 283
- (6) Skin ulcers and cellulitis 271, 279, 280, 282
- (7) Malignant breast disorders without complication 273, 275, 278, 284

J Endocrine, Nutritional, and Metabolic Diseases and Disorders

- (1) Major surgical procedures 286, 288, 290-293
- (2) Diabetes age > 35 and Inborn errors of metabolism 294, 299
- (3) Diabetes age 0-35 295
- (4) Endocrine, Nutritional and metabolic disorders 289, 296
- (5) Endocrine disorders with CC 300
- (6) Other endocrine, nutritional, and metabolic conditions except with CC 297, 298, 301

K. Kidney and Urinary Tract Conditions

- (1) Kidney, ureter, and major bladder procedures 303, 304, 308, 315
- (2) [Reserved for future use]
- (3) KUB procedures without CC and Prostatectomy with CC 305, 306
- (4) Other kidney and urinary tract procedures without CC and diagnosis with CC 307, 309, 310, 317, 319, 320, 331
- (5) Kidney and urinary tract infection except with CC and Urethral procedures 311-314, 321-323
- (6) Renal Failure, Neoplasms and Urethral stricture with CC 316, 318, 328, 333
- (7) Other kidney and urinary tract conditions 324-327, 329, 330, 332

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L Male Reproductive System Conditions

- (1) Major surgery 334, 335,
338-340, 344,
345
- (2) Other medical and surgical treatments 336, 337,
341-343, 346-352

M Female Reproductive System Diseases and Disorders

- (1) Tubal interruption, D & C, Malignancy without CC, and Infection 362, 364, 367, 368
- (2) [Reserved for future use]
- (3) [Reserved for future use]
- (4) Malignancy with CC, Other disorders and Reconstructive procedures 356, 359, 366, 369
- (5) Pelvic evisceration, and Surgery for ovarian malignancy 353, 357
- (6) Uterine, Adnexa, and Other OR procedures 354, 355, 358,
360, 361, 363, 365

N. Pregnancy Related Conditions

- (1) Cesarean section and Postpartum complications with surgery 370, 371, 377
- (2) Vaginal delivery and Other pregnancy related conditions and procedures 372-376, 378-384

O [Reserved for future use]

P Blood and Immunity Disorders

- (1) Surgical procedure of the blood and blood forming organs and Coagulation disorders 392-394, 397
- (2) RBC and Reticuloendothelial and Immunity disorders 395, 396, 398, 399

Q. Myeloproliferative Diseases and Disorders, Poorly Differentiated Malignancy and Other Neoplasms

- (1) [Reserved for future use]
- (2) [Reserved for future use]
- (3) Surgical and other treatment for myeloproliferative diseases and disorders 401-403, 405,
406, 408, 473,
492, 539, 540
- (4) Lymphoma, Leukemia, Radiotherapy and Chemotherapy 404, 407, 409-414

R. Infections and Parasitic Diseases

- (1) Treated with surgical procedure 415
- (2) Septicemia and Other infections and parasitic diseases 416, 417, 423

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- (3) Postop and post-traumatic infections 418
- (4) Viral illness and Fever of unknown origin 419-422

S. Mental Diseases and Disorders

- (1) Principal diagnosis of mental illness with surgery 424
- (2) Adjustment reaction and Other Mental Disorders 425, 432
- (3) Depressive neuroses and childhood mental disorders 426, 431
- (4) Other psychiatric diseases and disorders 427, 428, 429
- (5) Psychoses 430

T Substance Use and Substance Induced Organic Mental Disorder

- (1) With CC 521 DRG 521 excludes procedures 94.61, 94.63, 94.64, 94.66, 94.67, 94.69
- (2) Without rehab, without CC 523

U [Reserved for future use]

V Injuries, Poisonings, and Toxic Effects of Drugs

- (1) Treated with Skin grafts and Other surgical procedures for injuries with CC 439, 442
- (2) Wound debridement and Other surgery for injuries without CC 440, 443
- (3) Traumatic injury 444-446
- (4) Allergic reactions 447, 448, 453
- (5) Poisoning and toxic effects of drugs age > 17 with CC 449
- (6) Poisoning and toxic effects of drugs age > 17 without CC and age 0-17 450, 451
- (7) [Reserved for future use]
- (8) Other injuries and toxic effects and Complications of treatment with CC 452, 454, 455

W Burns

- (1) Third degree burn without skin graft, without complication and Nonextensive burns 509-511
- (2) [Reserved for future use]
- (3) Full thickness with skin graft and extensive third degree burns 505, 507

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X Factors Influencing Health Status

- (1) OR procedures with diagnosis of other contact with health services 461
- (2) Rehabilitation, Aftercare, and Signs and symptoms 462-467

