

CHAPTER 9055
DEPARTMENT OF VETERANS AFFAIRS
ADMINISTRATION AND OPERATION

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9055.0150 PURPOSE.

This chapter provides the procedures followed by the Minnesota Department of Veterans Affairs, Programs and Services Division and sets forth the eligibility requirements and the proof and evidence necessary for a person to establish a right to benefits and services provided by law. The commissioner must interpret this chapter to give meaning to Minnesota Statutes, chapters 196 and 197.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

History: 46 SR 928

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9055.0160 DEFINITIONS.

Subpart 1. **Scope.** The definitions in this part apply to this chapter.

Subp. 2. **Acute medical condition.** "Acute medical condition" means a diagnosis, illness, or injury of abrupt onset, or when the clinical effects of an existing medical condition are most intense. An acute medical condition is accompanied by distinct symptoms requiring urgent or short-term care but tend to get better once treated and are generally curable. An acute medical condition includes severe recurrences of chronic medical conditions and invasive medical procedures and treatments that require a period of recovery.

Subp. 3. **Addendum.** "Addendum" means a modification of an item or expense that the commissioner has approved and is part of a veteran's relief grant.

Subp. 4. **Adult child.** "Adult child" means a child of a veteran who:

A. is a biological child of a veteran, was legally adopted before the age of 18 years, or is a stepchild who acquired that status before the age of 18 years;

B. is a member of the veteran's household or was a member of the veteran's household at the time of the veteran's death;

C. is over the age of 18 years;

D. before reaching the age of 18 years, becomes permanently incapable of self support or who after reaching the age of 18 years and until completion of education or training, but not after reaching the age of 23 years, is pursuing a course of instruction at an education institution; and

E. is unmarried.

Subp. 5. **Appeal.** "Appeal" means a written statement from an applicant or a recipient who is expressing disagreement with a decision made by the commissioner and is requesting to have the decision re-evaluated by the commissioner.

Subp. 6. **Applicant.** "Applicant" means a person who has submitted an application for benefits from the state soldiers assistance program to the commissioner and whose application has not been approved, denied, or voluntarily withdrawn.

Subp. 7. **Armed forces.** "Armed forces" means the United States Army, Navy, Marine Corps, Air Force, Space Force, and Coast Guard, including the reserve components.

Subp. 8. **Authorized representative.** "Authorized representative" means a person who is legally authorized to act on another person's behalf in matters involving assistance from the commissioner.

Subp. 9. **Basic needs.** "Basic needs" means the minimum requirements of personal sustenance to include food, clothing, shelter, utilities, transportation costs, and other items of which the loss,

or lack of, is determined by the commissioner to pose a direct, immediate threat to the health or safety of the applicant or recipient.

Subp. 10. **Business records.** "Business records" means copies of daily, weekly, or monthly ledgers, income and expense statements, invoices, itemized receipts, purchase orders, copies of customer receipts, transportation logs, canceled checks, copies of business savings and checking account statements, federal and state tax filings, and a completed monthly self-employment worksheet.

Subp. 11. **Child.** "Child" means a child of a veteran who:

A. is a biological child of a veteran, was legally adopted before the age of 18 years, or is a stepchild who acquired that status before the age of 18 years;

B. is a member of the veteran's household or was a member of the veteran's household at the time of the veteran's death;

C. is under the age of 18 years; and

D. is unmarried.

Subp. 12. **Chronic medical condition.** "Chronic medical condition" means a diagnosis, illness, or condition that develops slowly and may progress in severity over an extended period with frequent recurrences.

Subp. 13. **Commissioner.** "Commissioner" means the commissioner of the Minnesota Department of Veterans Affairs or another department employee who has delegated authority from the commissioner.

Subp. 14. **Contingency operations.** "Contingency operations" means a military operation designated by the United States Secretary of Defense as an operation in which members of the armed forces are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing military force outside of the United States.

Subp. 15. **County veterans service officer.** "County veterans service officer" means a veteran who meets the qualifications of Minnesota Statutes, section 197.601, and is appointed by a county in Minnesota to assist persons in applying for veterans benefits. County veterans service officer also includes assistant county veterans service officers.

Subp. 16. **Date of application.** "Date of application" means either the day the application for a benefit is signed by the applicant or the day the application is received by the commissioner if the application is received more than 30 days after it is signed by the applicant.

Subp. 17. **Department.** "Department" means the Minnesota Department of Veterans Affairs.

Subp. 18. **Dependent.** "Dependent" means any of the following household members of a living or deceased veteran:

A. the veteran's spouse;

B. a child;

C. an adult child; or

D. a parent who is financially dependent upon the veteran or veteran's spouse and is residing with the household or was residing with the household at the time of the veteran's death.

Subp. 19. **Determination of eligibility.** "Determination of eligibility" means the process of collecting and reviewing information to determine an applicant's or a recipient's eligibility for assistance.

Subp. 20. **Documentation.** "Documentation" means a written or printed presentation of information provided by a third party.

Subp. 21. **Extended federal active duty.** "Extended federal active duty" means active duty that is expected to last more than 30 days and is in support of contingency operations.

Subp. 22. **Financially dependent.** "Financially dependent" means the income and assets of a dependent parent or dependent parents are less than the limits provided in the schedule of maximum monthly allowances.

Subp. 23. **Financial self-sufficiency.** "Financial self-sufficiency" means an applicant's or a recipient's current or projected monthly household income or household assets are or will be sufficient to afford the applicant's or recipient's basic needs.

Subp. 24. **Health insurance.** "Health insurance" means medical, dental, optical, and prescription drug insurance.

Subp. 25. **Household.** "Household" means an applicant and the applicant's dependents or a recipient and the recipient's dependents who as a group are eligible to receive benefits from a state soldiers assistance program activity and whose collective needs and combined income and assets are considered when determining eligibility for benefits and calculating benefit amounts.

Subp. 26. **Joint liability.** "Joint liability" means two or more persons are responsible for the cost of an item or expense and each person is responsible for up to the full amount of the item or expense.

Subp. 27. **Long-term disability benefit.**

A. "Long-term disability benefit" means any public or private benefit or entitlement that provides income on a regular recurring basis to a person due to a medical condition and has a benefit duration of more than one year or is designated by the entity administering the benefit or entitlement as being a long-term benefit or entitlement.

B. Long-term disability benefits include:

- (1) pension benefits from the United States Department of Veterans Affairs;
- (2) Social Security Disability Insurance;
- (3) public or private long-term disability insurance;

- (4) Supplemental Security Income;
- (5) workers' compensation paid to the recipient as a cash benefit;
- (6) disability compensation from the United States Department of Veterans Affairs for a 100 percent service-connected disability rating or disability compensation paid for individual unemployability;
- (7) military disability benefits from the United States Department of Defense for a 100 percent service-connected disability rating;
- (8) state, local, and federal government disability benefits; and
- (9) other long-term sources of income paid to a person due to a medical condition.

Subp. 28. Long-term maintenance benefit.

A. "Long-term maintenance benefit" means any public or private benefit or entitlement that provides income on a regular recurring basis to a person and has a benefit duration of more than one year or is designated by the entity administering the benefit or entitlement as being a long-term benefit or entitlement.

B. Long-term maintenance benefits include:

- (1) long-term disability benefits;
- (2) disability compensation for a less than 100 percent service-connected disability rating, dependent indemnity compensation, and survivors pension from the United States Department of Veterans Affairs;
- (3) military disability benefits from the United States Department of Defense for a less than 100 percent service-connected disability rating;
- (4) Social Security retirement and survivor benefits;
- (5) railroad retirement and survivor benefits;
- (6) state, local, and federal government retirement and survivor benefits;
- (7) private retirement and survivor benefits; and
- (8) other long-term sources of income paid to a person as a public or private benefit or entitlement.

Subp. 29. **Medical condition.** "Medical condition" means a diagnosis, illness, injury, medical procedure, or treatment that is documented by a licensed provider. Medical conditions are either acute or chronic.

Subp. 30. **Military discharge papers; or equivalent.**

A. "Military discharge papers" means any form or document issued to a person by the United States Department of Defense at the time of the person's release from active duty, separation from the armed forces, or discharge from the armed forces.

B. "Or equivalent" means documentation from the National Archives (Form 13038) that certifies a person's military service and discharge from the armed forces.

Subp. 31. **Nontraditional housing agreement.** "Nontraditional housing agreement" means an arrangement for shelter between persons in which the living space provided for shelter is within the primary residence of one of the persons.

Subp. 32. **Once-per-lifetime basis.** "Once-per-lifetime basis" means that the benefit is used only once in a person's lifetime regardless of the benefit amount expended when the benefit is used.

Subp. 33. **Parent.** "Parent" means a person who is a biological, adoptive, or stepparent of a veteran or veteran's spouse.

Subp. 34. **Recipient.** "Recipient" means a person who is approved for a benefit from a state soldiers assistance program activity.

Subp. 35. **Schedule of maximum monthly allowances.** "Schedule of maximum monthly allowances" means:

A. the maximum monthly household income limits and maximum household asset limits for a state soldiers assistance program activity; and

B. the benefit amounts provided under a state soldiers assistance program activity.

Subp. 36. **Shared expense.** "Shared expense" means an expense that is shared between a person who is eligible to receive benefits from the state soldiers assistance program and a person who is not eligible to receive benefits.

Subp. 37. **Shared household.** "Shared household" means a household, plus other persons residing with the household, who are not eligible to receive benefits from the state soldiers assistance program.

Subp. 38. **Shared item.** "Shared item" means an item for which the cost of the item is shared between a person who is eligible to receive benefits from the state soldiers assistance program and a person who is not eligible to receive benefits.

Subp. 39. **Short-term disability benefit.**

A. "Short-term disability benefit" means any public or private benefit or entitlement that provides income on a regular recurring basis to a person due to a medical condition and that has a benefit duration of not more than one year or is designated by the entity administering the benefit or entitlement as being a short-term benefit or entitlement.

B. Short-term disability benefits include:

- (1) short-term disability insurance of any type;
- (2) workers' compensation paid to the recipient as a cash benefit that is expected to last less than one year; and
- (3) other short-term sources of income paid to a person due to a medical condition.

Subp. 40. **Spouse.** "Spouse" means a person legally married to a veteran, as recognized by the state of Minnesota.

Subp. 41. **State soldiers assistance funding.** "State soldiers assistance funding" means money appropriated by law for the purposes of Minnesota Statutes, sections 197.03 to 197.07, and includes other money as designated pursuant to Minnesota Statutes, section 196.05, subdivision 1, clause (5).

Subp. 42. **State soldiers assistance program.** "State soldiers assistance program" means a group of individual program activities established under this part and administered by the commissioner to provide benefits to an eligible person and members of the eligible person's household.

Subp. 43. **State soldiers assistance program activity.** "State soldiers assistance program activity" means an individual program within the state soldiers assistance program that provides a specific type of benefit.

Subp. 44. **Surviving dependent.** "Surviving dependent" means a dependent of a deceased veteran.

Subp. 45. **Surviving spouse.** "Surviving spouse" means a person who was legally married, as recognized by the state of Minnesota, to a veteran at the time of the veteran's death and who has not remarried.

Subp. 46. **United States Department of Defense.** "United States Department of Defense" means the executive branch department of the federal government of the United States charged with coordinating and supervising all agencies and functions of the government concerned directly with national security and the United States armed forces.

Subp. 47. **United States Department of Veterans Affairs.** "United States Department of Veterans Affairs" means the federal executive branch agency that administers federal benefits under United States Code, title 38, for veterans, veterans' dependents, and veterans' survivors.

Subp. 48. **Utilities.** "Utilities" means natural gas and electric charges, landline or cellular telephone service, Internet service, bulk fuel charges, water and sewer charges, and sanitation charges for a recipient and members of the recipient's household.

Subp. 49. **Vendor and contractor.** "Vendor and contractor" means a provider of goods or services.

Subp. 50. **Veteran.** "Veteran" means a person who has met the requirements as provided in Minnesota Statutes, section 197.447.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0170 COMMISSIONER'S TECHNICAL STAFF.

Subpart 1. **Definition.** "Commissioner's technical staff" means those persons whose primary job duties are those detailed in Minnesota Statutes, section 196.05.

Subp. 2. **Requirements.** Individuals on the commissioner's technical staff must have the same qualifications as the commissioner, as outlined in Minnesota Statutes, section 196.02, subdivision 1.

Statutory Authority: *MS s 196.04*

History: *16 SR 1709; 46 SR 928; 16 SR 1709; 46 SR 928*

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9055.0180 VETERANS CLAIMS DIVISION.

Subpart 1. **Purpose of division.** The veterans claims division is a division of the department and must act as the agent for a veteran or a veteran's dependents, or both, if the veteran or veteran's dependents are residents of Minnesota and have a claim against the United States for benefits arising out of or by reason of the veteran's service in the armed forces.

Subp. 2. **Representation.** The veterans claims division must represent a veteran or a veteran's dependents, or both, upon request and without charge. The veterans claims division must provide claims representation on behalf of federally recognized veterans organizations who have requested in writing that the commissioner provided such services to a veteran or a veteran's dependents, or both.

Subp. 3. **Termination.** The veterans claims division must terminate its representation of a person who:

- A. appoints another individual to represent the person's claim;
- B. threatens the personal safety of department employees;
- C. disrupts the operations of any department office; or
- D. takes any action that is deemed detrimental to the person's claim.

Subp. 4. **Federal law to govern procedure.** The veterans claims division must operate in accordance with Code of Federal Regulations, title 38, chapter 1, sections 14.626 to 14.37, in the representation of a veteran or a veteran's dependents, or both, and the presentation of a claim.

Subp. 5. **Contested claims not accepted.** The veterans claims division must not represent more than one party to an action or claim based on one person's eligibility.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0190 STATE SOLDIERS ASSISTANCE PROGRAM.

A. The commissioner must administer the state soldiers assistance program in accordance with this chapter and Minnesota Statutes, chapters 196 and 197.

B. An individual eligible to receive benefits from the state soldiers assistance program includes:

- (1) a veteran;
- (2) a veteran's dependent;
- (3) a member of the armed forces called from reserve status to extended federal active duty under Minnesota Statutes, section 196.05, subdivision 1, clause (9); and
- (4) a dependent of a member of the armed forces called from reserve status to extended federal active duty under Minnesota Statutes, section 196.05, subdivision 1, clause (9).

C. A surviving spouse who has remarried is not eligible for benefits from the state soldiers assistance program regardless of the outcome of the subsequent marriage.

D. An individual is not eligible for benefits from the state soldiers assistance program if the individual is:

- (1) incarcerated;
- (2) civilly committed under Minnesota Statutes, chapter 253D; or
- (3) civilly committed to an inpatient program under Minnesota Statutes, chapter 253B, for longer than 30 days.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0200 STATE SOLDIERS ASSISTANCE FUNDING.

The commissioner must use state soldiers assistance funding to provide benefits from the state soldiers assistance program and to fulfill the duties and responsibilities of Minnesota Statutes, chapters 196 and 197.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

History: 46 SR 928

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9055.0210 VETERANS BENEFITS DIVISION.

The veterans benefits division must assist the commissioner in administering the state soldiers assistance program and in carrying out the duties of Minnesota Statutes, chapters 196 and 197.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0220 RULES; PURPOSE; AND APPLICABILITY.

Subpart 1. **Purpose.** Parts 9055.0190 to 9055.0455:

A. provide the policies and procedures the commissioner must follow in administering the state soldiers assistance program and disbursing state soldiers assistance funding; and

B. set forth the eligibility requirements and the proof and evidence necessary to establish a person's right to benefits provided by the state soldiers assistance program.

Subp. 2. **Applicability.** Parts 9055.0190 to 9055.0455 establish the rights and responsibilities of the following parties in the administration of the state soldiers assistance program:

A. the department;

B. veterans and dependents of veterans;

C. members of the armed forces called from reserve status to extended federal active duty during a time of war or national emergency and the dependents of members of the armed forces;

D. county veterans service officers;

E. medical, dental, and optical providers;

F. public and private social service agencies; and

G. vendors and contractors providing services under state soldiers assistance program guidelines.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

History: *46 SR 928*

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9055.0270 STATE SOLDIERS ASSISTANCE PROGRAM; WHO CAN APPLY.

Subpart 1. **Application for benefits.**

A. Subject to the requirements of part 9055.0290, any of the following individuals may apply for benefits from the state soldiers assistance program:

(1) a veteran;

(2) a surviving spouse of a veteran; and

(3) a member of the armed forces called from reserve status to extended federal active duty per Minnesota Statutes, section 196.05, subdivision 1, clause (9).

