

**CHAPTER 9515**  
**DEPARTMENT OF HUMAN SERVICES**  
**STATE HOSPITAL ADMINISTRATION**

9515 0500 PROCEDURES  
 REIMBURSEMENT FOR COST OF CARE OF  
 PATIENTS AND RESIDENTS IN STATE  
 FACILITIES

9515 1000 SCOPE AND STATUTORY  
 AUTHORITY

9515 1200 DEFINITIONS

9515 1300 TIME OF DETERMINATION

9515 1400 PERSONS INTERVIEWED TO  
 DETERMINE ABILITY TO PAY

9515 1500 FINANCIAL INTERVIEW

9515 2200 SOURCES OF INCOME  
 CONSIDERED

9515 2300 NET INCOME OF PATIENT OR  
 RESIDENT

9515 2400 MONTHLY HOUSEHOLD LIVING  
 ALLOWANCE SCHEDULE

9515 2500 PROPERTY OF PATIENT OR  
 RESIDENT

9515 2600 RESPONSIBLE RELATIVE'S ABILITY  
 TO PAY

**9515.0500 PROCEDURES.**

None of the treatment methods listed in part 9515.0400 shall be administered to a patient committed to a state hospital unless the medical director of the state hospital, on the basis of consultation with the patient's treating physician, has determined in accordance with the provisions of part 9515.0600 that the treatment method is medically indicated for the committed patient; and:

*[For text of items A and B, see M.R. 1987]*

C. In the case of a committed person who has mental retardation or a related condition, written consent is obtained from the closest responsible relative on a form which specifies the nature, purpose, risks, and effects of the proposed treatment and advises the relative of the right to consult with any other persons regarding the decision and to withdraw consent at any time. The signed consent shall be accessible to the person's responsible relative and must include a certification by the medical director of the state hospital or the resident's treating physician that the relative has read and understands the terms of the document. If the person also is under guardianship or conservatorship of the commissioner, Department of Human Services, Minnesota Statutes, section 252A.11 the commissioner must give the above consent as provided in subdivision 1, paragraph (a) or (g) in addition to the relative's consent. A certification shall be made by the medical director of the state hospital or the resident's treating physician that the person has received an explanation of the proposed treatment to the extent of the person's understanding; or

*[For text of item D, see M.R. 1987]*

E. In the case of committed minors, including minors with mental retardation or related conditions, treatments regulated by this rule may not be administered without prior judicial authorization pursuant to part 9515.0700.

**Statutory Authority:** *MS s 252.28 subd 2; 256B.092 subd 6; 256B.503*

**History:** *12 SR 1148*

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

**9515.1000 SCOPE AND STATUTORY AUTHORITY.**

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

the consolidated chemical dependency treatment fund under Minnesota Statutes, chapter 254B and parts 9530.7000 to 9530.7030.

**Statutory Authority:** *MS s 246.01; 246.23; 246.51 subd 2*

**History:** *12 SR 2252*

**9515.1100** [Repealed, 12 SR 2252]

**9515.1200 DEFINITIONS.**

*[For text of subps 1 to 3, see M.R. 1987]*

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

*[For text of subps 5 to 7, see M.R. 1987]*

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

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

*[For text of subps 11 and 12, see M.R. 1987]*

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

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

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

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

*[For text of subps 17 to 19, see M.R. 1987]*

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

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

*[For text of subp 21, see M.R. 1987]*

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

**Statutory Authority:** *MS s 246.01; 246.23; 246.51 subd 2*

**History:** *12 SR 2252*

**9515.1300 TIME OF DETERMINATION.**

Ability to pay the cost of care shall be determined when the patient or resident is admitted, when there is a change in the person's financial status, when a patient, resident, responsible relative, guardian, conservator, or representative payee reports a change in the financial status used in determining ability to pay, when the patient or resident has been hospitalized for 120 days or more, when

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

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

**Statutory Authority:** *MS s 246.01; 246.23; 246.51 subd 2*

**History:** *12 SR 2252*

#### **9515.1400 PERSONS INTERVIEWED TO DETERMINE ABILITY TO PAY.**

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

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

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

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

**Statutory Authority:** *MS s 246.01; 246.23; 246.51 subd 2*

**History:** *12 SR 2252*

#### **9515.1500 FINANCIAL INTERVIEW.**

When a person is interviewed, the department shall:

*[For text of item A, see M.R. 1987]*

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

*[For text of items C to G, see M.R. 1987]*

**Statutory Authority:** *MS s 246.01; 246.23; 246.51 subd 2*

**History:** *12 SR 2252*

#### **9515.2200 SOURCES OF INCOME CONSIDERED.**

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

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

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

Subp. 3. **Net income.** The patient's or resident's entire net income remaining

# MINNESOTA RULES 1988

## 9515.2200 STATE HOSPITAL ADMINISTRATION

200

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

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

**Statutory Authority:** *MS s 246.01; 246.23; 246.51 subd 2*

**History:** *12 SR 2252*

## 9515.2300 NET INCOME OF PATIENT OR RESIDENT.

*[For text of subps 2 to 3, see M.R. 1987]*

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

*[For text of subp 4, items A and B, see M.R. 1987]*

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

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

*[For text of subp 4, items E to I, see M.R. 1987]*

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

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

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

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

*[For text of subp 4, item N, see M.R. 1987]*

**Statutory Authority:** *MS s 246.01; 246.23; 246.51 subd 2*

**History:** *12 SR 2252*

# MINNESOTA RULES 1988

201

STATE HOSPITAL ADMINISTRATION 9515.2500

## 9515.2400 MONTHLY HOUSEHOLD LIVING ALLOWANCE SCHEDULE.

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

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

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

**Statutory Authority:** *MS s 246.01; 246.23; 246.51 subd 2*

**History:** *12 SR 2252*

## 9515.2500 PROPERTY OF PATIENT OR RESIDENT.

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

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

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

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

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

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

*[For text of subp 3, items C to G, see M.R. 1987]*

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

*[For text of subp 3, items I to K, see M.R. 1987]*

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

*[For text of subp 3, items M and N, see M.R. 1987]*

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

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

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

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

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

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

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

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

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

**Statutory Authority:** *MS s 246.01; 246.23; 246.51 subd 2*

**History:** *12 SR 2252*

### 9515.2600 RESPONSIBLE RELATIVE'S ABILITY TO PAY.

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

*[For text of subp 2, see M.R. 1987]*

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

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

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

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

# MINNESOTA RULES 1988

203

## STATE HOSPITAL ADMINISTRATION 9515.2600

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

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

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

*[For text of subp 5, items A and B, see M.R. 1987]*

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

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

*[For text of subp 5, items E to G, see M.R. 1987]*

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

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

*[For text of subp 7, see M.R. 1987]*

# MINNESOTA RULES 1988

## 9515.2600 STATE HOSPITAL ADMINISTRATION

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

Annual Gross Earnings of Responsible Relative	Household Size									
	1	2	3	4	5	6	7	8	9	10
11,000-										
11,999	.33	0								
12,000-										
12,999	.45	.33	0							
13,000-										
13,999	.57	.45	.33	0						
14,000-										
14,999	.72	.57	.45	.33	0					
15,000-										
15,999	.87	.72	.57	.45	.33	0				
16,000-										
16,999	1.05	.87	.72	.57	.45	.33	0			
17,000-										
17,999	1.23	1.05	.87	.72	.57	.45	.33	0		
18,000-										
18,999	1.45	1.23	1.05	.87	.72	.57	.45	.33	0	
19,000-										
19,999	1.81	1.45	1.23	1.05	.87	.72	.57	.45	.33	0
20,000-										
20,999	2.26	1.67	1.45	1.23	1.05	.87	.72	.57	.45	.33
21,000-										
21,999	2.82	1.92	1.67	1.45	1.23	1.05	.87	.72	.57	.45
22,000-										
22,999	3.52	2.17	1.92	1.67	1.45	1.23	1.05	.87	.72	.57
23,000-										
23,999	4.41	2.45	2.17	1.92	1.67	1.45	1.23	1.05	.87	.72
24,000-										
24,999	5.51	3.06	2.45	2.17	1.92	1.67	1.45	1.23	1.05	.87
25,000-										
25,999	6.89	3.82	2.75	2.45	2.17	1.92	1.67	1.45	1.23	1.05
26,000-										
26,999	8.61	4.77	3.05	2.75	2.45	2.17	1.92	1.67	1.45	1.23
27,000-										
27,999	10.76	5.96	3.37	3.05	2.75	2.45	2.17	1.92	1.67	1.45
28,000-										
28,999	13.45	7.46	4.21	3.37	3.05	2.75	2.45	2.17	1.92	1.67
29,000-										
29,999	16.81	9.32	5.26	3.72	3.37	3.05	2.75	2.45	2.17	1.92
30,000-										
30,999	19.49	11.65	6.57	4.07	3.72	3.37	3.05	2.75	2.45	2.17
31,000-										
31,999	19.49	14.56	8.21	4.45	4.07	3.72	3.37	3.05	2.75	2.45
32,000-										
32,999	19.49	18.20	10.26	4.83	4.45	4.07	3.72	3.37	3.05	2.75
33,000-										
33,999	19.49	19.49	12.83	6.03	4.83	4.45	4.07	3.72	3.37	3.05



# MINNESOTA RULES 1988

205

## STATE HOSPITAL ADMINISTRATION 9515.2600

34,000-										
34,999	19.49	19.49	16.04	7.53	5.25	4.83	4.45	4.07	3.72	3.37
35,000-										
35,999	19.49	19.49	19.49	9.41	5.67	5.25	4.83	4.45	4.07	3.72
36,000-										
36,999	19.49	19.49	19.49	11.76	6.12	5.67	5.25	4.83	4.45	4.07
37,000-										
37,999	19.49	19.49	19.49	14.70	7.56	6.12	5.67	5.25	4.83	4.45
38,000-										
38,999	19.49	19.49	19.49	18.38	9.45	7.56	6.12	5.67	5.25	4.83
39,000-										
39,999	19.49	19.49	19.49	19.49	11.81	9.45	7.56	6.12	5.67	5.25
40,000-										
40,999	19.49	19.49	19.49	19.49	14.76	11.81	9.45	7.56	6.12	5.67
41,000-										
41,999	19.49	19.49	19.49	19.49	18.45	18.45	11.81	9.45	7.56	6.12
42,000-										
42,999	19.49	19.49	19.49	19.49	19.49	19.49	14.76	11.81	9.45	7.56
43,000-										
43,999	19.49	19.49	19.49	19.49	19.49	19.49	18.45	14.76	11.81	9.45
44,000-										
44,999	19.49	19.49	19.49	19.49	19.49	19.49	19.49	18.45	14.76	11.81
45,000-										
45,999	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	14.76
46,000-										
46,999	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	18.45
47,000-										
47,999	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49	19.49

*[For text of subps 9 and 10, see M.R. 1987]*

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

**Statutory Authority:** *MS s 246.01; 246.23; 246.51 subd 2*

**History:** *12 SR 2252*