Y. [Reserved for future use]

AA [Reserved for future use]

BB [Reserved for future use]

CC. [Reserved for future use]

DD [Reserved for future use]

EE [Reserved for future use]

FF [Reserved for future use]

GG [Reserved for future use]

HH [Reserved for future use]

II Operatmg Room Procedure Unrelated to Principal Diagnosis

- (1) Extensive 468
- (2) Nonextensive 476, 477

JJ [Reserved for future use]

KK. [Reserved for future use]

LL [Reserved for future use]

MM [Reserved for future use]

NN [Reserved for future use]

OO Multiple Significant Trauma

- (1) Third degree burn with graft or inhalation injury with CC and Other surgery for multiple significant trauma 486, 506
- (2) Multiple significant trauma without surgery 487

PP [Reserved for future use]

QQ. [Reserved for future use]

RR. [Reserved for future use]

SS [Reserved for future use]

TT [Reserved for future use]

UU ECMO/Tracheostomy and Burns

- ECMO/Tracheostomy and Burns with ventilator 96+ hours, Organ and Cell transplants, and Heart assist system implant 103, 480, 481, 495, 504, 512, 513, 525, 541, 542

VV [Reserved for future use]

WW Human Immunodeficiency Virus

- Human Immunodeficiency Virus 488-490

Subp 20e **Diagnostic categories relating to a rehabilitation hospital or a rehabilitation distinct part.** The following diagnostic categories are for services provided within a rehabilitation hospital or a rehabilitation distinct part regardless of program eligibility

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DIAGNOSTIC CATEGORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTERNATIONAL CLASSIFICATION OF DISEASES, 9th Ed., CLINICAL MODIFICATIONS CODES
-----------------------	--	---

A Nervous System Diseases and Disorders

Nervous System Diseases and Disorders	001-003, 006-035, 524, 528-534, 543, 559	except codes in category Y and Z
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B [Reserved for future use]

C. [Reserved for future use]

D. [Reserved for future use]

E [Reserved for future use]

F [Reserved for future use]

G. [Reserved for future use]

H Diseases and Disorders of the Musculoskeletal System and Connective Tissues

Diseases and Disorders of the Musculoskeletal System and Connective Tissues	210-213, 216-220, 223-230, 232-256, 471, 491, 496-503, 519, 520, 537, 538, 544-546	except codes in category Y and Z
---	--	----------------------------------

I [Reserved for future use]

J [Reserved for future use]

K. [Reserved for future use]

L [Reserved for future use]

M. [Reserved for future use]

N [Reserved for future use]

O. [Reserved for future use]

P [Reserved for future use]

Q. [Reserved for future use]

R. Mental Diseases and Disorders/Substance Use and Substance Induced Organic Mental Disorders

Mental Diseases and Disorders/Substance Use and Substance Induced Organic Mental Disorders	424-432, 521, 523	except codes in category Y and Z, DRG 521 excludes procedures 94.61, 94.63, 94.64, 94.66, 94.67, 94.69
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S Multiple Significant Trauma/Unrelated Operating Room Procedures

Multiple Significant Trauma/Unrelated Operating Room Procedures	468, 476, 477, 484-487	except codes in category Y and Z
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T · Other Conditions Requiring Rehabilitation Services

Other Conditions Requiring Rehabilitation Services	036-106, 108, 110, 111, 113, 114, 117-208, 257-399, 401-423, 439-455, 461-467, 473, 475, 479-482, 488-490, 492-495, 504-518, 525, 535, 536, 539, 540-542, 547-558	except codes in category Y and Z
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U [Reserved for future use]

V [Reserved for future use]

W [Reserved for future use]

X. [Reserved for future use]

Y. Specific late effects or conditions secondary to a spinal cord or intracranial injury or skull fracture which result in paraplegia

Specific late effects or conditions secondary to a spinal cord or intracranial injury or skull fracture which result in paraplegia	All DRGs	Diagnosis codes 344 1, 806 21, 806 26, 806 31, 806 36, 952 11, 952 16 in combination with 905 0, 907 0, or 907 2, excluding cases with 781 0, 781 2, 781 3, and 781 4
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Z Specific late effects or conditions secondary to a spinal cord or intracranial injury or skull fracture which result in quadriplegia or hemiplegia

Specific late effects or conditions secondary to a spinal cord or intracranial injury or skull fracture which result in quadriplegia or hemiplegia	All DRGs	Diagnosis codes 344.01-344 04, 344 09, 806.0x, 806 1x, or 952 0x in combination with 907.2, excluding cases with 781 0, 781 2, and 780 03, or Diagnosis codes 344 00-344 04, 344 09, 342 01, 342 81, or 342.91 in combination with 907 0 or 905 0, excluding cases 781 0, 781 3, and 780 03
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Subp 20f **Diagnostic categories for neonatal transfers.** The following diagnostic categories are for services provided to neonatal transfers at receiving hospitals with neonatal intensive care units regardless of program eligibility