B. The order in which applicants of a household must apply for benefits is as follows:

(1) if an applicant's eligibility is based on a veteran's service:

(a) the veteran or the veteran's authorized representative must apply first, if able;

(b) if the veteran is deceased, then the surviving spouse of the veteran or the surviving spouse's authorized representative must apply; and

(c) if none of the individuals in unit (a) or (b) are able to apply, then the veteran's dependents or the authorized representative of the veteran's dependents must apply;

(2) if an applicant's eligibility is based on a member of the armed forces serving on extended federal active duty:

(a) the member of the armed forces or the member's authorized representative must apply first, if able;

(b) if neither individual in unit (a) is able to apply, then the spouse of the member of the armed forces or the spouse's authorized representative must apply; and

(c) if none of the individuals in unit (a) or (b) are able to apply, then the dependents of the member of the armed forces or the dependents' authorized representative must apply.

C. The initial applicant is responsible for applying for benefits on behalf of the remaining members of the household.

D. All applicants under this part must apply for benefits using a standard application prescribed by the commissioner.

E. An eligible child, as defined in Minnesota Statutes, section 197.75, subdivision 1, paragraph (d), may apply on their own behalf for education benefits under the surviving children and spouses education assistance program activity.

F. A surviving spouse of a veteran who remarries is not eligible to receive benefits from the state soldiers assistance program, but the surviving spouse may apply for benefits as the authorized representative of the deceased veteran's surviving dependents.

G. A veteran or surviving spouse of a veteran may apply for benefits as the authorized representative of the veteran's dependents, but the veteran or surviving spouse is not eligible to receive benefits from the state soldiers assistance program if:

(1) incarcerated;

(2) civilly committed under Minnesota Statutes, chapter 253D; or

(3) civilly committed to an inpatient program under Minnesota Statutes, chapter 253B, for longer than 30 days.

H. As part of the application process, an applicant must provide to the commissioner proof of identity and Minnesota residency as defined in Minnesota Statutes, section 197.05, paragraph (b).

I. As part of the application process, a household member must provide to the commissioner proof of:

- (1) identity;
- (2) Minnesota residency as provided by Minnesota Statutes, section 197.05, paragraph (b);
- (3) age; and
- (4) a relationship to a veteran or member of the armed forces.

J. For the purposes of proving the requirements in items A, D, F, H, and I, an applicant or household member must show proof with any of the following documentation:

- (1) residency verifications as provided in Minnesota Statutes, section 197.05, paragraph (b);
- (2) a Tribal identification card showing a physical Minnesota address;
- (3) a person's military discharge papers or equivalent;
- (4) a Report of Casualty from the United States Department of Defense;
- (5) a military member's current active duty military orders;
- (6) a benefit award letter from the United States Department of Veterans Affairs;
- (7) a marriage certificate;
- (8) a death certificate;
- (9) a birth certificate;
- (10) a court order granting adoption;
- (11) documentation confirming legal guardianship issued by a state government entity;

or

(12) other official documentation confirming a person's identity, age, and relationship to the veteran or member of the armed forces issued by a state or federal government entity.

Subp. 2. Authorized representatives.

A. An applicant described in subpart 1, item A, who is not able to apply for benefits must apply through an authorized representative.

B. A dependent of an individual described in subpart 1, item A, must apply for benefits through an authorized representative if the person in subpart 1, item A, is deceased.

C. An individual acting as an authorized representative of an applicant or a recipient of benefits must submit one of the following documents to the commissioner proving the legal authorization to represent the applicant or recipient:

(1) a court order providing the authorization to represent the person subject to guardianship;

(2) a court order providing the authorization to represent the person subject to conservatorship; or

(3) a power of attorney as recognized by Minnesota Statutes, chapter 523.

Subp. 3. **Residency.**

A. All household members who receive benefits must meet the residency requirements of Minnesota Statutes, section 197.05, paragraph (b), except under the following circumstances:

(1) the commissioner must include a child in an applicant's or a recipient's household count who is a dependent but is not residing with the household on a full-time basis due to marital dissolution or parental separation. The child is considered a resident if the applicant or applicant's spouse or the recipient or recipient's spouse is financially responsible for the child or has been awarded visitation as verified by a judgment, decree, or other order of the court providing for the legal custody, physical custody, or visitation with respect to a child. A child is only authorized to receive benefits when the child is in Minnesota; and

(2) the commissioner must include an adult child in an applicant's or a recipient's household count who is a dependent but is not residing with the household on a full-time basis due to school attendance or a medical condition. The adult child is considered a resident if the applicant or applicant's spouse or the recipient or recipient's spouse is financially responsible for the adult child as verified by financial aid documentation or documentation from the facility where the adult child is residing. An adult child is only authorized to receive benefits when the adult child is in Minnesota.

B. The commissioner must exclude time spent in Minnesota for any reason when determining if an applicant meets the residency requirement if the applicant maintains residency in another state.

C. The commissioner must exclude time spent in Minnesota incarcerated in a state or federal prison when determining if an applicant meets the residency requirement. Time counted toward residency begins the day after an applicant is released into the community.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0280 HOUSEHOLDS AND SHARED HOUSEHOLDS.**Subpart 1. Households.**

A. The commissioner must include an applicant or a recipient and all members of the applicant's or recipient's household in the household count except in the following situations:

(1) a dependent child is not residing in the household on a full-time basis and the applicant or applicant's spouse or the recipient or recipient's spouse is not financially responsible for the child or has not been awarded visitation with the child;

(2) a dependent adult child is not residing with the household on a full-time basis and the applicant or applicant's spouse or the recipient or recipient's spouse is not financially responsible for the adult child; or

(3) a dependent parent does not need the benefit for which the applicant is applying.

B. An applicant or a recipient or a member of an applicant's or a recipient's household who is incarcerated or civilly committed under the conditions of part 9055.0190, item C, must not be included in the household count if:

(1) the applicant or recipient or household member does not have any income or assets;
or

(2) the applicant's or recipient's or household member's income and assets are not available to the remaining household members.

Subp. 2. Exclusion of household members is prohibited. The commissioner must not exclude a household member and the household member's income and assets from the applicant's household for the sole purpose of establishing eligibility for the remaining household members except as provided in subpart 1.

Subp. 3. Applicants and spouses divorced or legally separated. The commissioner must include the spouse of an applicant or a recipient and the spouse's income and assets when determining the household's eligibility for benefits unless the applicant and applicant's spouse or the recipient and recipient's spouse are divorced or legally separated.

Subp 4. Shared items and shared expenses.

A. The benefit amount for a shared item or shared expense must be prorated between an applicant or a recipient and all members of the applicant's or recipient's household and those persons age 18 and older who are liable for the shared item or shared expense but are not eligible to receive the benefit.

B. A benefit amount provided for a shared item or a shared expense must be prorated regardless of whether a person not eligible for the benefit is or is not residing with the applicant or recipient.

C. A benefit amount provided for an item or expense directly related to owning or leasing real or personal property must be prorated if the following conditions are met:

(1) an applicant or a recipient or an applicant's or a recipient's spouse owns or leases real or personal property with a person age 18 or older who is not eligible for the benefit; and

(2) joint liability for the property, item, or expense is shared with the person.

D. A benefit amount is not prorated if the person not eligible for the benefit relinquishes ownership or ceases to lease the property or is no longer liable for the property, item, or expense.

Subp. 5. **Proration calculations.** For purposes of this part, the commissioner must calculate the prorated benefit amount by dividing the number of members in the applicant's or recipient's household by the total number of persons included in the proration calculations and multiplying the result by the original benefit amount requested.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

History: *46 SR 928*

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9055.0290 APPLICATION PROCESS.

Subpart 1. **Information.** The commissioner must make available information explaining the eligibility requirements and the application processes of the state soldiers assistance program.

Subp. 2. Application for benefits from state soldiers assistance program.

A. An applicant must apply for benefits through a county veterans service office, a department field operations claim representative, or department Tribal veterans service officer using the standard application and supplemental forms and checklists provided by the commissioner.

B. The county veterans service officer, department field operations claim representative, or department Tribal veterans service officer must review each completed application for benefits, provide a recommendation to the commissioner, and sign and date the application. The commissioner must not accept a recommendation from any person other than a county veterans service officer, department field operations claims representative, or department Tribal veterans service officer.

C. An applicant applying for the surviving children and surviving spouse education benefit is not required to apply for the benefit through or receive a recommendation from a county veterans service officer, department field operations claims representative, or department Tribal veterans service officer.

Subp. 3. Processing applications.

A. The commissioner must request additional information and supporting documentation from the applicant if necessary to establish eligibility and a need for assistance.

B. The commissioner must send a request for additional information and documentation to the applicant and to the county veterans service officer, department field operations claims representative, or department Tribal veterans service officer assisting the applicant.

C. The commissioner must close an application if the requested information and documentation is not received within 60 days of the date of request for more information.

Subp. 4. **Reporting requirements.** An applicant must report any changes in circumstances that affect the applicant's eligibility or need for benefits to the commissioner and the county veterans service officer, department field operations claims representative, or department Tribal veterans service officer who assisted the applicant while the application is pending.

Subp. 5. **Determining eligibility.** The commissioner must administer benefits on a per-application basis. An applicant must complete a new application with current information and supporting documents to reestablish eligibility and need for assistance if the most recent application is closed.

Subp. 6. **Rescinding applications; terminating benefits.**

A. An applicant or a recipient may rescind the application for benefits or terminate benefits at any time.

B. To rescind an application for benefits or terminate benefits, an applicant or a recipient must submit a written request to the commissioner through the county veterans service officer, department field operations claim representative, or department Tribal veterans service officer who assisted the applicant or recipient.

C. The commissioner must not reopen an application that is rescinded or a benefit that is terminated.

Subp. 7. **Right to notice of decision.** The commissioner must provide written notice of approval, partial approval, or denial to an applicant. A notification of approval or partial approval must explain the type of benefit, the amount approved or partially approved for the benefit, and the time periods covered by the benefit. A notification of denial must state the reasons why the benefit was denied and the right to appeal the denial.

Subp. 8. **Appeal rights and procedures.**

A. An applicant or a recipient has the right to appeal the denial of a benefit and submit additional or corrected information to the commissioner. The applicant or recipient must state in writing the reasons for disagreeing with the commissioner's decision and sign and date the appeal.

B. An applicant or a recipient denied a benefit must submit an appeal within 60 days of the denial notice. Failure to appeal in the allotted time forfeits all rights to the appeal process. The commissioner must issue a decision to approve, partially approve, or deny the benefit. The commissioner's decision is the final agency action.

C. A county veterans service officer, a department field operations claim representative, or a department Tribal veterans service officer must not appeal the denial of a benefit without the written consent of the applicant or recipient. A county veterans service officer, a department field operations claims representative, or a department Tribal veterans service officer may assist in the appeal process.

D. A vendor or contractor must not appeal a denial of benefits that would have resulted in payment to the contractor or vendor.

Subp. 9. Overpayment status.

A. A recipient of a benefit who receives an amount greater than what is authorized is in overpayment status.

B. Overpayment includes a direct payment from the commissioner to the recipient of the benefit or payment to a vendor or contractor on behalf of the recipient in an amount greater than what is authorized.

C. Overpayment status is a bar to all members of a household from receiving future benefits until the overpayment is corrected.

D. A person in overpayment status must correct the overpayment by making a direct payment to the commissioner.

Subp. 10. Responsibility to pay for services.

A. The commissioner is not responsible to pay for charges incurred from a vendor or contractor by a recipient of benefits that are over the authorized benefit amount.

B. A recipient of benefits incurring the charges over the authorized benefit amount is responsible for paying the overage to the vendor or contractor who provided the services.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0300 CALCULATING MONTHLY HOUSEHOLD INCOME.

Subpart 1. Definitions.

A. The definitions in this subpart apply to this part.

B. "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, employee bonuses and profit sharing, jury duty pay, picket duty pay, and profit from other lawful activities that accrues as a result of the household member's effort or labor. Earned income does not include returns from capital investment or benefits that accrue as compensation for lack of employment.

C. "Income" means earned or unearned income in the form of any lawful circulating medium of exchange of the United States including coins, paper money, digital currency, and electronic funds from any identified or unidentified source that is received by, made available to, or is projected for an applicant or a recipient or any member of the applicant's or recipient's household.

D. "Monthly household income" means the combined measure of the average monthly incomes of an applicant or a recipient and all members of the applicant's or recipient's household.

E. "Nonrecurring income" means earned or unearned income that is not of a continuous nature or is received only one time in the form of a nonrecurring lump-sum payment.

F. "Seasonal income" means earned income that is received at regular intervals for only part of the year.

G. "Unearned income" means income that does not meet the definition of earned income and is received without being required to perform any labor or service as a condition of receiving the income.

Subp. 2. Monthly household income.

A. The commissioner must calculate the monthly household income of an applicant or a recipient according to this part.

B. The commissioner must use monthly household income to determine the household's eligibility for benefits from income-based state soldiers assistance program activities.

Subp. 3. Income inclusion. The commissioner must include the monthly income of an applicant or a recipient and all members of the applicant's or recipient's household when calculating monthly household income unless the income of the applicant or recipient or a specific household member or income from a specific source is excluded by this chapter.

Subp. 4. Income ownership. The commissioner must count as income any money deposited to a financial account that is jointly owned by:

A. an applicant or a recipient or a member of the applicant's or recipient's household; and

B. a person who is not eligible for benefits unless the money can be attributed to the person who is not eligible for benefits.

Subp. 5. Income limits.

A. When an applicant's or a recipient's monthly household income is a determinant of eligibility for a specific state soldiers assistance program activity, maximum monthly household income limits based on an applicant's or a recipient's household size are provided in the schedule of maximum monthly allowances for the program activity.

B. A household is not eligible for benefits from a state soldiers assistance program activity that is income-based if the household's monthly household income is greater than or equal to its maximum monthly household income limit for the program activity.

Subp. 6. Income documentation.

A. An applicant or a recipient must verify monthly household income by providing the commissioner with any of the following documents:

- (1) payroll statements, financial account statements, and pay receipts;

- (2) federal income tax returns and all schedules for income from self-employment;
- (3) business records;
- (4) benefit award letters, settlement statements, and retirement income distribution statements; or
- (5) other documentation that verifies a household member's income issued by the entity providing the income.

B. An applicant or a recipient must submit the most current income documentation to the commissioner for the number of months over which a type of income is calculated.

C. Documentation submitted by an applicant or a recipient to the commissioner must verify and confirm:

- (1) who the income belongs to or is intended for;
- (2) the source and frequency of the income;
- (3) the entity issuing the income;
- (4) the period covered by the documentation;
- (5) allowed withholdings, reductions, or expenses specific to the type of income; and
- (6) other withholdings, reductions, or expenses allowed in this chapter.

Subp. 7. Earned income.

A. The commissioner must include earned income that is received by, made available to, or is projected for an applicant or a recipient or any member of an applicant's or a recipient's household when calculating monthly household income.

B. The commissioner must include any measurable reduction in expenses provided to a household in lieu of income paid for work, service, effort, or labor as earned income. The amount of earned income included is the amount of the expense reduction.

C. When calculating earned income, the commissioner must reduce the total amount by the following employer withholdings or reductions:

- (1) federal income tax withholdings;
- (2) Federal Insurance Contributions Act (FICA) withholdings for Medicare;
- (3) FICA withholdings for Old Age Survivor and Disability Insurance;
- (4) state income tax withholdings;
- (5) medical, dental, and optical insurance premiums;
- (6) short- and long-term disability insurance premiums;

- (7) employee, spouse, and child life insurance premiums;
- (8) employee accidental death and dismemberment insurance premiums;
- (9) health savings account withholdings;
- (10) child care expense account withholdings;
- (11) transportation expense account withholdings;
- (12) mandatory retirement plan contributions;
- (13) union dues;
- (14) uniform expenses;
- (15) child support withholdings; and
- (16) other withholdings and reductions specifically allowed in this chapter.

D. With the exception of self-employment income, the commissioner must average and include in the monthly household income calculation earned income that was received by or made available to an applicant or a recipient or any member of an applicant's or a recipient's household in the two months before the date of application or will be received by or made available to an applicant or a recipient or any member of an applicant's or a recipient's household within 30 days after the date of application.

Subp. 8. Self-employment income.

A. The commissioner must include self-employment income that is received by or made available to an applicant or a recipient or any member of an applicant's or a recipient's household when calculating monthly household income.

B. Self-employment income includes:

- (1) income from the operation of a business;
- (2) income from farming, including income from:
 - (a) the sale of crops, livestock, or products;
 - (b) production from livestock;
 - (c) the sale of home-produced food;
 - (d) soil conservation payments and other subsidies;
 - (e) land, machine rental, and farm wages paid to the applicant or recipient or an adult member of the household; and
 - (f) other income paid to a household member for farming-related activities;

(3) income from rental property owned by a household member. Space for rent in the primary residence of the household is not rental property;

(4) income from nontraditional housing agreements such as income received from leasing space in the primary residence of the household, room and board provided at the primary residence of the household, and other services provided at the primary residence of the household; and

(5) income resulting from a household member working in a trade or profession independently rather than for an employer.

C. When calculating self-employment income, the commissioner must reduce the total amount by the following withholdings and expenses:

(1) salaries, wages, and bonuses paid by an applicant, a recipient, or any member of an applicant's or a recipient's household to a person who is not a member of the household;

(2) FICA withholdings and federal, state, and local income tax withholdings made on behalf of owners and employees of the business;

(3) workers' compensation insurance premiums and contributions to Minnesota unemployment insurance made on behalf of owners and employees of the business;

(4) business insurance premiums, not to include health insurance;

(5) interest on secured business debts including mortgages, but not including the mortgage on the primary residence of the household or unsecured business debt;

(6) sales and commercial property tax payments;

(7) rent or lease payments for special purpose business vehicles, machinery, equipment, and other business property;

(8) repairs to and maintenance of special purpose business vehicles, machinery, equipment, and property that do not constitute capital expenditures;

(9) utility expenses incurred at business property;

(10) expenses for business supplies necessary for the day-to-day operation of the business that are not purchased for resale;

(11) expenses for seed, fertilizer, and livestock feed and medicines and veterinary care; and

(12) materials and supplies purchased for processing, manufacturing, and sale.

D. The commissioner must not reduce income from nontraditional housing agreements by the withholdings and expenses allowed in this chapter.

E. The commissioner must average over 12 months and include in the monthly household income calculation self-employment income that was received by or made available to an applicant

or a recipient or any member of an applicant's or a recipient's household. If the source of self-employment income has been in operation less than 12 months, self-employment income and expenses must be averaged over the number of months the income source has been in operation.

Subp. 9. Unearned income.

A. When calculating monthly household income, the commissioner must include unearned income that is received by, made available to, or projected for an applicant or a recipient or any member of an applicant's or a recipient's household.

B. Unearned income includes:

- (1) long-term disability benefits in part 9055.0160, subpart 27;
- (2) long-term maintenance benefits in part 9055.0160, subpart 28;
- (3) short-term disability benefits in part 9055.0160, subpart 39;
- (4) interest and dividends from investments and savings and any return on investment taken in cash or cash equivalents;
- (5) capital gains from the sale of any investment or real property;
- (6) proceeds from the sale of personal property;
- (7) proceeds from a contract for deed that are in excess of the principle, interest, taxes, and insurance owed on the property that a household member is responsible for;
- (8) income from trusts and annuities;
- (9) cash prizes and winnings;
- (10) unemployment insurance benefits;
- (11) United States Department of Veterans Affairs vocational rehabilitation benefits and GI bill housing allowances;
- (12) reimbursements for medical or travel expenses issued by the United States Department of Veterans Affairs or other medical assistance program;
- (13) insurance settlements and severance payments;
- (14) cash payments from income maintenance programs;
- (15) Tribal per capita payments;
- (16) child and spousal support payments received by a household member;
- (17) federal and state student financial aid work study income;
- (18) relative custody assistance grants; and

(19) funds received from any source or person not previously referenced and there is no expectation that the funds be repaid, or repayment of the funds has been deferred.

C. When calculating unearned income, the commissioner must reduce the total amount by the following withholdings and reductions:

- (1) federal income tax withholdings or payments;
- (2) state income tax withholdings or payments;
- (3) United States Department of Veterans Affairs life insurance premiums;
- (4) Tricare premiums;
- (5) medical, dental, and optical insurance premiums;
- (6) Medicare premiums; and
- (7) child support withholdings.

D. The commissioner must average and include in the monthly household income calculation any unearned income that was received by or made available to an applicant or a recipient or any member of the applicant's or recipient's household in the two months before the date of application or will be received by or made available to an applicant or a recipient or any member of the applicant's or recipient's household within 30 days after the date of application.

Subp. 10. Seasonal income.

A. When calculating monthly household income, the commissioner must include seasonal income that is received by or made available to an applicant or a recipient or any member of the applicant's or recipient's household.

B. The commissioner must calculate seasonal income using only the months in which the income is received by or made available to an applicant or a recipient or any member of the applicant's or recipient's household.

C. The commissioner must average and include in the monthly household income calculation seasonal income that was received by or made available to an applicant or a recipient or any member of the applicant's or recipient's household in the two months before the income ended.

Subp. 11. Nonrecurring income.

A. When calculating monthly household income, the commissioner must include nonrecurring income that is received by, made available to, or is projected for an applicant or a recipient or any member of the applicant's or recipient's household.

B. Nonrecurring income includes:

- (1) insurance settlements;
- (2) state, federal, and local tax refunds;

- (3) retroactive income maintenance payments;
- (4) retroactive benefit payments;
- (5) accrued earned and unearned income and income from self-employment paid on a onetime or a nonrecurring basis;
- (6) winnings; and
- (7) inheritances.

C. When calculating nonrecurring income, the commissioner must reduce the total amount by the withholdings, reductions, or expenses allowed for the type of income received plus any legal or medical fees or other costs incurred to secure receipt of the income.

D. When calculating monthly household income, the commissioner must include nonrecurring income that will be received by or made available to an applicant or a recipient or any member of the applicant's or recipient's household in a lump sum if the income amount is known and the date of receipt is within 30 days after the date of application.

E. The commissioner must average over 12 months and include in the monthly household income calculation nonrecurring income that is received by or made available to an applicant or a recipient or any member of the applicant's or recipient's household onetime as a lump sum in the two months before the date of application or will be received by or made available to an applicant or a recipient or any member of the applicant's or recipient's household within 30 days after the date of application.

Subp. 12. **Suspended, terminated, or transferred income.** When calculating monthly household income, the commissioner must include the income of an applicant or a recipient or any member of the applicant's or recipient's household that is suspended, terminated, or transferred to a person who is not eligible for benefits unless the income was suspended, terminated, or transferred due to circumstances beyond the applicant's or recipient's or a household member's control.

Subp. 13. **Projected income.**

A. When calculating monthly household income, the commissioner must include the earned or unearned income of an applicant or a recipient and any member of an applicant's household that began on a recurring basis in the 30 days before the date of application or will be received on a recurring basis within the 30 days after the date of application.

B. The commissioner must calculate income projected on a weekly basis by multiplying the weekly amount by 52 pay periods and averaging the result over 12 months.

C. The commissioner must calculate income projected on a biweekly basis by multiplying the biweekly amount by 26 pay periods and averaging the result over 12 months.

D. The commissioner must calculate income projected on a bimonthly basis by multiplying the bimonthly amount by 24 pay periods and averaging the result over 12 months.

Subp. 14. **Excluded income.** When calculating monthly household income, the commissioner must exclude income received by an applicant or a recipient and any member of an applicant's or a recipient's household from the following sources:

- A. supplemental nutrition aid payments (SNAP);
- B. rental security deposit refunds to the household, regardless of whether the deposit was paid by a third party;
- C. proceeds from education grants, scholarships, and student loans;
- D. proceeds from secured or unsecured loans or lines of credit made by a public or private institution, governmental agency, or private person;
- E. funds received for reimbursement, replacement, or rebate of damaged personal or real property when the payments are made from private insurance companies, 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;
- F. benefit payments from the commissioner to correct underpayments in a previous benefit period;
- G. the earned income of a child who is a member of the household and who is a full-time student; and
- H. foster care payments received by the household for persons residing with the household but are who are not eligible to receive benefits from the state soldiers assistance program.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0310 CALCULATING HOUSEHOLD ASSETS.

Subpart 1. Definitions.

- A. The definitions in this subpart apply to this part.
- B. "Assets" means cash and cash equivalents and financial instruments and investment vehicles that are convertible to cash and are owned by or available to an applicant or a recipient or any member of the applicant's or recipient's household.
- C. "Cash and cash equivalents" means coins, currency, checking accounts, savings accounts, and money market accounts, and short-term investments that mature in 30 to 90 days.
- D. "Financial instrument" means any real or virtual document that represents a legal agreement involving any kind of monetary value. Financial instruments are cash or derivative in type and are either equity, debt, or foreign exchange based.

E. "Household assets" means the combined value of the included assets of an applicant or a recipient and any member of an applicant's or a recipient's household.

F. "Investment vehicle" means any financial product used by investors for the purpose of achieving positive returns.

Subp. 2. Household assets.

A. The commissioner must calculate the household assets of an applicant or a recipient according to this part.

B. Income received by an applicant or a recipient or a member of an applicant's or a recipient's household is not considered an asset in the month it is received. Income carried over into the next month becomes an asset.

C. The commissioner must use household assets to determine the household's eligibility for benefits from asset-based state soldiers assistance program activities.

Subp. 3. Asset inclusion and availability.

A. When calculating household assets, the commissioner must include the assets of an applicant or a recipient and any member of an applicant's or a recipient's household, unless an asset is not available or a specific type of asset is excluded by this chapter.

B. An asset is available if the applicant or recipient or the household member can convert the asset to cash.

C. The commissioner must exclude an asset if there is a legally enforceable provision in the agreement between the asset owner and the entity administering the asset that currently prevents the asset owner from converting any portion of the asset to cash.

D. The applicant or recipient must submit documentation to the commissioner from the entity administering the asset that confirms the asset cannot be converted to cash.

E. Taxes, penalties, and fees assessed when converting an asset to cash are not barriers to converting an asset to cash but must be excluded when calculating the value of the asset.

F. Credit available to an applicant or a recipient or any member of the applicant's or recipient's household through a secured or unsecured line of credit or a reverse mortgage is not an asset until funds are distributed and placed in a financial account, financial instrument, or investment vehicle that is convertible to cash.

Subp. 4. Asset ownership.

A. When calculating household assets, the commissioner must equally divide the value of an asset that is jointly owned by:

(1) an applicant or a recipient or any member of the applicant's or recipient's household;
and

(2) a person not eligible for benefits unless the asset is a personal checking or savings account or a different division of asset ownership is confirmed by documentation submitted from the entity administering the asset.

B. When calculating household assets, the commissioner must include the full value of a personal checking or savings account that is jointly owned by:

(1) an applicant or a recipient or any member of the applicant's or recipient's household;
and

(2) a person not eligible for benefits, unless documentation submitted from the entity administering the asset confirms:

(a) the applicant or recipient or the household member has limited access to the funds in the account; or

(b) specific shares of the funds are attributed to the applicant or recipient or the household member and the person not eligible for benefits.

Subp. 5. Asset limits.

A. When an applicant's or a recipient's household assets are a determinant of eligibility for a specific state soldiers assistance program activity, maximum household asset limits based on an applicant's or a recipient's household size are provided in the schedule of maximum monthly allowances for the program activity.

B. A household is not eligible for benefits from a state soldiers assistance program that is asset based if the household's assets are greater than or equal to its maximum household asset limit for the program activity.

C. Transferring household assets for the purpose of attaining program eligibility is prohibited. The commissioner must include the value of improperly transferred assets when calculating household assets.

D. A household may reduce its household assets to attain program eligibility by paying for basic needs if the household's assets are greater than or equal to its maximum household asset limit for an asset-based program on the date of application.

Subp. 6. Asset documentation.

A. An applicant or a recipient must verify household assets with any of the following documents:

(1) statements from the entity administering an asset that verify the funds available in all financial accounts;

(2) statements from the entity administering an asset that verify the cash value of all financial instruments or investment vehicles; or

(3) other documentation from entity administering an asset that accurately verifies the value of an asset.

B. An applicant or a recipient must submit the most current asset documentation to the commissioner for the type of asset that is being calculated.

C. Documentation submitted by an applicant or a recipient must verify and confirm:

(1) the owner of the asset;

(2) the financial institution, employer, agency, or organization administering the asset;

(3) the period covered by the documentation;

(4) the gross value of the asset; and

(5) the taxes, penalties, and fees and other withholdings or reductions incurred if the asset were converted to cash.

Subp. 7. **Allowed withholdings and reductions.** The commissioner must reduce the gross value of an asset by the following withholdings and reductions to calculate the value of the asset that is used to determine the household's eligibility for benefits:

A. projected federal income tax withholdings;

B. projected state income tax withholdings;

C. surrender charges, penalties for early withdrawal, revocation of bonuses or onetime payments, higher fees, or reduced interest guarantees calculated and verified by documentation from the entity administering the asset; and

D. other projected penalties and fees associated with a loan, early distribution, or conversion of an asset to cash calculated and verified by documentation from the entity administering the asset.

Subp. 8. **Excluded assets.** The commissioner must exclude the following types of assets when calculating household assets:

A. irrevocable burial policies or irrevocable trusts;

B. the cash value and other proceeds available from life insurance policies if converting these assets to cash results in termination of coverage; and

C. all financial accounts of minor children if the financial accounts are custodial accounts.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0315 SCHEDULE OF MAXIMUM MONTHLY ALLOWANCES.

A. The schedule of maximum monthly allowances is incorporated by reference. The schedule of maximum monthly allowances is updated and published annually by the commissioner in January of each year and is available in the State Law Library, at the Minnesota Department of Veterans Affairs, Veterans Service Building, St. Paul, Minnesota 55155, or on the Minnesota Department of Veterans Affairs website at <https://mn.gov/mdva/>.

B. The schedule of maximum monthly allowances is updated annually:

(1) to incorporate changes in maximum monthly household income limits and maximum household asset limits; and

(2) to incorporate changes in benefit amounts provided under a state soldiers assistance program activity.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0320 STATE SOLDIERS ASSISTANCE PROGRAM DENTAL AND OPTICAL PROGRAM ACTIVITIES.**Subpart 1. Program purpose.**

A. Upon application approval, the commissioner must provide needed dental and optical care to a veteran and the veteran's dependents.

B. An applicant for dental and optical benefits must meet the requirements of this part and must be a veteran, the surviving spouse of a veteran, or the authorized representative of a surviving dependent of a veteran.

C. This part applies only to the dental and optical program activities.

Subp. 2. Income and asset limits for dental and optical.

A. An applicant's monthly household income and household assets are determinants of eligibility for the dental and optical program activities.

B. Maximum monthly household income limits and maximum household asset limits for the dental and optical program activities are provided in the schedule of maximum monthly allowances for the dental and optical program activity.

C. The commissioner must calculate the monthly household income and household assets of an applicant according to parts 9055.0300 and 9055.0310.

D. To be eligible for benefits under this part, an applicant's monthly household income and household assets must be under the maximum limits.

Subp. 3. Dental and optical benefit periods.

A. The commissioner must establish dental and optical benefit periods not to exceed 150 calendar days during which a recipient of dental or optical benefits is authorized to receive treatment.

B. A recipient may request an extension of a dental or optical benefit period to complete treatment that began before the final day of the benefit period.

C. A recipient must request to extend a dental or optical benefit period through a county veterans service officer, a department field operations claim representative, or a department Tribal veterans service officer.

D. A recipient making a request under this subpart to extend a dental or optical benefit period must submit a written statement to the commissioner not more than 30 days after the current benefit period has ended that explains the need for extending the benefit period.

E. The commissioner must extend the length of a dental or optical benefit period for any of the following reasons that are preventing a recipient from completing dental or optical treatment:

(1) medical conditions that prohibit the recipient from receiving dental or optical treatment;

(2) required wait times between specific dental or optical procedures;

(3) lack of appointment availability with the authorized dental or optical provider; or

(4) unforeseen circumstances that prevent the recipient from completing dental or optical treatment.

F. A recipient must reapply for dental or optical benefits if the current benefit period ended before the recipient began receiving dental or optical treatment.

Subp. 4. Dental and optical authorization letters.

A. The commissioner must issue a dental or optical authorization letter to each recipient of dental or optical benefits.

B. The dental and optical authorization letters must explain:

(1) the first and final days of the benefit period;

(2) the maximum dental or optical benefit amounts; and

(3) the authorized dental or optical provider.

C. A recipient of benefits under this part is authorized to receive treatment only from the provider stated on the current dental or optical authorization letter.

D. The commissioner must issue authorization letters for the dental and optical program activities only for dental and optical providers in Minnesota.