DIAGNOSTIC CATEGORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTERNATIONAL CLASSIFICATION OF DISEASES, 9th Ed., CLINICAL MODIFICATIONS CODES
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A [Reserved for future use]

B [Reserved for future use]

C [Reserved for future use]

D [Reserved for future use]

E [Reserved for future use]

F [Reserved for future use]

G [Reserved for future use]

H [Reserved for future use]

I. [Reserved for future use]

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- J [Reserved for future use]
- K [Reserved for future use]
- L [Reserved for future use]
- M. [Reserved for future use]
- N [Reserved for future use]
- O [Reserved for future use]
- P. [Reserved for future use]
- Q. [Reserved for future use]
- R. [Reserved for future use]
- S [Reserved for future use]
- T [Reserved for future use]
- U [Reserved for future use]
- V [Reserved for future use]
- W [Reserved for future use]
- X [Reserved for future use]
- Y. [Reserved for future use]
- Z [Reserved for future use]
- AA [Reserved for future use]
- BB. [Reserved for future use]
- CC [Reserved for future use]
- DD [Reserved for future use]
- EE [Reserved for future use]
- FF [Reserved for future use]
- GG [Reserved for future use]
- HH. [Reserved for future use]
- II [Reserved for future use]
- JJ [Reserved for future use]
- KK. Extreme Immaturity and Tracheostomy

(1) [Reserved for future use]

(2) Weight < 750 Grams and Tracheostomy	386, 482 541, 542	76501, 76502
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(3) [Reserved for future use]

(4) Weight 750 to 1499 Grams	386, 387	DRG 386 includes 765 03 to 765 05, DRG 387 includes 765.00
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(5) Neonate Respiratory Distress Syndrome	386	Codes for DRG 386 except 76501-76505
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LL Prematurity with Major Problems

Prematurity with Major Problems	387	Codes for DRG 387 except 76500
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MM Prematurity without Major Problems

Weight > 1749 Grams 388

NN Full Term Neonates

(1) With major problems (age 0) 389

(2) With other problems 390

Subp 20g **Additional DRG requirements.**

A Version 23 of the Medicare grouper and DRG assignment to the diagnostic category must be used uniformly for all determinations of rates and payments

B The discharge status will be changed to "discharge to home" for DRG 433

C A diagnosis with the prefix "v57" will be excluded when grouping under subpart 20e

D The discharge status will be changed to "discharge to home" when grouping under subparts 20b and 20d for a transfer to a Medicare rehabilitation distinct part

E A transfer from subpart 20b or 20d, which included ICD-9-CM procedure code 86.06 (implantation of a totally implantable infusion pump) for the treatment of spasticity, to a Medicare rehabilitation distinct part must include ICD-9-CM diagnosis code 781.0 when grouping under subpart 20e

F Neonates transferred into a neonatal intensive care unit with a DRG assignment of DRG 482, 541, or 542, age less than one year, will be grouped under subpart 20f.

G The discharge status will be changed to "discharge to home" for all neonates in DRG 385, except for neonates that expire at the birth hospital and the discharge date is the same as the date of birth.

H For payment of admissions that result from a home health nurse being unavailable, and there is one or more acute episodes of illness during the admission resulting in changes in physician orders and the treatment plan, the principal diagnoses V58.89, other specified aftercare and V63.1, medical services in home not available will be excluded

I For neonates transferred into a neonatal intensive care unit within 28 days of birth, with a principal diagnosis of congenital anomaly (ICD-9-CM code 740-759) and a secondary diagnosis of conditions originating in the perinatal period (ICD-9-CM code 760-779), the principal diagnosis and the first sequenced secondary diagnosis in the range 760-779 will be interchanged when grouping under subpart 20f

J The admission source will be changed to "admitted as a transfer from another hospital" for neonates born before admission to the hospital and admitted directly to a Level IV neonatal intensive care unit

K For patients in DRG 386-390 and the age is greater than zero, the principal diagnosis from ICD-9-CM Chapter 15, certain conditions originating in the perinatal period (diagnoses codes 760-779), will be excluded when grouping under subparts 20b and 20d

L For payment under DRG 521, alcohol/drug abuse or dependence with complications or comorbidities, payment shall not be made for patients engaged in alcohol and/or drug rehabilitation

M. The patient age will be changed to 18 years for DRG 003. If the admission subsequently groups to DRG 529 or 530, that DRG will be assigned. Otherwise the admission will remain in DRG 003

N The admission source will be changed to "admitted as a transfer from a different acute care hospital" for all newborns admitted to the hospital within the first 28 days after birth with a principal diagnosis of V29.0-V29.9

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O The prematurity subcategory diagnosis codes 765 20 and 765 26 through 765 29 will be ignored when assigning a DRG if a diagnosis code from 764, 765 0, or 765 1 is not included on the claim.