Subp. 5. Dental and optical denial letter.

A. The commissioner must issue a dental or optical denial letter to an applicant who is denied dental or optical benefits.

B. The dental or optical denial letter must explain the reasons for denial and the applicant's right to appeal under part 9055.0290, subpart 8.

C. The commissioner must provide an applicant who is over the maximum monthly household income limit or maximum household asset limit for dental and optical benefits a written explanation of how the applicant's monthly household income and household assets were calculated.

Subp. 6. Provider participation.

A. For a dental or optical provider participating in the dental or optical program activities, the dental or optical provider must:

- (1) comply with this part;
- (2) coordinate treatment and follow-up care with the commissioner for each recipient of dental or optical benefits;
- (3) bill only for the treatment provided; and
- (4) report any conflicts of interest that arise out of providing dental or optical treatment to a person.

B. The commissioner must temporarily suspend a provider's participation in the dental or optical program activities upon initiation of an investigation into provider misconduct.

Subp. 7. Changing providers.

A. A recipient of dental and optical benefits under this part may request to change providers if there is a conflict with the original provider or other circumstances prevent the recipient from completing treatment with the original provider.

B. A recipient requesting to change dental or optical providers must submit the request with a written statement explaining the reasons for changing providers to the commissioner through a county veterans service officer, a department field operations claims representative, or a department Tribal veterans service officer.

C. A recipient may request to change dental or optical providers once during the first benefit period approved under the current application and before treatment has begun. The following conditions apply when changing providers under this item:

- (1) the commissioner must void the current dental or optical authorization letter and terminate the current benefit period of the recipient;
- (2) the commissioner must issue a new dental or optical authorization letter to the recipient, which begins a new benefit period; and

(3) any additional requests to change providers during a new benefit period require approval by the commissioner under items A and B.

D. A recipient may request to change dental or optical providers once during the first benefit period approved under the current application after treatment has begun. The following conditions apply when changing dental or optical providers under this item:

(1) the commissioner must provide written notice to the original provider and the new provider that the request to change providers is approved;

(2) the commissioner must inform the new provider of the benefit amount remaining on the dental or optical authorization letter;

(3) payment for treatment from a new provider is prohibited before commissioner approval under subitems (1) and (2);

(4) retroactive payment for treatment from a new provider before commissioner approval under subitems (1) and (2) is prohibited;

(5) charges incurred at the original provider before the request to change providers is approved have payment priority over charges incurred at a new provider;

(6) once all charges from the original provider are paid, only the remaining balance of the initial benefit amount is available for use with a new provider;

(7) the length of a benefit period remains the same when changing dental or optical providers but can be extended according to subpart 3, items B to E, if necessary;

(8) additional treatment from the original provider is prohibited once a new provider is approved by the commissioner under subitems (1) and (2); and

(9) any additional requests to change providers require approval by the commissioner under items A and B.

Subp. 8. **Adding providers.** A recipient of dental or optical benefits or the dental or optical provider may request to add an additional provider to a current authorization letter. The following conditions apply when adding a dental or optical provider under this subpart:

A. the current provider must submit a written referral for treatment from the added provider to the commissioner before the end of the current benefit period;

B. the commissioner must provide written notice to the current provider and the added provider that the request is approved;

C. the commissioner must inform the current provider and the added provider of the benefit amount remaining on the dental or optical authorization letter and that the remaining benefit amount must be shared between the current provider and the added provider;

D. the commissioner must approve an added provider under items A to C before treatment from the added provider is authorized;

E. retroactive payment for treatment from an added provider before commissioner approval under items A to C is prohibited;

F. the length of the benefit period remains the same when adding a dental or optical provider but can be extended according to subpart 3, items B to E, if necessary; and

G. treatment from the current provider is still authorized if a provider is added to an authorization letter.

Subp. 9. Dental and optical program activities are not insurance.

A. The commissioner must be the last to pay for dental and optical treatment when a recipient of dental and optical benefits is covered by insurance. An applicant for dental or optical benefits must disclose to the commissioner dental or optical insurance coverage.

B. A dental or optical provider must submit an explanation of benefits from the insurance carrier with the corresponding dental or optical claims to the commissioner if a recipient has dental or optical insurance.

C. The commissioner must only pay the amount the covered person is responsible for paying under the terms and conditions of the insurance contract and the laws of Minnesota.

D. The commissioner must pay up to the maximum amount allowed under the dental or optical program activities for treatment not covered by insurance or denied in full by the insurance carrier.

Subp. 10. Benefits provided. The commissioner must administer the dental benefit in two tiers:

A. the first tier of the dental benefit pays up to a maximum benefit amount on an annual basis for specific dental treatment; and

B. the second tier of the dental benefit pays up to a maximum per-lifetime benefit amount for specific types of dental treatment.

Subp. 11. First-tier dental benefit.

A. The commissioner must issue a dental authorization letter to each recipient of the first-tier dental benefit.

B. The maximum annual benefit amount for the first tier of the dental benefit is provided in the schedule of maximum monthly allowances for the dental program activity.

C. The maximum benefit amount is authorized at the start of each first-tier dental benefit period for which a recipient is approved.

D. First-tier dental benefit amounts remaining at the end of a benefit period do not carry over for future use. First-tier dental benefit amounts must not be combined or transferred among household members.

E. The first-tier dental benefit allows for payment of the following treatments:

- (1) examinations, cleanings, and screenings;
- (2) diagnostic procedures;
- (3) fillings and tooth repairs;
- (4) restorative procedures to include bonding, sealants, and veneers;
- (5) crowns, caps, and bridges;
- (6) root canals and other endodontic treatment;
- (7) periodontal treatment;
- (8) prescription medications prescribed by a dental provider; and
- (9) tooth extractions including tissue and bone removal and restoration that are not in preparation for dentures, partial dentures, or a flipper.

F. Dental treatment not covered under the first-tier dental benefit includes:

- (1) orthodontia and orthodontic procedures;
- (2) tooth whitening and cosmetic procedures;
- (3) occlusal guards;
- (4) specialized toothbrushes and other hardware; and
- (5) dental implants.

Subp. 12. Frequency of the first-tier dental benefit.

- A. A recipient is limited to one first-tier dental benefit every 12 months.
- B. A previous recipient is eligible for the first-tier dental benefit 12 months after the first date of service paid for by the commissioner in the recipient's previous benefit period.
- C. A previous recipient must complete a new application for each benefit period and must meet all eligibility requirements for each benefit period.

Subp. 13. Second-tier dental benefit.

A. The commissioner must issue the second-tier dental benefit to a recipient as a maximum per-lifetime benefit amount for specific types of treatment. The second-tier dental benefit allows for payment of:

- (1) tooth extractions including tissue and bone removal and restoration in preparation for dentures, partial dentures, or a flipper; and
- (2) full dentures, partial dentures, or a flipper.

B. The maximum lifetime benefit amount for the second-tier dental benefit is provided in the schedule of maximum monthly allowances for the dental program activity.

C. The maximum benefit amount is authorized at the start of the first second-tier benefit period a recipient is approved for. Second-tier benefit amounts remaining at the end of the first benefit period carry over for future use in subsequent benefit periods until the lifetime benefit amount is exhausted.

D. A previous recipient of a second-tier dental benefit must complete and submit to the commissioner a new application for each second-tier benefit period and meet all eligibility requirements for each benefit period.

E. The commissioner must issue a separate authorization letter each time a recipient is approved for a second-tier dental benefit. Each authorization letter must show the amount that is remaining for the benefit.

F. Second-tier benefit amounts must not be combined or transferred among household members.

G. The maximum benefit amounts for each second-tier dental benefit are exclusive and must not be combined with each other or with the first-tier dental benefit amount.

H. A second-tier dental benefit must be preauthorized by the commissioner before treatment is provided. The original or current dental provider must submit a written request for preauthorization of a second-tier benefit to the commissioner before the end of a current first-tier dental benefit period and before second-tier treatment is provided.

I. A recipient may use the first-tier dental benefit on an annual basis to receive second-tier dental treatment if the maximum lifetime benefit amount for the second-tier dental benefit is exhausted.

Subp. 14. Optical benefits.

A. The optical benefit allows for payment of specific optical treatment under a single tier on an annual basis. The commissioner must issue an optical authorization letter to each recipient of the optical benefit.

B. The maximum annual benefit amount for the optical benefit is provided in the schedule of maximum monthly allowances for the optical program activity.

C. The maximum benefit amount is authorized at the start of each optical benefit period for which a recipient is approved.

D. Optical benefit amounts remaining at the end of a benefit period do not carry over for future use. Optical benefit amounts must not be combined or transferred among household members.

E. Optical treatment covered annually under this subpart is limited to:

- (1) examinations and screenings;
- (2) diagnostic procedures;
- (3) prescription medications prescribed by an ophthalmologist or optometrist; and

- (4) eyewear to include prescription glasses, prescription sunglasses, and contact lenses.
- F. Optical treatment not covered under this subpart includes:
- (1) eye surgery;
 - (2) eyewear accessories to include carrying cases, cleaning kits, and cleaning solutions;
- and
- (3) eyewear warranty or membership programs.

Subp. 15. Frequency of optical benefits.

- A. A recipient is limited to one optical benefit every 12 months.
- B. A previous recipient is eligible for the optical benefit 12 months after the first date of service paid for by the commissioner in the recipient's previous benefit period.
- C. A previous recipient must complete a new application for each benefit period. The person must meet all eligibility requirements for each benefit period.

Subp. 16. Dental and optical payments.

- A. Dental and optical providers must submit dental and optical claims with the information required in item C to the commissioner for payment.
- B. The commissioner must make payments for dental and optical treatment directly to the dental or optical provider.
- C. Dental and optical claims submitted to the commissioner for payment of dental or optical benefits must include and confirm:
 - (1) the name of the recipient receiving treatment;
 - (2) the name of the recipient who applied for benefits;
 - (3) a copy of the dental or optical authorization letter;
 - (4) the dates of service and the treatment provided;
 - (5) the amount charged for each treatment;
 - (6) the provider's name, location, and payment address; and
 - (7) an explanation of benefits from the insurance carrier if the recipient has insurance.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0330 STATE SOLDIERS ASSISTANCE VOUCHER DEPOSIT ASSISTANCE PROGRAM (VDAP) ACTIVITY.

Subpart 1. Program purpose.

A. Upon application approval, the commissioner must provide financial assistance as provided under this part to a veteran and the veteran's dependents who are participants in a publicly funded subsidized housing program.

B. An applicant for the voucher deposit assistance program (VDAP) benefit must meet the requirements of this part and must be a veteran or a surviving spouse of a veteran who has been approved for subsidized housing and is in need of a security or damage deposit to take possession of the approved residence.

C. The entity approving a veteran or a surviving spouse for subsidized housing may verify the residency of the veteran or the surviving spouse if the veteran or surviving spouse does not have the residency verifications required in Minnesota Statutes, section 197.05, paragraph (b).

D. This part applies only to the VDAP activity.

Subp. 2. Benefits provided.

A. The VDAP benefit allows for payment of a security or damage deposit for a veteran or the surviving spouse of a veteran to obtain permanent housing.

B. The VDAP benefit is a once-per-lifetime benefit that is not subject to maximum monthly household income limits or maximum household asset limits.

C. A veteran is authorized to receive the VDAP benefit once in the veteran's lifetime. A surviving spouse of a veteran is authorized one VDAP benefit if the veteran did not receive the benefit while living.

D. The maximum VDAP benefit amount authorized under this part is limited to the amount stated on the veteran's or the surviving spouse's proposed lease agreement for the security or damage deposit and any additional charges and fees required by the property owner or manager for the veteran or surviving spouse to move into the housing.

E. A property owner or manager must reimburse the remaining balance of a security or damage deposit to the veteran or the surviving spouse if the veteran or surviving spouse vacates the residence after having lived at the residence for at least 180 days. The property owner or manager must reimburse the remaining balance of a security or damage deposit to the department if the veteran or surviving spouse vacates the residence before 180 days.

Subp. 3. VDAP approval letter and shelter authorization forms.

A. The commissioner must issue a VDAP approval letter and VDAP shelter authorization form to a veteran or surviving spouse approved for the VDAP benefit.

B. The completed VDAP shelter authorization form is the only billing document accepted by the commissioner for payment of the veteran's or surviving spouse's security or damage deposit.

C. The VDAP approval letter and shelter authorization form must explain and confirm:

- (1) the amount approved for the veteran's or surviving spouse's security or damage deposit;
- (2) the name and address of the owner or manager of the property to be rented; and
- (3) instructions for completing the shelter authorization form.

Subp. 4. VDAP denial letter.

A. The commissioner must issue a VDAP denial letter to a veteran or surviving spouse who is denied the VDAP benefit.

B. The VDAP denial letter must explain the reasons for denial and the veteran's or surviving spouse's right to appeal under part 9055.0290, subpart 8.

Subp. 5. Property owner or manager participation. A property owner or manager participating in the VDAP program must:

- A. comply with this part; and
- B. execute a standard lease agreement with the veteran or surviving spouse and complete the owner or manager portion of the shelter authorization form.

Subp. 6. Changing residences.

A. A veteran or surviving spouse may request to change residences before move in if there is a conflict with the original property owner or manager or the original residence is no longer suitable.

B. A request to change residences must be submitted to the commissioner through a county veterans service officer, a department field operations claims representative, or a department Tribal veterans service officer.

C. A veteran or surviving spouse requesting to change residences must return the original VDAP approval letter and shelter authorization form and submit a written statement to the commissioner explaining the reasons for changing residences.

D. The veteran or surviving spouse must provide updated documentation from the agency approving the veteran or surviving spouse for subsidized housing and a proposed lease agreement with the new property owner or manager.

E. The commissioner must approve the new residence before move in and payment of the security or damage deposit is authorized. Retroactive payment to a different property owner or manager after move in before commissioner approval of the new residence is prohibited.

Subp. 7. VDAP payments.

A. To be eligible for VDAP payments, the veteran or surviving spouse must submit to the commissioner the completed documents required in item C for payment of a VDAP security or damage deposit to the property owner or manager.

B. The commissioner must only make a payment for a VDAP security or damage deposit to the property owner or manager stated on the VDAP shelter authorization form and on the executed lease agreement. The commissioner must make the payment directly to the property owner or manager.

C. Documents that must be submitted to the commissioner for payment of a VDAP security or damage deposit include:

- (1) a copy of the VDAP approval letter;
- (2) the shelter authorization form completed by the veteran or surviving spouse and the property owner or manager; and
- (3) a copy of the executed lease agreement signed by both the veteran or surviving spouse and the property owner or manager.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0340 STATE SOLDIERS ASSISTANCE PROGRAM DISASTER RELIEF PROGRAM ACTIVITY.**Subpart 1. Program purpose.**

A. Upon application approval, the commissioner must provide financial assistance as provided under this part to the following eligible persons who have been adversely affected by a declared emergency as defined in Minnesota Statutes, section 12.03, subdivision 1e:

- (1) a veteran and the veteran's dependents; and
- (2) a member of the armed forces called from reserve status to extended federal active duty per Minnesota Statutes, section 196.05, subdivision 1, clause (9), and the member's dependents.

B. To be eligible for the disaster relief benefit, an applicant must meet the requirements of this part and be:

- (1) a veteran;
- (2) a surviving spouse of a veteran; or
- (3) a member of the armed forces called from reserve status to extended federal active duty per Minnesota Statutes, section 196.05, subdivision 1, clause (9).

C. Two veterans married to each other are each authorized to receive the disaster relief benefit for a declared emergency.

D. This part applies only to the disaster relief program activity.

Subp. 2. **Activation of disaster relief program activity.** The commissioner must make available the disaster relief program activity benefits in the event of a declared emergency as defined in Minnesota Statutes, section 12.03, subdivision 1e, and the governor issues an emergency executive order authorizing the commissioner to provide benefits under this part.

Subp. 3. **Residency requirement.** To be eligible for financial assistance under this part, an applicant must meet the residency requirements of Minnesota Statutes, section 197.05, paragraph (b), and live in a county included in the governor's emergency executive order.

Subp. 4. **Frequency of disaster relief benefits.**

A. The number of times an individual is eligible for the disaster relief benefit for a declared emergency is determined by the impact and duration of a declared emergency.

B. If a declared emergency is a single incident, only one disaster benefit is authorized.

C. If a declared emergency is extended under Minnesota Statutes, section 12.31, more than one disaster relief benefit is authorized.