[For text of subps 21 to 44a, see M.R.]

Subp 45 **Relative value.** "Relative value" means the mean operating cost within a diagnostic category divided by the mean operating cost in all diagnostic categories within a program at subpart 20b or 20d or specialty group at subpart 20e or 20f

[For text of subps 46 to 51, see M R]

Statutory Authority: *MS s 256 969*

History: *31 SR 819*

9500.1200 PURPOSE AND APPLICABILITY.

[For text of subpart 1, see M R.]

Subp 2 **Applicability.** Part 9500 1254 governs application for maintenance benefits from other sources, execution of an interim assistance agreement and reimbursement for interim assistance When part 9500 1254 conflicts with parts 9500 1236 to 9500.1248, then part 9500 1254 prevails

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1202 PURPOSE OF GENERAL ASSISTANCE PROGRAM.

The purposes of the general assistance program are:

A to provide financial assistance and services to persons unable to provide for themselves, who have not refused suitable employment, and who are not otherwise provided for by law, and

B. to aid those persons who can be helped to become self-supporting or to attain self-care

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1206 PROGRAM DEFINITIONS.

[For text of subps 1 to 3, see M R]

Subp. 4 [Repealed, 32 SR 1437]

[For text of subps 4a to 12, see M R.]

Subp 12a **Diversionsary work program or DWP.** "Diversionsary work program" or "DWP" has the meaning given in Minnesota Statutes, section 256J 95

Subp. 12b. **Documentation.** "Documentation" means a written statement or record that substantiates or validates an assertion made by a person or an action taken by a county agency

Subp 12c **Earned income.** "Earned income" means compensation from lawful employment or lawful self-employment, including salaries, wages, tips, gratuities, commissions, earnings from self-employment, incentive payments from work or training programs, payments made by an employer for regularly accrued vacation or sick leave, earnings under title I of the Elementary and Secondary Education Act, employee bonuses and profit sharing, jury duty pay, picket duty pay, and profit from other lawful activities which accrues as a result of the individual's effort or labor Earned income does not include returns from capital investment or benefits that accrue as compensation for lack of employment

Subp 12d **Earned income tax credit.** "Earned income tax credit" means the payment that can be obtained by a qualified low-income person from an employer or from the United States Internal Revenue Service under United States Code, title 26, section 32

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Subp 12e **Emergency.** "Emergency" means a situation that causes or threatens to cause a lack of a basic need item when there are insufficient resources to provide for that need

Subp 12f **Encumbrance.** "Encumbrance" means a legal claim against real or personal property that is payable upon the sale of that property

Subp 12g [Repealed, 32 SR 1437]

Subp 12g **Equity value.** "Equity value" means the amount of equity in real or personal property owned by a person. Equity value is determined by subtracting any outstanding encumbrances from the fair market value of the real or personal property

Subp 12h. **Fair hearing or hearing.** "Fair hearing" or "hearing" means the department evidentiary hearing conducted by an appeals referee to resolve the issues specified in part 9500 1211, subpart 4.

Subp 12i [Repealed, 32 SR 1437]

Subp 12j. [Repealed, 32 SR 1437]

Subp 12k. **Federal Insurance Contributions Act or FICA.** "Federal Insurance Contributions Act" or "FICA" means the federal law under United States Code, title 26, sections 3101 to 3126, that requires withholding or direct payment of income to the federal government.

Subp. 13. [Repealed, 32 SR 1437]

[For text of subps 13a and 14, see M.R.]

Subp 14a. **General assistance.** "General assistance" means the program authorized under Minnesota Statutes, sections 256D 01 to 256D 21 and parts 9500.1200 to 9500 1272

[For text of subps 15 to 15d, see M.R.]

Subp 16 [Repealed, 32 SR 1437]

[For text of subp 16a, see M.R.]

Subp. 17. **Interim assistance.** "Interim assistance" means the total amount of general assistance and Group Residential Housing (GRH) provided for a recipient to cover the period for which a payment of another maintenance benefit is made. The amount of general assistance and GRH considered interim assistance is limited to the total amount the monthly payments for the assistance unit would have been reduced if the other maintenance benefits had been paid at the time of their accrual. The interim assistance period begins with the month of application for general assistance or GRH or the first month of eligibility for the other maintenance benefits, whichever is later

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

[For text of subps 18a to 19b, see M.R.]