Subp. 5. **Benefits provided.**

A. The disaster relief benefit is limited to:

(1) financial assistance to offset a reduction in monthly household income or household assets due to a declared emergency;

(2) financial assistance to pay for an increase in costs or expenses due to a declared emergency; or

(3) financial assistance with costs and expenses incurred to repair or restore a primary residence or property the primary residence is built on that is vital to the structural integrity of the primary residence and is damaged in a declared emergency.

B. Eligibility for the disaster relief benefit is not subject to maximum monthly household income limits or maximum household asset limits.

C. The maximum benefit amount for each declared emergency and the costs and expenses covered under the disaster relief benefit are based on the impact and duration of a declared emergency.

D. The maximum benefit amount for a declared emergency applies only to that emergency and expires at the end of the benefit period for the emergency. Amounts remaining at the end of the benefit period do not carry over for future use.

E. The commissioner must pay the disaster relief benefit as either a payment or reimbursement to the recipient, a payment to an entity to which payment is due for costs and

expenses covered under the disaster relief benefit, or a payment to a vendor or contractor for work performed or services provided to repair or restore the recipient's primary residence or property the primary residence is built on that is vital to the structural integrity of the primary residence.

F. The disaster relief benefit must not be used to reimburse or pay for repairs and restorations covered in full by private insurance or covered by other state and federal agencies or programs.

Subp. 6. Responsibility for repair and restoration.

A. Property authorized for repair and restoration under the disaster relief benefit is limited to:

(1) a dwelling that is owned or leased by a recipient or recipient's spouse and is the household's primary residence; and

(2) property the primary residence is built on that is owned by the recipient or recipient's spouse and is vital to the structural integrity of the primary residence.

B. Property affected by a declared emergency that is owned by the recipient or recipient's spouse must be the household's primary residence and must be homesteaded.

C. Repair and restoration of business and agricultural buildings or property not vital to the structural integrity of the primary residence is not eligible for the disaster relief program benefit under this part.

D. A recipient or recipient's spouse who is leasing the affected property must demonstrate to the commissioner a responsibility to repair and restore the property in the terms of the lease agreement.

E. A recipient must submit any of the following documents to the commissioner for the purposes of proving the recipient or recipient's spouse is an owner or lessee of the property and confirming the property is homesteaded:

- (1) a certificate of title;
- (2) a deed;
- (3) a current mortgage statement;
- (4) the current year's property tax statement;
- (5) a contract for deed; or
- (6) a standard lease agreement.

F. The commissioner must prorate repair and restoration costs and expenses according to part 9055.0280, subparts 4 and 5, if:

(1) the recipient or recipient's spouse owns or leases the property with a person age 18 or older who is not eligible for the disaster relief benefit; and

(2) joint liability for the property and its repair and restoration is shared with the person.

G. The commissioner must not prorate repair and restoration costs and expenses if the person not eligible for the disaster relief benefit relinquishes ownership or ceases to lease the property or is no longer liable for the property and its repair and restoration.

Subp. 7. Disaster relief benefit period.

A. The disaster relief benefit period:

(1) is based on the impact and duration of a declared emergency; and

(2) is the period during which the commissioner must issue disaster relief benefits.

B. Reimbursement or payment for costs and expenses incurred on the first and final days of the benefit period is authorized.

C. A recipient of the disaster relief benefit may request an extension of the benefit period to complete repairs or restorations to the primary residence or property the primary residence is built on that is vital to the structural integrity of the primary residence.

D. A recipient must request to extend a disaster relief benefit period through a county veterans service officer, a department field operations claim representative, or a department Tribal veterans service officer.

E. A recipient making a request under this subpart to extend a disaster relief benefit period must submit a written statement to the commissioner explaining the need for extending the benefit period before the current benefit period has ended.

F. The commissioner must extend the length of a disaster relief benefit period for any of the following reasons preventing a recipient from completing the needed repairs or restorations to the primary residence or property the primary residence is built on that is vital to the structural integrity of the primary residence:

(1) a lack of or unavailability of vendors or contractors to provide needed services;

(2) a delay in receiving insurance settlement funds; or

(3) unforeseen circumstances preventing the recipient from completing repairs or restorations.

Subp. 8. Disaster relief approval letter.

A. The commissioner must issue a disaster relief approval letter to a recipient of the disaster relief benefit.

B. The disaster relief authorization letter must explain:

(1) the start and end dates of the benefit period;

(2) the maximum benefit amount authorized;

(3) the types of costs and expenses covered under the disaster relief benefit;

(4) the final day upon which proof of a reduction in monthly household income or household assets or an increase in covered costs and expenses due to a declared emergency must be submitted to the commissioner; and

(5) the final day upon which proof of costs and expenses incurred to repair or restore the primary residence or property the primary residence is built on that is vital to the structural integrity of the primary residence that is damaged in a declared emergency must be submitted to the commissioner.

Subp. 9. Disaster relief denial letter.

A. The commissioner must issue a disaster relief denial letter to an applicant who is denied the disaster relief benefit.

B. The disaster relief denial letter must explain the reasons for denial and the applicant's right to appeal under part 9055.0290, subpart 8.

Subp. 10. Vendor and contractor participation. A vendor or contractor participating in the disaster relief program must:

A. comply with this part;

B. have the appropriate licensure to perform the work or provide the services contracted for; and

C. bill only for the work completed or services provided.

Subp. 11. Disputes between vendor or contractor and household.

A. The commissioner is not a party to disputes between a vendor or contractor and a recipient of the disaster relief benefit over the quality of work performed or services provided.

B. The commissioner must withhold payment to a vendor or contractor until the work is completed or services are provided if a recipient informs the commissioner that a vendor or contractor is seeking payment but has failed to perform or provide any of the work or services.

Subp. 12. Disaster relief payments.

A. For reimbursement or payment under this part, a recipient must submit to the commissioner proof of:

(1) a reduction in monthly household income;

(2) a reduction in household assets; or

(3) an increase in costs or expenses covered under the disaster relief benefit due to the declared emergency.

B. The commissioner must make a reimbursement or payment directly to a recipient to offset the reduction in monthly household income or household assets or directly to entities to which payment is due for costs and expenses covered under the disaster relief benefit.

C. Proof, as required by item A, and any receipts, invoices, or billing statements or other documentation submitted to the commissioner for reimbursement or payment of disaster relief benefits under item B must include and confirm:

(1) the recipient's household experienced as a result of the declared emergency a reduction in monthly household income, a reduction in household assets, or an increase in costs or expenses covered under the disaster relief benefit;

(2) the name, location, and payment address of the entity to which payment is due for covered costs and expenses; and

(3) proof that the recipient or recipient's spouse is responsible for paying for the covered costs and expenses.

Subp. 13. Disaster relief payments for property damage.

A. A recipient, vendor, or contractor must submit to the commissioner proof of the costs and expenses incurred for the repair or restoration of a primary residence or property the primary residence is built on that is vital to the structural integrity of a primary residence for reimbursement or payment under this part.

B. The commissioner must make reimbursements or payments directly to the recipient or to a vendor or contractor for work performed or services provided.

C. Proof, as required by item A, and any receipts, invoices, or billing statements or other documentation submitted to the commissioner for reimbursement or payment of disaster relief benefits under item B must include and confirm:

(1) the recipient incurred and paid the costs and expenses to repair and restore a primary residence or property the primary residence is built on that is vital to the structural integrity of a primary residence;

(2) the dates the repair and restoration costs were incurred;

(3) an itemized breakdown of the costs and expenses of work performed, or services provided if a vendor or contractor is requesting direct payment;

(4) the name, location, and payment address of a vendor or contractor providing services;

(5) proof of vendor or contractor licensure to provide services; and

(6) proof of homeowner's or renter's insurance, payments received from the insurance carrier, and any deductible applied to the amount paid by the insurance carrier.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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**9055.0350 STATE SOLDIERS ASSISTANCE PROGRAM SUBSISTENCE PROGRAM
ACTIVITY - GENERAL.**

Subpart 1. Program purpose.

A. Upon application approval, the commissioner must provide short-term financial subsistence assistance as provided in this part to part 9055.0440 to a veteran and the veteran's dependents under the following circumstances:

(1) a veteran is experiencing a medical condition that prevents the veteran from working at the veteran's current or most recent occupation for at least 30 days;

(2) a surviving spouse is experiencing a medical condition that prevents the surviving spouse from working at the surviving spouse's current or most recent occupation for at least 30 days; or

(3) a surviving spouse applies for subsistence within the 12-month period following a veteran's death.

B. An applicant for subsistence must meet the requirements of this part to part 9055.0430, meet the requirements of part 9055.0435 or 9055.0440, and be a veteran or the surviving spouse of a veteran.

C. Parts 9055.0350 to 9055.0440 apply only to the subsistence program activity.

Subp. 2. Other assistance programs. An applicant or a recipient who at the time of application is receiving or begins to receive cash benefits from the general assistance (GA) program, emergency general assistance (EGA) program, diversionary work program (DWP), or Minnesota family investment program (MFIP) is not eligible for subsistence.

Subp. 3. Benefits provided.

A. The commissioner must administer subsistence in three tiers:

(1) the first tier of subsistence provides a monthly cash benefit paid directly to a recipient for the purpose of meeting the recipient's basic and personal needs;

(2) the second tier of subsistence provides a monthly shelter benefit for the purposes of paying a recipient's shelter costs; and

(3) the third tier of subsistence provides assistance for a recipient's monthly utilities and health insurance premiums.

B. "Benefit amount," for the purposes of the subsistence program activity benefit, means the total amount provided by the first- and second-tier benefits.

Subp. 4. **Benefit periods.** The commissioner must administer subsistence in 30-day benefit periods. The commissioner must make a determination of eligibility before each benefit period. A maximum of six 30-day benefit periods are authorized unless additional periods are approved by the commissioner under part 9055.0435, subpart 4, or 9055.0440, subpart 3.

Subp. 5. **Subsistence approval letter.**

A. The commissioner must issue a subsistence approval letter to a recipient for each benefit period that is approved.

B. The subsistence approval letter must explain and confirm:

- (1) the first and final days of the benefit period;
- (2) the cash and shelter benefit amounts authorized for the benefit period; and
- (3) the utility charges and health insurance premiums or COBRA benefits authorized for the benefit period.

Subp. 6. **Subsistence shelter authorization form.**

A. The commissioner must issue a subsistence shelter authorization form to a recipient of the shelter benefit and who is leasing the primary residence.

B. The completed shelter authorization form is the only billing document that is accepted for payment of the recipient's shelter benefit if the recipient is leasing the primary residence.

C. The shelter authorization form must explain and confirm:

- (1) the instructions for completing the form;
- (2) the shelter benefit amount;
- (3) the first and final days of the benefit period; and
- (4) the name and address of the property owner or manager.

Subp. 7. **Subsistence denial letter.**

A. The commissioner must issue a subsistence denial letter to an applicant or a recipient who is denied subsistence.

B. The subsistence denial letter must explain the reasons for denial and the applicant's or recipient's right to appeal under part 9055.0290, subpart 8.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0360 SUBSISTENCE INCOME AND ASSET LIMITS.**Subpart 1. Maximum household asset limits.**

A. An applicant's or a recipient's household assets are a determinant of eligibility for the subsistence program activity.

B. Maximum household asset limits for the subsistence program activity are provided in the schedule of maximum monthly allowances for the subsistence program activity.

C. The commissioner must calculate an applicant's or a recipient's household assets before the first benefit period and before each subsequent benefit period according to part 9055.0310.

D. An applicant's or a recipient's household assets must be under the maximum household asset limit to be eligible for the first benefit period and each subsequent benefit period.

Subp. 2. Maximum monthly cash benefit amounts. Maximum monthly cash benefit amounts are based on an applicant's or a recipient's household size and are provided in the schedule of maximum monthly allowances for the subsistence program activity.

Subp. 3. Payment history and legal obligation to pay shelter costs.

A. An applicant or a recipient must have a current legal obligation to pay shelter costs and provide documentation verifying the applicant or recipient paid shelter costs in the 12 months before the date of application for subsistence to be eligible for the monthly shelter benefit.

B. An applicant or a recipient who does not meet the requirements of item A may incur shelter costs and remain eligible for the monthly shelter benefit, if necessary, to attain permanent housing and the commissioner confirms the applicant or recipient is homeless or on the homeless veteran registry.

Subp. 4. Maximum monthly shelter benefit amounts.

A. An applicant's or a recipient's maximum monthly shelter benefit amount is equal to the actual monthly shelter costs of the applicant's or recipient's primary residence if the following conditions are met:

(1) documentation submitted to the commissioner confirms the applicant or recipient or the applicant's or recipient's spouse is a lessee of the primary residence and the monthly shelter costs are for leasing the primary residence; or

(2) documentation submitted to the commissioner confirms the applicant or recipient or the applicant's or recipient's spouse is an owner of the primary residence, the primary residence is homesteaded, and the monthly shelter costs are the result of purchasing, owning, or maintaining the primary residence.

B. The commissioner must limit the maximum monthly shelter benefit amount for an applicant or a recipient residing under the terms of a nontraditional housing agreement to the shelter benefit amounts provided in the schedule of maximum monthly allowances for the subsistence program activity.

C. The commissioner must prorate the maximum monthly shelter benefit amount according to part 9055.0280, subparts 4 and 5, if:

(1) the applicant or recipient or the applicant's or recipient's spouse owns or leases the primary residence with a person age 18 or older who is not eligible for subsistence; and

(2) joint liability for the primary residence and associated shelter costs is shared with the person.

D. The commissioner must not prorate the maximum monthly shelter benefit amount if the person not eligible for subsistence relinquishes ownership or ceases to lease the primary residence or is no longer liable for the primary residence and the associated shelter costs.

Subp. 5. Allowed shelter costs.

A. When calculating an applicant's or a recipient's maximum monthly shelter benefit amount using the actual monthly shelter costs of the applicant's or recipient's primary residence, the commissioner must include the following costs:

(1) base rent payments for the primary residence to include garage rental;

(2) monthly rent for pets and onsite storage units at the primary residence if incurred before the date of application for subsistence;

(3) the portion of an applicant's or recipient's base rate at an assisted living facility, as defined by Minnesota Statutes, section 144G.08, subdivision 7, that constitutes rent;

(4) lot rent payments for a mobile or manufactured home;

(5) primary mortgage payments limited to principle, interest, and escrow payments;

(6) home equity loan payments if the loan was taken before the date of application for subsistence to buy, build, restore, or maintain the habitability or accessibility of the primary residence;

(7) contract for deed payments;

(8) monthly housing association dues;

(9) property taxes for the current year reduced to an average monthly amount;

(10) monthly homeowners' insurance premiums;

(11) monthly renters' insurance premiums; and

(12) amounts allocated for utilities if a fixed amount is stated as part of the base rent in the lease agreement.

B. The commissioner must not include the following costs when calculating an applicant's or a recipient's shelter benefit:

(1) past due shelter costs and associated late charges and fees;

(2) assisted living services, as defined by Minnesota Statutes, section 144G.08, subdivision 9, provided in an assisted living contract that are over and above the base rent for the primary residence;

(3) unsecured loans or home equity loans that were taken after the date of application for subsistence;

(4) home equity lines of credit, regardless of the reason for taking the line of credit; and

(5) monthly fees for optional on-site services and privileges over and above the base rent for the primary residence that are not specifically included in this item.

C. An applicant or a recipient must submit any of the following documents to the commissioner to prove the applicant or recipient or the applicant's or recipient's spouse is a lessee of the primary residence or an owner of the primary residence and the property is homesteaded:

(1) a certificate of title;

(2) a deed;

(3) a current mortgage statement;

(4) the current year's property tax statement;

(5) a contract for deed; or

(6) a written standard residential lease agreement.

D. An applicant or a recipient who is currently leasing the primary residence but does not have a current lease agreement must execute a written standard residential lease agreement that states the applicant's or recipient's actual shelter costs used to establish the applicant's or recipient's maximum monthly shelter benefit amount. The commissioner must accept the executed lease agreement signed by the applicant or recipient and the property owner or manager if the applicant or recipient provides proof to the commissioner of paying the actual shelter costs stated on the executed lease agreement in the 12 months before the date of application for subsistence.

E. An applicant or a recipient must provide proof to the commissioner of paying the actual shelter costs stated on the executed lease agreement with any of the following documents:

(1) a statement from the property owner or manager;

(2) past rent receipts;

(3) cleared checks; or

(4) other documentation that provides proof that an applicant or a recipient is paying the actual shelter costs.

Subp. 6. Shelter subsidies.

A. The commissioner must reduce an applicant's or a recipient's maximum monthly shelter benefit by the amount of any recurring shelter subsidy the applicant or recipient is receiving.