Subp 19c [Repealed, 32 SR 1437]

[For text of subp 20, see M.R.]

Subp 20a. [Repealed, 32 SR 1437]

[For text of subps 21 and 22, see M.R.]

Subp 22a **Minnesota family investment program or MFIP.** "Minnesota family investment program" or "MFIP" means the assistance program authorized in Minnesota Statutes, chapter 256J

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Subp 22b **Minnesota supplemental aid or MSA.** "Minnesota supplemental aid" or "MSA" means the program established under Minnesota Statutes, sections 256D.33 to 256D.54

[For text of subps 23 to 26, see M R]

Subp 26a [Repealed, 32 SR 1437]

[For text of subps 26b to 32, see M R]

Subp 32a. [Repealed, 32 SR 1437]

[For text of subps 32b to 33, see M R]

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1213 APPLICATION REQUIREMENTS.

[For text of subpart 1, see M R]

Subp. 2 **County agency requirements.** A county agency must

[For text of items A to E, see M R]

F. inquire and determine at the time of initial application if the applicant has an emergency as defined in part 9500 1206, subpart 12e, and if so, determine the person's eligibility for emergency assistance under part 9500 1261.

[For text of subps 3 to 7, see M R]

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1215 DOCUMENTING, VERIFYING, AND REVIEWING ELIGIBILITY

[For text of subps 1 to 3, see M R]

Subp 4 **Factors to be verified.** The county agency must verify the factors of program eligibility in items A to C at the time of application, when a factor of eligibility changes, and at each redetermination of eligibility

A A county agency must verify

- (1) the identity of each adult and child for whom assistance is requested,
- (2) age, if required to establish eligibility,
- (3) state residence, and
- (4) the relationship of a caretaker to the child for whom application is made

[For text of items B and C, see M R.]

Statutory Authority: *MS s 14.388*

History: *32 SR 1437*

9500.1219 ASSISTANCE UNIT ELIGIBILITY.

[For text of subpart 1, see M R.]

Subp. 2 **Exclusion of persons otherwise provided for by law.** Filing unit members shall not be included in an assistance unit if they meet one or more of the following conditions.

A a filing unit member is receiving benefits under the DWP, MFIP, refugee cash assistance, SSI, or Minnesota supplemental aid programs, or has benefits paid on the member's behalf for foster care, child welfare, or subsidized adoption;

B. a filing unit member appears to be currently eligible for benefits under DWP, MFIP, or refugee cash assistance, or is eligible to have benefits paid on the member's behalf for foster care, child welfare, or subsidized adoption,

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C a filing unit member has been determined to be eligible for DWP, MFIP, or SSI but cannot receive benefits under those programs because the member refused or failed to comply with a requirement of those programs;

D a filing unit member is a parent of a single adult applicant or recipient who resides with a single adult applicant together with the parents' other family members;

E a filing unit member who is in a period of disqualification from DWP, MFIP, SSI, or general assistance due to noncompliance with a program requirement;

F a filing unit member has, without good cause, refused or failed to comply with part 9500 1254, or

G a filing unit member has refused to sign an interim assistance agreement as required under Minnesota Statutes, section 256D 06, subdivision 5

Subp 3. State residence requirement. No applicant shall be included in an assistance unit unless the applicant is a resident of Minnesota. A resident is a person living in the state with the intention of making a home here and, not for any temporary purpose, as determined by items A to E.

[For text of item A, see M.R.]

B The county agency must verify an applicant's statement of intent to make a home in Minnesota if questionable. An applicant's statement of intent to make a home in Minnesota is questionable if

[For text of subitems (1) to (3), see M R]

(4) the applicant has only established residence in the state due to time spent in a facility referenced in Minnesota Statutes, section 256G.02, except that time spent in a battered women's shelter shall not be a basis for determining that a residence is questionable

[For text of items C to E, see M.R.]

[For text of subp 4, see M R]

Subp 5 [Repealed, 32 SR 1437]

Subp 6 [Repealed, 32 SR 1437]

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1221 PROPERTY LIMITATIONS.

[For text of subpart 1, see M R]

Subp 2. **Equity value; excluded real and personal property.** The equity value of all nonexcluded real and personal property must not exceed \$1,000. The county agency shall exclude the value of the real or personal property in items A to T when determining equity value

[For text of items A to P, see M.R.]

Q. The value of an applicant's nonliquid resources if the applicant's need for assistance will not exceed 30 days.

[For text of items R to T, see M.R.]

[For text of subp 3, see M.R]

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1223 EXCLUDED INCOME.

[For text of subpart 1, see M R.]