B. The commissioner must not reduce an applicant's or a recipient's maximum monthly shelter benefit by the amount of a nonrecurring shelter subsidy.

Subp. 7. Changing residences. A recipient may request to change primary residences while receiving subsistence. Actual shelter costs at the new residence must be used to calculate the maximum monthly shelter benefit if the provisions of subpart 4, item A, are met and the monthly shelter costs at the new residence do not exceed the costs at the previous residence.

Subp. 8. Maximum monthly household income limits.

A. An applicant's or a recipient's monthly household income is a determinant of eligibility for the subsistence program activity.

B. The commissioner must calculate the maximum monthly household income limit of an applicant or a recipient by adding the applicant's or recipient's maximum monthly cash benefit amount to the maximum monthly shelter benefit amount calculated according to subparts 4 and 5.

C. The commissioner must calculate an applicant's or a recipient's monthly household income before the first benefit period and before each subsequent benefit period according to part 9055.0300.

D. To be eligible for the first benefit period and each subsequent benefit period, the commissioner must certify that an applicant's or a recipient's monthly household income is under the maximum monthly household income limit.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0370 SUBSISTENCE ELIGIBILITY DETERMINATIONS.**Subpart 1. Eligibility for first benefit period.**

A. The commissioner must take the following actions to determine an applicant's eligibility for subsistence benefits for the first benefit period.

(1) The commissioner must confirm:

(a) the applicant is experiencing a documented medical condition that prevents the applicant from working at the applicant's current or most recent occupation for at least 30 days; or

(b) the date of application is within the 12 months after the veteran has passed away.

(2) The commissioner must calculate the applicant's household assets and monthly household income to determine eligibility for the first benefit period.

(3) The commissioner must exclude income received before the first benefit period through the end of the first benefit period from the monthly household income calculation if the income has ended due to the applicant's medical condition or a veteran's death.

B. An applicant's household assets and monthly household income must be less than the maximum household asset limit and maximum monthly household income limit to be eligible for the first benefit period.

Subp. 2. Eligibility for subsequent benefit periods.

A. A recipient of subsistence must make a request for subsistence benefits for the next benefit period to the commissioner through a county veterans service officer, department field operations claims representative, or department Tribal veterans service officer.

B. A recipient must notify the commissioner in writing of:

- (1) any changes affecting the need for assistance;
- (2) any changes in the recipient's medical condition or employment status;
- (3) any changes in the household size or composition;
- (4) any changes in the recipient's shelter costs;
- (5) household assets at the end of the current benefit period;
- (6) household income received during the current benefit period; and
- (7) the status of pending applications for short- or long-term benefits the recipient has applied for and assistance from other entities for which the recipient has applied.

C. A county veterans service officer, a department field operations claims representative, or a department Tribal veterans service officer must submit a written recommendation to the commissioner for a recipient's next benefit period.

D. The commissioner must take the following actions to determine a recipient's eligibility for the next benefit period:

- (1) the commissioner must confirm reported changes in the recipient's medical condition or employment status;
- (2) the commissioner must ensure the recipient has applied for all long-term maintenance benefits and all short-term disability benefits under parts 9055.0435, subparts 10, items A and B, and 11, items A and B; and 9055.0440, subpart 5, items A and B, and that an initial determination has not been rendered or benefits have not been paid by the entity responsible for administering the benefit; and
- (3) the commissioner must recalculate the recipient's household assets at the end of the current benefit period and calculate the recipient's monthly household income received during the current benefit period to determine eligibility for the next benefit period.

E. The recipient's household assets at the end of the current benefit period and the recipient's monthly household income received during the current benefit period must be less than the recipient's maximum household asset limit and maximum monthly household income limit to be eligible for the next benefit period.

Subp. 3. Applicants or recipients over income or asset limits.

A. An applicant or a recipient is not eligible for subsistence if the applicant's or recipient's monthly household income or household assets are greater than or equal to the applicant's or recipient's maximum monthly household income limit or maximum household asset limit.

B. The commissioner must provide an applicant or a recipient over the maximum monthly household income limit or maximum household asset limit with an explanation of the following:

(1) how the applicant's or recipient's maximum monthly household income limit and maximum household asset limit are established; and

(2) how the applicant's or recipient's monthly household income and household assets were calculated.

C. An applicant or a recipient who is not eligible for assistance in the current benefit period is authorized to receive assistance in the next benefit period if the applicant's or recipient's monthly household income and household assets are less than the maximum limits.

D. The commissioner must close an applicant's or a recipient's subsistence if the applicant or recipient is not eligible for two consecutive benefit periods.

E. An applicant or a recipient who is over the maximum household asset limit may reduce household assets to become eligible for subsistence if the reduction is to meet the household's basic needs.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0380 MAXIMUM SUBSISTENCE BENEFIT AMOUNTS AND REDUCTIONS.

Subpart 1. **Maximum subsistence authorized benefit amount.** The maximum subsistence benefit amount for a benefit period must be equal to an applicant's or a recipient's maximum monthly household income limit if the applicant's or recipient's monthly household income at the beginning of the benefit period is \$0.

Subp. 2. **Determining benefit amounts for individual benefit periods.** The commissioner must calculate the benefit amount an applicant or a recipient is authorized to receive in a benefit period by reducing the maximum authorized benefit amount by the applicant's monthly household income calculated on the date of application for the first benefit period or by the recipient's monthly household income received in the previous benefit period for subsequent benefit periods.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0390 SUBSISTENCE UTILITY AND HEALTH INSURANCE AND COBRA BENEFITS.

A. For a recipient and members of the recipient's household if the recipient's benefit amount is greater than \$0, the commissioner must provide subsistence assistance for:

- (1) utility costs incurred at a recipient's primary residence; and
- (2) health insurance premiums or COBRA payments.

B. The commissioner must prorate benefit amounts for utility charges, health insurance premiums, and COBRA payments according to part 9055.0280, subpart 5, if the legal obligation to pay for these items is shared with a person who is not eligible to receive subsistence.

C. The commissioner must assign subsistence assistance for utility charges, health insurance premiums, and COBRA payments to a specific benefit period. Subsistence assistance is limited to the current charges, applicable taxes, and other fees and charges in the billing cycle.

D. Subsistence assistance with past due amounts, late charges, or fees incurred before the start of the first benefit period is prohibited.

E. The commissioner must provide subsistence assistance only for the amount due stated on a billing document if the amount due is less than the current charges, applicable taxes, and other authorized fees and charges for the billing cycle.

F. The commissioner must provide subsistence assistance for the monthly amount budgeted for utility charges, applicable taxes, and other authorized fees and charges due for a billing cycle that is assigned to a specific benefit period if a recipient is on a budget payment plan.

G. The commissioner must provide subsistence assistance for payments required to balance an account for utility charges that are due during a billing cycle that is assigned to a specific benefit period if a recipient is on a budget payment plan.

H. The commissioner must evenly distribute amounts due for utility charges, health insurance premiums, and COBRA payments with billing cycles longer than 30 days over the number of benefit periods covered by the billing cycle.

I. The commissioner must assign utility charges, health insurance premiums, and COBRA payments to a benefit period if:

- (1) the date of the billing documents falls within the benefit period;
- (2) the payment due date falls within the benefit period; or
- (3) any portion of the billing cycle, dates of service, or coverage period falls within the benefit period.

J. The commissioner must provide subsistence assistance for multiple utility charges, health insurance premiums, and COBRA payments at once if each payment meets the requirements of this subpart and is assigned to a specific benefit period.

K. Billing documents that have been altered or tampered with must not be accepted for payment of utility charges, health insurance premiums, or COBRA payments.

L. The commissioner must not duplicate payments for utility charges, health insurance premiums, or COBRA payments if a recipient receives assistance from another entity for the payments.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

History: *46 SR 928*

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9055.0395 SUBSISTENCE - NATURAL GAS, ELECTRICITY, TELEPHONE, AND INTERNET SERVICE.

Subpart 1. Natural gas and electricity service.

A. The commissioner must provide subsistence assistance to eligible recipients for natural gas and electricity service.

B. Subsistence benefits under this subpart are limited to:

(1) monthly recurring usage charges and fees for natural gas and electricity service established before the date of application for subsistence;

(2) charges for appliance maintenance or replacement plans that are part of a recipient's monthly natural gas or electric bill if the plan was in place before the date of application for subsistence; and

(3) monthly charges for voluntary programs funding clean energy initiatives, energy conservation programs, and programs for low-income energy assistance.

Subp. 2. Telephone service.

A. The commissioner must provide subsistence assistance to eligible recipients for either landline or cellular telephone service but not both.

B. Subsistence assistance under this subpart is limited to:

(1) monthly recurring service and usage charges and fees for telephone service that was established before the date of application for subsistence; and

(2) local, state, and federal taxes and surcharges for telephone service.

Subp. 3. Internet service.

A. The commissioner must provide subsistence assistance to eligible recipients for Internet service.

B. Subsistence under this subpart is limited to:

(1) monthly recurring service charges and fees for Internet service that are established before the date of application for subsistence;

(2) Internet and voice equipment rental charges; and

(3) local, state, and federal taxes and fees for Internet service.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0400 SUBSISTENCE - BULK FUEL SERVICE.

A. The commissioner must provide subsistence assistance to eligible recipients for bulk fuel service.

B. Bulk fuel deliveries must be authorized by the commissioner before delivery to the recipient's primary residence. The commissioner must determine the quantities approved based on the recipient's usage rates in the same months of the previous year.

C. The commissioner must authorize the minimum delivery quantity and equally distribute the amount over the number of past, current, or future benefit periods a recipient is eligible for if the quantity of bulk fuel calculated for a benefit period does not meet a vendor's minimum delivery requirements.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0405 SUBSISTENCE - WATER AND SEWER SERVICE.

A. The commissioner must provide subsistence assistance to eligible recipients for municipal water and sewer services.

B. Benefits under this part are limited to:

(1) monthly recurring usage charges and fees for municipal water and sewer service established before the date of application for subsistence;

(2) fixed operational costs;

(3) infrastructure maintenance and system improvements;

(4) charges and fees associated with water softener systems that were installed before the date of application for subsistence;

(5) monthly charges for voluntary programs funding clean water initiatives and water conservation programs; and

(6) programs for low-income assistance.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0410 SUBSISTENCE - SANITATION SERVICE.

A. The commissioner must provide subsistence assistance to eligible recipients for sanitation services.

B. Benefits under this part are limited to:

(1) monthly recurring charges for trash and recycling; and

(2) nonrecurring charges for the removal of additional trash or large unwanted items.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0415 SUBSISTENCE - HEALTH INSURANCE AND COBRA BENEFITS.

A. The commissioner must provide assistance with health insurance or COBRA benefits that have lapsed if the insurance carrier accepts payment to restore coverage.

B. Health insurance premiums automatically deducted from the earned or unearned income of an applicant or a recipient or an applicant's or a recipient's spouse must not be duplicated by the commissioner.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0420 SUBSISTENCE - SHELTER, UTILITIES, HEALTH INSURANCE, AND COBRA PAYMENTS.

A. A recipient must submit to the commissioner receipts, invoices, billing statements, and shelter authorization forms for the purposes of paying the recipient's shelter costs, utility charges, health insurance premiums, or COBRA payments.

B. The commissioner must make payments for shelter costs, utility charges, health insurance premiums, and COBRA benefits directly to the entities to which payment is due.

C. Documents submitted to the commissioner for payment of shelter costs, utility charges, health insurance premiums, or COBRA payments must confirm:

(1) the address of the property where the shelter costs and the utility charges are incurred, and the property is the recipient's primary residence;

(2) the recipient or recipient's spouse is an owner or lessee of the primary residence and is legally responsible for payment of the shelter costs and the utility charges at the residence;

(3) all shelter costs, utility charges and fees, taxes and surcharges, the date of the billing document, the payment due date, the dates of service, and the dates of the billing period;

(4) the shelter and utility vendors' names, addresses, payment addresses if different, and phone numbers;

(5) the health insurance premium or COBRA payment amount, the date of the billing document, the payment due date, and the dates of the coverage period; and

(6) the health insurance carrier's or the COBRA administrator's name, address, payment address if different, and phone number.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0430 SUBSISTENCE - OVERPAYMENT STATUS.

A. An individual receiving subsistence assistance benefits in an amount greater than what is authorized for a benefit period is in overpayment status.

B. If the overpayment is a result of a preceding benefit period, the commissioner must correct the overpayment by withholding or reducing the benefits of future benefit periods under the current application.

C. A recipient in overpayment status is barred from receiving future benefits from any state soldiers assistance program activity until the overpayment is corrected.

D. Denying or reducing benefits that a person would be eligible for under future applications does not correct an overpayment.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0435 STATE SOLDIERS ASSISTANCE PROGRAM SUBSISTENCE - BASED ON MEDICAL CONDITION.**Subpart 1. Applicant requirements.**

A. An applicant for subsistence under this part must be:

(1) a veteran experiencing a medical condition that prevents the veteran from working at the veteran's current or most recent occupation for at least 30 days; or

(2) a surviving spouse of a veteran experiencing a medical condition that prevents the surviving spouse from working at the surviving spouse's current or most recent occupation for at least 30 days.

B. An applicant for subsistence under this part must meet the requirements of this part and parts 9055.0350 to 9055.0430.

C. Parts 9055.0350 to 9055.0435 apply only to subsistence based on an applicant's medical condition.

Subp. 2. Medical conditions.

A. An applicant must provide to the commissioner documentation of a medical condition from one of the following licensed medical providers to be eligible for subsistence under this part:

(1) doctors of medicine (MDs);

(2) physicians assistants;

(3) nurse practitioners;

(4) psychiatrists;

(5) psychologists;

(6) doctors of osteopathic medicine (DOs);

(7) doctors of chiropractic; or

(8) any other medical provider designated by the commissioner and licensed by the state.

B. A licensed medical provider must determine if an applicant's medical condition in its current state is acute or chronic and that the effects of the medical condition prevent the applicant from working in the applicant's current or most recent occupation for at least 30 days.

C. The commissioner must consider multiple documented medical conditions to be equal in duration and independently preventing an applicant from working in the applicant's current or most recent occupation unless stated otherwise by the medical provider.

Subp. 3. Medical documentation.

A. An applicant for benefits under this part must submit to the commissioner the required medical documentation as described under either item B or C. The medical documentation must be completed by a licensed medical provider.

B. Medical documentation must confirm the following for each medical condition the applicant is experiencing:

- (1) the underlying diagnoses, illnesses, injuries, and physical findings;
- (2) whether the medical condition is chronic or acute;
- (3) the date of onset of the medical condition;
- (4) whether the medical condition prevents the applicant from working in the applicant's current or most recent occupation for at least 30 days;
- (5) how long the medical condition is expected to last and when the applicant is expected to be fit for work in the applicant's current or most recent occupation;
- (6) whether the applicant is following a prescribed treatment plan;
- (7) whether the applicant was or is hospitalized or is in an in-patient treatment program and any future appointment dates;
- (8) whether the applicant's medical condition is the result of an accident or injury covered by insurance or workers' compensation; and
- (9) the medical provider's name, credentials, and signature; and the clinic name, address, telephone number; and the date the documentation was completed.

C. An applicant may submit medical documentation that does not meet all requirements of item B and a determination of eligibility must be made for the first benefit period if the applicant is in need of immediate financial assistance to meet the applicant's basic needs. At a minimum, the medical documentation must confirm:

- (1) the underlying diagnosis, illness, injury, and physical findings; and
- (2) if the medical condition prevents the applicant from working at the applicant's current or most recent occupation for at least 30 days.

Medical documentation meeting the requirements of item B must be submitted to the commissioner before the second benefit period is issued.

Subp. 4. Benefit periods.

A. An applicant must be experiencing a medical condition that prevents the applicant from working at the applicant's current or most recent occupation for at least 30 days to be eligible for the first benefit period.

B. The commissioner must calculate the number of additional benefit periods by dividing the number of days until the recipient is fit to work in the recipient's current or most recent occupation by 30 and rounding the result up to the next whole number.

C. Subsistence under this part is limited to six benefit periods under a single application for subsistence unless additional benefit periods are approved by the commissioner under Minnesota Statutes, section 197.05, paragraph (a), and either of the following conditions are met:

(1) a recipient has applied for all long-term maintenance benefits and short-term disability benefits under subparts 10, items A and B, and 11, items A and B, and an initial determination has not been rendered or benefits have not been paid by the entity responsible for administering the benefit; or

(2) a recipient is expected to be fit to work in the recipient's current or most recent occupation, but the recipient requires additional benefit periods before being cleared by a medical provider to return to work.