Subp. 2. **Excluded income of all filing unit members.** The county agency shall exclude items A to AA from the income of all filing unit members:

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[For text of items A to G, see M R]

H. work and training allowances received from county agency social services programs that are not classified as wages subject to FICA withholding,

I reimbursement for employment training received through the Job Training Partnership Act,

J reimbursement for out-of-pocket expenses incurred while performing volunteer services, jury duty, or employment,

K loans, whether from private, public, or governmental lending institutions, governmental agencies, and private individuals provided the filing unit member documents that the lender expects repayment. This exclusion does not include education loans on which payment is deferred,

L state and federal income tax refunds including Minnesota property tax refunds and the earned income tax credit,

M funds received for reimbursement, replacement, or rebate of personal or real property when these payments are made from public agencies, awarded by a court, solicited through public appeal, or made as a grant by a federal agency subsequent to a presidential declaration of disaster,

N. payments issued by insurance companies which are specifically designated as compensation to a member of an assistance unit for partial or total permanent loss of function or body part or insurance payments specified under Minnesota Statutes, section 256.74, subdivision 1, clause (7),

O reimbursements for medical expenses which cannot be paid by medical assistance;

P. payments by the vocational rehabilitation program administered by the state under Minnesota Statutes, chapter 129A, except those payments that are for current living expenses;

Q. in kind income, as defined in part 9500 1206, subpart 16a, except for payments made for room, board, tuition, or fees by a parent on behalf of a single adult applicant who is enrolled as a full-time student in a postsecondary institution,

R. assistance payments to correct underpayments in a previous month,

S payments to an applicant or recipient issued under part 9500 1261, 9500.2800, or 9500 2820 for emergency or special needs, however, an initial month's grant may be reduced by the amount of emergency assistance issued to cover that month's needs,

T. nonrecurring cash gifts, such as those received for holidays, birthdays, and graduations, not to exceed \$30 per filing unit member in a calendar quarter,

U tribal settlements excluded under Code of Federal Regulations, title 45, section 233 20(a)(4)(u)(e), (k), and (m);

V any form of energy assistance payment made by the Low Income Home Energy Assistance Program, payments made directly to energy providers by other public and private agencies, benefits issued by energy providers when the Minnesota Department of Employment and Economic Development determines that those payments qualify under Code of Federal Regulations, title 45, section 233 53, and any form of credit or rebate payment issued by energy providers,

W the first \$50 of child support received,

X proceeds from the sale of real or personal property;

Y payments made from state funds for subsidized adoptions under Minnesota Statutes, section 259 67,

Z interest payments and dividends from property that is not excluded from and does not exceed the \$1,000 limit under part 9500.1221, subpart 2, and

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AA income that is otherwise specifically excluded from MFIP consideration in federal law, state law, or federal regulation

Subp 3 **Additional income exclusions, filing unit member who is not a member of assistance unit.** In addition to the income exclusions in subpart 2, the county agency shall exclude the following income of a filing unit member who is not a member of the assistance unit.

[For text of items A and B, see M.R.]

C income of a stepparent or of a sibling of a single adult applicant or recipient,

D an amount equal to the standards assigned to filing unit members who are not in the general assistance unit in part 9500.1231, subpart 6, item A, and

E. child support, spousal support, or other payments to meet the needs of a person who lives outside of the household who is or could be claimed as a dependent for federal personal income tax liability or for whom payment is required by court order

Subp 4 [Repealed, 32 SR 1437]

Subp 5 **Additional income exclusions, assistance unit consisting of individuals who are not members of a family.** In addition to the income exclusions in subpart 2, the county agency shall exclude the following costs from the income of filing unit members when the assistance unit consists of individuals who are not members of a family.

[For text of items A to F, see M.R.]

G stipends received from the displaced homemaker services program, and

H in addition to the \$50 specified in item A, up to \$150 per month from the earnings of a resident of a facility licensed under parts 9520 0500 to 9520 0690 or a resident of a supervised apartment with services funded under parts 9535 0100 to 9535 1600 for whom discharge and work are part of a treatment plan, provided that the disregarded sum is placed in a separate savings account by the resident

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1232 STATE PARTICIPATION.

[For text of subps 1 to 4, see M.R.]

Subp 5 [Repealed, 32 SR 1437]

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1233 FINANCIAL ELIGIBILITY TESTS.

[For text of subps 1 to 3, see M.R.]

Subp. 4 [Repealed, 32 SR 1437]

Subp. 5 **Payment eligibility test.** Each assistance unit must pass a test of payment eligibility prospectively and retrospectively for each program month that the unit is otherwise eligible

A Assistance units which do not contain a member of a family must use the income determined in parts 9500 1223 to 9500.1226 to determine payment eligibility

B. The county agency must apply the assistance unit's countable income against the assistance unit's standard. If the income is equal to or greater than the standard, the assistance unit must be deemed assistance or assistance must be terminated.