Subp. 5. Start of subsistence. The commissioner must begin a recipient's benefit periods on one of the following dates if all other eligibility requirements have been met:

A. the date the recipient stopped working due to a documented medical condition if it is 30 days or less before the completion of the medical documentation and the medical documentation is completed 30 days or less before the date of application;

B. the date of the medical documentation if it is completed 30 days or less before the date of application;

C. the date of application; or

D. the earliest date after the date of application when all eligibility requirements have been met.

Subp. 6. Program limits.

A. Subsistence under this part is prohibited for a chronic medical condition that existed before or at the same time as a medical condition an applicant previously received subsistence for unless the applicant experienced a documented injury in the 30 days before the date of application causing an acute episode of the condition.

B. Subsistence under this part is limited to not more than a cumulative total of six benefit periods for the same medical condition in a person's lifetime unless additional benefit periods are approved by the commissioner under subpart 4, item C.

Subp. 7. Long-term disability benefits. An applicant who is receiving a long-term disability benefit is not eligible for subsistence under this part.

Subp. 8. Minnesota unemployment insurance. An applicant who is receiving benefits from the Minnesota unemployment insurance program administered by the Department of Employment and Economic Development (DEED) is not eligible for subsistence under this part.

Subp. 9. Work and earnings requirements.

A. An applicant must meet the following work and earnings requirements to be eligible for subsistence under this part:

(1) the applicant last worked in the 12 months before the date of application for subsistence; and

(2) the applicant's earnings in the 12 months before having last worked were enough to earn four Social Security credits.

B. An applicant who has worked in the 12 months before the date of application for subsistence under this part, but did not earn enough in the 12 months before having last worked, must meet the following conditions to be eligible for subsistence under this part:

(1) the applicant last worked in the 30 days before the date of application; and

(2) the applicant stopped working due to the applicant's medical condition.

C. An applicant who has not worked in the 12 months before the date of application must have to previously received workers' compensation and the workers' compensation ended in the 12 months before the date of application.

D. An applicant experiencing concurrent acute medical conditions is not required to meet the work and earnings requirements of this part under the following conditions:

(1) simultaneous treatment of each medical condition is not feasible; and

(2) the time between treating each condition is less than 30 days between recovery periods.

E. For the purposes of this part, an applicant who is a veteran and who is a member of the National Guard or another reserve component of the United States armed forces does not meet the minimum work requirement if the only work performed in the 12 months before the date of application is attendance at monthly unit training assemblies and the 15 days of required annual training. This provision applies regardless of the applicant's earnings.

F. For the purposes of this part, an applicant who is a veteran and who is a member of the National Guard or another reserve component of the United States armed forces and who was ordered to active duty or active duty for training in addition to the 15 days of required annual training in the 12 months before the date of application meets the minimum work requirement if the applicant's earnings were enough to earn four Social Security credits.

Subp. 10. Long-term maintenance benefits.

A. A recipient of subsistence under this part must apply for all long-term maintenance benefits the recipient is eligible to apply for if the recipient's medical condition is expected to prevent the recipient from working in the recipient's current or most recent occupation for 180 days or longer.

B. A recipient of subsistence under this part must submit proof to the commissioner of application for a long-term maintenance benefit required under item A before receiving the second benefit period.

C. The commissioner must suspend subsistence under this part after the first benefit period if a recipient has not applied for a long-term maintenance benefit required under items A and B. The commissioner must close subsistence under this part 30 days after the end of the first benefit period if the recipient has not applied for a long-term maintenance benefit.

D. An applicant or a recipient is eligible for subsistence under this part while waiting on an initial determination of eligibility or receipt of payment of a long-term maintenance benefit from the entity administering the benefit.

E. An applicant already receiving a long-term maintenance benefit, with the exception of a long-term disability benefit, is eligible for subsistence under this part.

F. A recipient approved for a long-term maintenance benefit, with the exception of a long-term disability benefit, remains eligible for subsistence under this part if the recipient continues to meet the requirements of this part.

G. A recipient of subsistence under this part whose medical condition is service connected through the United States Department of Veterans Affairs must apply for:

- (1) an increase in the current disability rating of the condition; or
- (2) a temporary 100 percent disability rating if the medical condition is expected to prevent the recipient from working in the recipient's current or most recent occupation for 180 days or longer.

Subp. 11. Short-term disability benefits.

A. A recipient of subsistence under this part must apply for all short-term disability benefits the recipient is eligible to apply for, regardless of the expected duration of the recipient's medical condition.

B. A recipient of subsistence under this part must submit proof to the commissioner of application for short-term disability benefits required under item A before receiving the second benefit period.

C. The commissioner must suspend subsistence under this part after the first benefit period if a recipient has not applied for short-term disability benefits required under items A and B. The commissioner must close subsistence under this part 30 days after the end of the first benefit period if the recipient has not applied for short-term disability benefits.

D. An applicant or a recipient is eligible for subsistence under this part while waiting on an initial determination of eligibility or receipt of payment of a short-term disability benefit from the entity administering the benefit.

E. An applicant already receiving a short-term disability benefit is eligible for subsistence under this part.

F. A recipient approved for a short-term disability benefit remains eligible for subsistence under this part if the recipient continues to meet the requirements of this part.

Subp. 12. Use of available income and other payroll.

A. A recipient of subsistence under this part must use accrued paid time off, vacation time, and sick time available from the recipient's current or most recent employer regardless of the expected duration of the recipient's medical condition.

B. A recipient must submit to the commissioner documentation from the recipient's current or most recent employer that confirms the recipient is using the available paid time off, vacation time, or sick time required under item A before receiving the second benefit period.

C. The commissioner must suspend subsistence under this part after the first benefit period if a recipient has not applied for use of accrued paid time off, vacation time, and sick time as required under items A and B. The commissioner must close subsistence under this part 30 days after the end of the first benefit period if the recipient has not applied for use of accrued paid time off, vacation time, and sick time.

D. A recipient who receives income from accrued paid time off, vacation time, or sick time is eligible for subsistence under this part if the recipient continues to meet the requirements of this part.

Subp. 13. Compensated work therapy. For purposes of this part, an applicant completing inpatient treatment and beginning compensated work therapy through the United States Department of Veterans Affairs is not considered to have returned to work or resumed employment. Earnings from compensated work therapy in excess of \$50 per benefit period are considered income and must be reported to the commissioner.

Subp. 14. Light duty, limited hours, or work with restrictions. An applicant or a recipient who is able to work at the applicant's or recipient's current or most recent occupation in a light-duty capacity, or with reduced hours or with restrictions, is not eligible for subsistence under this part unless the applicant or recipient submits documentation from the employer confirming the employer will not accommodate the light-duty requirements, reduced hours, or restrictions.

Subp. 15. Return to work, resumption of employment or self-employment.

A. For purposes of this part, a recipient who returns to work in any occupation and capacity whether employed, self-employed, part time, or full time is not eligible for subsistence under this part beyond the current benefit period.

B. For purposes of this part, a recipient who is a veteran and who is a member of the National Guard or another reserve component of the United States armed forces may attend all required unit training assemblies and up to 15 days of required annual training and not be considered to have returned to work or resumed employment. A recipient who is a veteran and who is ordered to active

duty or active duty for training that exceeds the 15 days of required annual training is considered to have returned to work.

Subp. 16. **Termination of benefits.** The commissioner must close subsistence under this part under any of the following conditions:

A. the recipient's medical provider has prescribed a treatment plan, and the provider confirms the recipient is not following the treatment plan;

B. the recipient has received the number of benefit periods authorized by the medical documentation, plus any additional periods approved by the commissioner under subpart 4, item C;

C. the recipient returns to the workforce in any occupation or capacity;

D. the recipient begins receiving a long-term disability benefit; or

E. the recipient no longer meets the requirements of this part.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

History: *46 SR 928*

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9055.0440 STATE SOLDIERS ASSISTANCE PROGRAM - DUE TO DEATH OF A VETERAN.

Subpart 1. Applicant requirements.

A. An applicant for subsistence under this part must be a surviving spouse of a veteran.

B. To receive subsistence benefits under this part, a surviving spouse must apply for subsistence within 12 months after the veteran's death.

C. To receive subsistence benefits under this part, a surviving spouse must meet the requirements of this part and parts 9055.0350 to 9055.0430.

D. This part and parts 9055.0350 to 9055.0430 apply only to subsistence benefits based on a veteran's death.

Subp. 2. **Residency requirement.** A deceased veteran must have met the residency requirements of Minnesota Statutes, section 197.05, paragraph (b), for the veteran's dependents to be eligible for subsistence benefits under this part.

Subp. 3. **Benefit periods.** Subsistence benefits under this part are limited to six benefit periods unless:

A. additional benefit periods are approved by the commissioner under Minnesota Statutes, section 197.05, paragraph (a);

B. the surviving spouse has applied for all long-term maintenance benefits the surviving spouse is eligible to apply for as required in subpart 5, items A and B; and

C. an initial determination has not been rendered or benefits have not been paid by the entity administering the benefit.

Subp. 4. **Start of subsistence.** The commissioner must begin a surviving spouse's benefit periods under this part on one of the following dates if all other eligibility requirements have been met:

A. the date the veteran passed away if it is 30 days or less before the date of application;

B. the date of application; or

C. the earliest date after the date of application when all eligibility requirements have been met.

Subp. 5. **Long-term maintenance benefits.**

A. A surviving spouse must apply for:

(1) an increase in any long-term maintenance benefit the surviving spouse is currently receiving; and

(2) all long-term maintenance benefits for which the surviving spouse is eligible to apply.

B. A surviving spouse must submit to the commissioner proof of application for long-term maintenance benefits as required in item A before receiving the second benefit period.

C. The commissioner must suspend subsistence benefits under this part after the first benefit period if the surviving spouse has not applied for long-term maintenance benefits as required in items A and B. The commissioner must close subsistence benefits under this part 30 days after the end of the first benefit period if the surviving spouse has not applied for long-term maintenance benefits as required.

D. A surviving spouse is eligible for subsistence benefits under this part while waiting on an increase in a long-term maintenance benefit the surviving spouse currently receives or an initial determination of eligibility and receipt of payment of a long-term maintenance benefit the surviving spouse has applied for from the entity administering the benefit.

E. A surviving spouse already receiving a long-term maintenance benefit that is not affiliated with the veteran is eligible for subsistence benefits under this part.

F. If a surviving spouse is approved for an increase in a long-term maintenance benefit the surviving spouse is already receiving and the increase is not due to the veteran's death, the surviving spouse remains eligible for subsistence under this part if the surviving spouse continues to meet the requirements of this part.

Subp. 6. **Termination of benefits.** The commissioner must close subsistence under this part under any the following conditions:

A. the surviving spouse has received six benefit periods plus any additional periods approved by the commissioner under subpart 3;

B. the surviving spouse begins receiving a long-term maintenance benefit the surviving spouse was not receiving at the time of veteran's death;

C. the surviving spouse receives an increase in a long-term maintenance benefit the surviving spouse is already receiving and the increase is due to the veteran's death; or

D. the surviving spouse no longer meets the requirements of this part.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

History: *46 SR 928*

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9055.0445 STATE SOLDIERS ASSISTANCE PROGRAM VETERANS' EDUCATION BENEFITS.

Subpart 1. Definitions.

A. For the purpose of this part, "eligible veteran" means a veteran as defined by Minnesota Statutes, section 197.447, who meets the requirements of Minnesota Statutes, section 197.75, subdivision 1, paragraph (g), clauses (1) to (4), and who has not earned a bachelor's degree or equivalent.

B. For the purpose of this part, "eligible institution" means a postsecondary educational institution meeting the requirements of Minnesota Statutes, section 197.75, subdivision 1, paragraph (e).

Subp. 2. Program purpose.

A. Upon application approval, the commissioner must provide educational assistance to an eligible veteran who is attending an eligible institution.

B. To qualify for education benefits under this part, an applicant for education benefits must meet the requirements of this part and be an eligible veteran as defined in subpart 1.

C. An eligible veteran who has already attained a bachelor's or equivalent degree is not eligible for education benefits under this part.

D. This part applies only to the veterans' education program activity.

Subp. 3. **Benefits provided.** The benefit provided under this part is limited to a single payment for tuition in an amount up to \$750 paid by the commissioner to an eligible institution or reimbursed to an eligible veteran.

Subp. 4. Application for veteran education benefits.

A. The commissioner must issue the education benefit to an eligible veteran as a onetime benefit.

B. To be eligible for benefits under this part, an eligible veteran must submit a completed application and the required supporting documentation to the commissioner before the final day of the term or semester for which the eligible veteran is requesting benefits.

C. Payment is prohibited for a term or semester ending before the commissioner receives a completed application and supporting documentation.

Subp. 5. Veteran education authorization letter.

A. The commissioner must issue an education authorization letter to an eligible veteran approved for education benefits under this part. The commissioner must issue only one education authorization letter to an eligible veteran.

B. The education authorization letter must confirm the eligible veteran is approved for education benefits in the form of a onetime payment for tuition to the eligible institution stated on the authorization letter or reimbursement for tuition the eligible veteran paid to the eligible institution stated on the authorization letter.

C. An education authorization letter is valid only for the eligible institution stated on the authorization letter.

Subp. 6. Veteran education denial letter.

A. The commissioner must issue a veteran education denial letter to a veteran who is denied education benefits under this part.

B. A veteran education denial letter must explain the reasons for denial and the veteran's right to appeal under part 9055.0290, subpart 8.

Subp. 7. Veteran education payments.

A. To receive education payments under this part, an eligible institution must submit documentation to the commissioner with its request for payment of the eligible veteran's tuition.

B. The eligible veteran must submit documentation to the commissioner with the request for reimbursement for tuition paid to the eligible institution.

C. The commissioner must make reimbursements or payments for tuition directly to a veteran or eligible institution.

D. Documentation submitted for payment or reimbursement of tuition must confirm the following:

- (1) the eligible veteran's name;
- (2) the amount requested for payment or reimbursement of tuition;

- (3) the name and payment address of the eligible institution the eligible veteran is attending;
- (4) the start and end date of the term or semester for which benefits are being requested;
- (5) the eligible veteran attended the institution stated on the education authorization letter during the term or semester for which tuition is being requested; and
- (6) the eligible veteran attended and paid tuition to the eligible institution stated on the education authorization letter for the term or semester if reimbursement for tuition paid is requested.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

History: *46 SR 928*

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9055.0450 STATE SOLDIERS ASSISTANCE PROGRAM SURVIVING CHILDREN'S AND SPOUSE'S EDUCATION BENEFITS.

Subpart 1. Definitions.

A. For the purposes of this part, "deceased veteran" means a veteran as defined by Minnesota Statutes, section 197.447, who meets the requirements of Minnesota Statutes, section 197.75, subdivision 1, paragraph (c).

B. For the purposes of this part, "eligible child" means a person defined by Minnesota Statutes, section 197.75, subdivision 1, paragraph (d), clauses (1) and (2), and who otherwise meets the requirements of this part.

C. For the purposes of this part, "eligible institution" means an educational institution meeting the requirements of Minnesota Statutes, section 197.75, subdivision 1, paragraph (e).

D. For the purposes of this part, "eligible spouse" means a person defined by Minnesota Statutes, section 197.75, subdivision 1, paragraph (f), who was legally married, as recognized by the state of Minnesota, to a deceased veteran at the time of the deceased veteran's death and who has not remarried and who otherwise meets the requirements of this part.

Subp. 2. Program purpose.

A. Upon application approval, the commissioner must provide educational assistance to an eligible child or an eligible spouse of a deceased veteran. An eligible child or eligible spouse must be attending an eligible institution.

B. An applicant for education benefits must meet the requirements of this part and be an eligible child or eligible spouse as defined in subpart 1.

C. This part applies only to the surviving children's and spouse's education program activity.

Subp. 3. Eligible children and spouses.

A. A spouse of a deceased veteran who has remarried is not eligible for education benefits under this part.

B. An eligible child of a deceased veteran who is a stepchild must have acquired the status of a stepchild before the age of 18 years and been a member of the veteran's household at the time of the veteran's death to be eligible for education benefits under this part.

C. An eligible child of a deceased veteran who is adopted must have been legally adopted before the age of 18 years to be eligible for education benefits under this part.

D. An eligible child of a deceased veteran who is married is eligible for education benefits under this part.

E. An eligible child or eligible spouse who has already attained a bachelor's or equivalent degree is not eligible for education benefits under this part.