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1235 [Repealed, 32 SR 1437]

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9500.1237 AMOUNT OF ASSISTANCE PAYMENT.

[For text of subps 1 and 2, see M R]

Subp 3 [Repealed, 32 SR 1437]

[For text of subp 4, see M R]

Subp 5 [Repealed, 32 SR 1437]

Subp 6 **Assistance payment when need will not exceed 30 days.** The county agency shall issue a grant determined by subtracting any countable income that the applicant has received since the first of the calendar month of application and any countable income the applicant is expected to receive before the date on which the county agency has anticipated that the applicant will lose eligibility for general assistance, from his or her prorated standard of assistance. The prorated standard of assistance must be determined by comparing the number of days between the date of application or the date all eligibility factors have been met, whichever is later, and the date which the county agency has anticipated that the applicant will lose eligibility for general assistance, with a 30-day month.

Subp 7 [Repealed, 32 SR 1437]

Subp 8 [Repealed, 32 SR 1437]

Subp 9 [Repealed, 32 SR 1437]

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1239 PAYMENT PROVISIONS.

[For text of subps 1 and 2, see M.R.]

Subp 3 **Special voucher or vendor payment provisions.** Assistance must be paid directly to a recipient, except as provided in items A to F.

[For text of items A to F, see M R]

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1243 BUDGETING.

Subpart 1 **Prospective budgeting.** A county agency shall use prospective budgeting to calculate the assistance payment amount for the first two months for an applicant who has not received general assistance for at least one payment month preceding the first month of payment under a current application, subject to items A to E.

[For text of items A to C, see M R]

D An assistance unit shall have the assistance payment amount determined prospectively according to items A to C if the assistance unit

(1) has had assistance suspended for a month as provided by part 9500 1233, subpart 2, and

(2) has experienced a recurring change of at least \$50 in net income in the month preceding the month of suspension or in the month of suspension.

E An individual who enters a facility with a negotiated rate or a shelter facility described in Minnesota Statutes, section 256D.05, subdivision 3, shall have an assistance payment determined prospectively from the date the individual entered the facility. Any income, including grants of public assistance, received by the individual before entering the facility must only be applied against the assistance unit's standard specified under part 9500 1231, subpart 2. Any assistance payments made to the individual beginning two months after the month the individual leaves the facility must be determined retrospectively according to subpart 2.

[For text of subps 2 to 5, see M R]

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1245 APPLICANT AND RECIPIENT RESPONSIBILITIES.

[For text of subps 1 to 4, see M R]

Subp. 5 **Changes which must be reported.** Recipients shall report the changes or anticipated changes specified in items A to J within ten days after the date they occur, within ten days after the date the recipient learns that the change will occur, at the time of the periodic redetermination under subpart 6, or within eight calendar days after a reporting period as in subpart 3, whichever occurs first. A recipient shall report other changes at the time of the periodic redetermination of eligibility under subpart 6 or at the end of a reporting period under subpart 3 as applicable. A recipient shall make these reports in writing or in person to the county agency. Changes in circumstances which must be reported within ten days must also be reported on the household report form for the reporting period in which those changes occurred. Within ten days, a recipient must report changes in:

[For text of items A to E, see M R]

- F the marriage or divorce of an assistance unit member,
- G a change in the household composition including departures from and returns to the home of filing unit members, or the birth or death of a member of the filing unit,
- H a change in the address or living quarters of an assistance unit;
- I the sale, purchase, or other transfer of property; and
- J a change in school attendance of a child over 15 years of age or an adult member of an assistance unit

[For text of subps 6 and 7, see M R]

Subp 8. [Repealed, 32 SR 1437]

Subp 9 [Repealed, 32 SR 1437]

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1251 [Repealed, 32 SR 1437]

9500.1254 REFERRAL TO OTHER MAINTENANCE BENEFIT PROGRAMS.

[For text of subpart 1, see M R.]

Subp. 2 **Informing and referral requirement.** When the county agency determines that the applicant or recipient is potentially eligible for other maintenance benefits, the county agency shall refer the applicant or recipient to the other maintenance benefit program on a form prescribed by the commissioner by informing the applicant or recipient orally and in writing of the following

[For text of item A, see M.R.]

B. that the applicant or recipient must execute an interim assistance agreement, according to subpart 4, item D,

[For text of items C to G, see M R.]

H that the applicant or recipient may elect to receive special services to assist in applying for SSI benefits;

[For text of items I and J, see M.R]

Subp 3. [Repealed, 32 SR 1437]

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

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[For text of items A to C, see M R]

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

If the recipient fails to execute an interim assistance agreement within the 30 days prescribed, the county agency shall mail or give the recipient notice of termination from general assistance according to subpart 5

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

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

[For text of subitems (1) to (3), see M R].

(4) inform the recipient of the continued availability of special services

[For text of items B to D, see M.R]

[For text of subp 6, see M.R]

Subp 7 Reimbursement for interim assistance. A county agency must seek reimbursement for the interim assistance provided to a person who has executed an interim assistance agreement under subpart 4, item D, when the person receives a retroactive payment of other maintenance benefits unless reimbursement is prohibited under federal or state law

The county agency must request reimbursement for interim assistance from the person receiving other retroactive maintenance benefits, except for SSI, or in those instances where the state or county agency has rights of subrogation under Minnesota Statutes, section 256 03. If a request for reimbursement under this subpart is denied, the county agency may institute a civil action to recover the interim assistance based on the interim assistance agreement. The county agency must take no action other than a civil action to recover the interim assistance

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1256 [Repealed, 32 SR 1437]

9500.1259 COUNTY AGENCY RESPONSIBILITIES.

Subpart 1 [Repealed, 32 SR 1437]

[For text of subps 2 to 4, see M R.]

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1261 EMERGENCY ASSISTANCE.

[For text of subps 1 and 2, see M R.]

Subp 3. **Eligible persons.** Eligible individuals, married couples, or families are those

A who are not current recipients of DWP or MFIP,

B. who are not recipients under or eligible for county emergency assistance through the MFIP consolidated fund program under Minnesota Statutes, section 256J 626, in the month of application for emergency general assistance,

[For text of items C to E, see M R.]

[For text of subps 4 to 6, see M R.]

Statutory Authority: *MS s 14 388*

History: *32 SR 1437*

9500.1463 COMPLAINT AND APPEAL PROCEDURES.

[For text of subps 1 and 2, see M R.]

Subp 3 **Health plan complaint procedure.** A health plan shall have a written procedure for reviewing enrollee complaints. This complaint procedure must be approved by the commissioner. The complaint procedure must include both an informal process, in which a determination is made within ten calendar days after the date a health plan receives a verbal complaint, and a formal process to handle written complaints. The formal process shall provide for an impartial hearing containing the elements in items A to D

[For text of items A to D, see M R]

[For text of subps 4 to 8, see M R]

Statutory Authority: *Ms s 256.045; 256B 031; 256B 69*

History: *32 SR 565*

9500.1655 DEFINITIONS.

[For text of subps 1 and 2, see M R]

Subp 3 [Repealed, 32 SR 565]

[For text of subps 4 to 24, see M.R.]

Subp 24a **Public assistance.** "Public assistance" has the meaning given in Minnesota Statutes, section 256 741, subdivision 1, paragraph (b)

[For text of subps 25 and 26, see M R]

Statutory Authority: *Ms s 257 60*

History: *32 SR 565*

9500.1658 STANDARDS USED BY COMMISSIONER TO DETERMINE WHETHER TO CONSENT TO A PROPOSED LUMP SUM SETTLEMENT.

Subpart 1 **Standards.** The commissioner shall consent to a proposed lump sum settlement only if the conditions of subparts 1a to 6 are met.

Subp 1a. **Parties.** Under Minnesota Statutes, section 257.60, when the child is a minor, the child and the commissioner must be made parties to the action. The court must appoint a general guardian or a guardian ad litem to represent the child.

[For text of subps 2 to 4, see M R]

Subp 5 **Protection over lump sum settlement amount.** A plan to invest the lump sum settlement to meet the child's future needs and to prevent rapid depletion of the lump sum settlement must be made part of the lump sum settlement. The plan to invest the lump sum settlement must include:

[For text of items A and B, see M R]

C provisions for making the periodic payments under item B to the public agency, if the child receives public assistance or becomes eligible to receive public assistance and rights to support are assigned under Minnesota Statutes, section 256 741,

[For text of items D to F, see M R.]

[For text of subp 6, see M.R.]

Statutory Authority: *Ms s 257 60*

History: *32 SR 565*

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9500.1660 DOCUMENTS THAT MUST ACCOMPANY A PROPOSED LUMP SUM SETTLEMENT AGREEMENT.

The documents in items A to G must accompany the proposed lump sum settlement submitted to the commissioner

[For text of items A to D, see M R]

E. an itemization of amounts previously expended by each public agency as support on behalf of the child, including dates and amounts of public assistance expended, pregnancy and confinement expenses, costs of blood tests, filing fees, service of process fees, and county attorney's fees;

[For text of items F and G, see M R]

Statutory Authority: *Ms s 257.60*

History: *32 SR 565*