Subp. 4. Frequency and application for surviving children's and spouse's education benefits.

A. The commissioner must issue education benefits to an eligible child or eligible spouse as a once-per-fiscal-year benefit.

B. To be eligible for benefits under this part, an eligible child or eligible spouse must submit a completed application and the required supporting documentation to the commissioner between July 1 up to and including June 30 of the fiscal year the eligible child or eligible spouse is requesting benefits for.

C. Payment is prohibited for a term or semester that began and ended in a fiscal year for which there was not an application and supporting documentation submitted to the commissioner.

Subp. 5. Benefits provided.

A. Benefits provided under this part are limited to:

(1) up to a \$750 stipend per fiscal year paid to an eligible institution or reimbursed to an eligible child or eligible spouse for tuition, fees, room and board, books, and supplies; and

(2) a waiver of tuition at all Minnesota public eligible institutions for an eligible child or eligible spouse until the eligible child or eligible spouse attains a bachelor's or equivalent degree.

B. An eligible child or eligible spouse who is not attending a Minnesota public eligible institution is not eligible for a waiver of tuition but is eligible for the \$750 stipend per fiscal year for tuition, fees, room and board, books, and supplies.

Subp. 6. Surviving children's and spouse's education authorization letter.

A. The commissioner must issue an education authorization letter to each eligible child and eligible spouse receiving education benefits.

B. The education authorization letter must confirm the eligible child or eligible spouse is approved for benefits and is eligible for waiver of tuition if attending a Minnesota public eligible institution, and the final day of the fiscal year covered by the authorization letter.

C. The education authorization letter is valid only at the education institution indicated on the authorization letter.

D. The commissioner must issue only one education authorization letter per fiscal year to an eligible child or eligible spouse, unless the eligible child or eligible spouse submits documentation to the commissioner that confirms attendance at multiple eligible institutions is required to continue in a chosen degree program.

E. An eligible child or eligible spouse who is attending more than one eligible institution is eligible for only one \$750 stipend per fiscal year.

Subp. 7. Surviving children's and spouse's education denial letter.

A. The commissioner must issue a surviving children's and spouse's education denial letter to a surviving child or surviving spouse who is denied education benefits.

B. A surviving children's and spouse's education denial letter must explain the reasons for denial and the surviving child's or surviving spouse's right to appeal under part 9055.0290, subpart 8.

Subp. 8. Surviving children's and spouse's education payments.

A. The eligible institution must submit documentation to the commissioner with its request for payment of the eligible child's or eligible spouse's tuition, fees, and charges for room and board, books, and supplies.

B. The eligible child or eligible spouse must submit documentation to the commissioner with the request for reimbursement of tuition, fees, and charges for room and board, books, and supplies.

C. The commissioner must make reimbursements or payments for tuition, fees, and charges for room and board, books, and supplies directly to an eligible child, eligible spouse, or eligible institution.

D. Documentation submitted for payment or reimbursement must include a copy of the education authorization letter and an itemized breakdown of fees and charges for tuition, room and board, books, and supplies and confirm the following:

- (1) the eligible child's or eligible spouse's name;
- (2) the amount requested for payment or reimbursement of fees and charges for tuition, room and board, books, and supplies;
- (3) the name and payment address of the eligible institution the eligible child or eligible spouse is attending;

- (4) the start and end dates of the terms or semesters that benefits are requested for;
- (5) the terms and semesters that benefits are requested for begin or end within the fiscal year;
- (6) the eligible child's or eligible spouse's attendance at the eligible institution during the fiscal year; and
- (7) the eligible child or eligible spouse paid the tuition, fees, room and board, books, and supplies at the eligible institution if the eligible child or eligible spouse is requesting reimbursement.

Statutory Authority: *MS s 14.06; 196.04; 196.05; 197.03; 197.05; 197.06; 197.75*

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9055.0455 STATE SOLDIERS ASSISTANCE PROGRAM VETERAN'S RELIEF GRANT PROGRAM ACTIVITY.

Subpart 1. Program purpose.

A. Upon application approval, the commissioner must provide financial assistance as provided under this part to a veteran, a veteran's dependents, and a member of the armed forces called from reserve status to extended federal active duty per Minnesota Statutes, section 196.05, subdivision 1, clause (9), and the member's dependents who are experiencing financial difficulty.

B. An applicant for a veteran's relief grant must meet the requirements of this part and be:

- (1) a veteran;
- (2) a surviving spouse of a veteran; or
- (3) a member of the armed forces called from reserve status to extended federal active duty per Minnesota Statutes, section 196.05, subdivision 1, clause (9).

C. This part applies only to the veteran's relief grant program activity.

Subp. 2. Frequency of veteran's relief grant.

- A. The veteran's relief grant is administered as a once-per-lifetime benefit.
- B. An applicant whose veteran's relief grant is approved or partially approved and payment has been made for any item or expense is no longer eligible for a veteran's relief grant.
- C. A veteran is authorized one veteran's relief grant.
- D. A surviving spouse of a veteran is authorized one veteran's relief grant if the veteran did not receive a veteran's relief grant while living.

E. A member of the armed forces called from reserve status to extended federal active duty is authorized one veteran's relief grant while on active duty but is not eligible for a second veteran's relief grant once:

- (1) released from active duty;
- (2) separated from the armed forces; or
- (3) discharged from the armed forces.

F. A veteran married to another veteran is eligible for one veteran's relief grant. A veteran married to another veteran is not eligible for a second veteran's relief grant as the surviving spouse of a veteran.

Subp. 3. **Benefits provided.** Benefits provided through a veteran's relief grant are limited to financial assistance for:

A. items and expenses to include work and services provided by vendors and contractors that are directly related to meeting an applicant's basic needs or preventing the loss of a basic need; and

B. items and expenses that further an applicant's financial self-sufficiency and ability to meet the applicant's basic needs.

Subp. 4. **Verification of need for assistance.**

A. An applicant must submit a written statement and supporting documentation to the commissioner that explains the circumstances of the applicant's situation and need for assistance and includes a plan for attaining financial self-sufficiency.

B. The commissioner must calculate an applicant's monthly household income and household assets to determine the applicant's need for assistance.

C. The commissioner must confirm the requested assistance is to:

(1) pay for items or expenses authorized in this part and are essential to meeting the applicant's basic needs;

(2) prevent the loss of a basic need; or

(3) further the applicant's self-sufficiency and ability to meet the applicant's basic needs.

D. The commissioner must confirm the applicant has a legal obligation to pay for the items and expenses for which assistance is requested.

Subp. 5. **Financial self-sufficiency.**

A. An applicant must be financially self-sufficient or on a path to financial self-sufficiency if the needed assistance is provided to be approved for a veteran's relief grant.

B. An applicant who does not meet the requirements of item A is eligible for a veteran's relief grant if one of the following conditions is met:

(1) the need for assistance is immediate and the requested assistance is necessary to house the applicant or to prevent the applicant from becoming homeless; or

(2) the circumstances create an emergency as defined by Minnesota Statutes, section 16C.02, subdivision 6b, that poses a direct threat to the health or safety of the applicant.

C. The commissioner must calculate an applicant's current monthly household income and current household assets to determine if the applicant will be financially self-sufficient or on a path to financial self-sufficiency beyond the needed assistance.

D. The commissioner must consider only the monthly household income and household assets of an applicant and members of the applicant's household when determining financial self-sufficiency.

E. The commissioner must only consider the portion of an item or expense that an applicant or the applicant's spouse is responsible for paying if the applicant or the applicant's spouse shares responsibility for the item or expense with a person who is not authorized to receive a veteran's relief grant.

F. An applicant who is not financially self-sufficient must attend financial counseling for the purpose of attaining financial self-sufficiency and eligibility for a veteran's relief grant.

G. An applicant must apply for any long-term maintenance benefit the applicant or a member of the applicant's household meets the requirements for and apply for assistance from other entities and submit proof of application to the commissioner.

H. The commissioner must consider the following factors when determining if an applicant is financially self-sufficient or on a path to financial self-sufficiency beyond the needed assistance:

(1) the applicant's monthly household income compared to the cost of the household's basic needs;

(2) the current employment status of the applicant and members of the applicant's household; and

(3) the current status of long-term maintenance benefits and assistance from other entities the applicant and members of the applicant's household have applied for.

Subp. 6. **Maximum grant amounts.** The commissioner must determine an applicant's maximum grant amount based on the following:

A. the circumstances of the applicant's situation and need for financial assistance and the amount of assistance required to meet the applicant's basic needs;

B. if the applicant is financially self-sufficient or will be on a path to financial self-sufficiency if the needed assistance is provided; and

C. if the needed amount of assistance is within the budgetary constraints of state soldiers assistance funding.

Subp. 7. Full approval, partial approval, and denial of a veteran's relief grant.

A. For purposes of this part:

(1) "full approval" of an applicant's veteran's relief grant means that the benefit amount approved by the commissioner for each item and expense in the grant request is the full amount that was requested by the applicant for each item and expense;

(2) "partial approval" of an applicant's veteran's relief grant means:

(a) not all items and expenses in the grant request were approved; or

(b) the full benefit amount that was requested for an item or expense was not approved; and

(3) "denial" of an applicant's veteran's relief grant request means that no item or expense in the grant request was approved for any amount.

B. An applicant may decline a veteran's relief grant that is fully approved or partially approved and retain the right to apply for a veteran's relief grant in the future if the commissioner does not make a payment for any item or expense in the current veteran's relief grant request.

Subp. 8. Veteran's relief grant approval letter.

A. The commissioner must issue a veteran's relief grant approval letter to an applicant whose veteran's relief grant request is approved or partially approved.

B. The veteran's relief grant approval letter must explain:

(1) the total amount of assistance requested;

(2) the amount requested for each item or expense;

(3) the total amount of assistance approved by the commissioner;

(4) the amount approved by the commissioner for each item or expense; and

(5) an explanation of the commissioner's decision.

Subp. 9. Veteran's relief grant denial letter.

A. The commissioner must issue a veteran's relief grant denial letter to an applicant whose veteran's relief grant request is denied or partially approved.

B. The veteran's relief grant denial letter must state each item or expense that is denied or partially approved and explain the reasons for denial or partial approval and the applicant's right to appeal under part 9055.0290, subpart 8.

Subp. 10. Addenda.

A. A recipient may submit an addendum for additional assistance only for an item or expense that was approved or partially approved in the recipient's original veteran's relief grant request.

B. A recipient must submit an addendum through a county veterans service officer, department field operations claims representative, or department Tribal veterans service officer.

C. A recipient must submit an addendum for an item or expense to the commissioner as soon as the need for additional assistance is evident.

D. A recipient must submit a written statement to the commissioner explaining the need for additional assistance and include an updated estimate or bill from the vendor or contractor performing work or providing a service and an explanation of the circumstances preventing the recipient from paying the additional amount.

E. A recipient must submit the addendum to the commissioner before receiving additional services or the completion of any additional work that incurs charges above the initial amount approved.

Subp. 11. Items and expenses covered under a veteran's relief grant.

A. The following items and expenses are eligible for financial assistance under this part:

- (1) appliance purchase, repair, or replacement at the recipient's primary residence;
- (2) vehicle repairs, payments, and insurance premiums for the recipient's primary vehicle;
- (3) books required for college courses for the recipient or another household member;
- (4) tools required to perform the recipient's employment or employment training;
- (5) hearing aids for the recipient or another household member;
- (6) medical claims, health insurance premiums, and COBRA payments for the recipient or another household member;
- (7) daycare expenses;
- (8) dental claims for, or treatment of, life-threatening dental conditions for the recipient or another household member;
- (9) home repairs, modifications, and wheelchair ramps required to restore or maintain habitability or accessibility at the recipient's primary residence;
- (10) a security or damage deposit for a recipient to attain permanent housing;
- (11) base rent payments for a recipient's primary residence to include garage rental;
- (12) the portion of a recipient's base rate at an assisted living facility, as defined by Minnesota Statutes, section 144G.08, subdivision 7, that constitutes rent;

- (13) lot rent payments for a mobile or manufactured home that is the recipient's primary residence;
- (14) primary mortgage payments, limited to principle, interest, and escrow payments for the recipient's primary residence;
- (15) home equity loan payments if the loan was taken to buy, build, restore, or maintain the habitability or accessibility of the recipient's primary residence;
- (16) contract for deed payments for the recipient's primary residence;
- (17) monthly townhome and condominium association dues for the recipient's primary residence;
- (18) homeowner's insurance premiums for the recipient's primary residence;
- (19) renter's insurance premiums for the recipient's primary residence;
- (20) property taxes and assessments for the recipient's primary residence;
- (21) expenses associated with the recipient moving to or within the state for health or financial reasons;
- (22) a recipient's storage unit rental in the state that is necessary to facilitate the person's move to or within the state;
- (23) utilities at the recipient's primary residence, including gas and electric charges, bulk fuel charges, water and sewer charges, sanitation charges, and telephone and Internet charges;
- (24) HVAC repairs and replacement required to maintain habitability of the recipient's primary residence; and
- (25) water heaters, wells, and septic systems required to maintain habitability of the recipient's primary residence.

B. An applicant may request assistance for an item or expense not covered in this subpart and the commissioner must approve, partially approve, or deny the request. The commissioner must not provide an exception for prohibited items or expenses in subpart 12.

C. Assistance is prohibited for work or services that have already been completed or provided by a vendor or contractor or for items the applicant has already purchased and paid for or incurred an obligation to pay for unless the circumstances of the situation posed a direct threat to the applicant's health, safety, and financial stability.

D. Work or services to be provided under a veteran's relief grant must be completed within 90 days of the date the grant is approved. The recipient and the vendor or contractor must submit a written statement to the commissioner explaining the reasons for any delay in completing the work or providing the services and the newly projected completion date.

Subp. 12. **Items and expenses not covered under a veteran's relief grant.** Financial assistance is prohibited under this part for the following items or expenses:

- A. airfare;
- B. dental claims for treatment not related to a life-threatening condition;
- C. funerals;
- D. nursing home costs;
- E. assisted living services, as defined by Minnesota Statutes, section 144G.08, subdivision 9, provided in an assisted living contract that are over and above the base rent for the primary residence;
- F. personal loans, credit cards, and all lines of credit;
- G. unsecured loans and home equity loans that were not taken to buy, build, restore, or maintain the habitability or accessibility of the recipient's primary residence;
- H. home equity lines of credit, regardless of the reason for the line of credit;
- I. student loans;
- J. state and federal income taxes;
- K. child support payments;
- L. entertainment subscriptions that are part of a recipient's cable or satellite services; and
- M. any fine, legal fee, or reinstatement fee.

Subp. 13. Items and expenses related to real or personal property.

A. Assistance with an item or expense stemming from owning or leasing personal property is authorized under this part under the following conditions:

- (1) the recipient or recipient's spouse is an owner or lessee of the property; and
- (2) the recipient or recipient's spouse has a legal obligation to pay for the property or pay for the item or the expense resulting from owning or leasing the property.

B. Assistance with an item or expense stemming from owning or leasing real property is authorized under the following conditions:

- (1) the recipient or recipient's spouse is an owner or lessee of the property;
- (2) the property is the primary residence of the recipient;
- (3) the property is homesteaded if owned by the recipient or recipient's spouse; and
- (4) the recipient or recipient's spouse has a legal obligation to pay for owning or leasing the property or pay for the item or the expense stemming from owning or leasing the property.

C. The commissioner must accept any of the following documents to confirm a recipient or recipient's spouse is an owner or a lessee of real or personal property:

- (1) a certificate of title;
- (2) a deed;
- (3) a current mortgage statement or billing statement;
- (4) the current year's property tax statement;
- (5) a contract for deed; or
- (6) a standard lease agreement.

Subp. 14. Prorating veteran's relief grant benefits.

A. The commissioner must prorate a grant amount for a shared item or shared expense in accordance with part 9055.0280, subparts 4 and 5, if a recipient or recipient's spouse shares joint liability for the item or expense with a person who is not eligible to receive a veteran's relief grant.

B. A grant amount for a shared item or shared expense that is the direct result of owning or leasing real or personal property must be prorated if:

- (1) the recipient or recipient's spouse owns or leases the property with a person age 18 or older who is not eligible for a veteran's relief grant; and
- (2) joint liability for the property, item, or expense is shared with the person.

C. The commissioner must not prorate grant amounts if the person not eligible for a veteran's relief grant relinquishes ownership or ceases to lease the property or is no longer liable for the property or the shared item or shared expense.

Subp. 15. Assistance with shelter costs.

A. An applicant must have a current legal obligation to pay shelter costs and provide documentation verifying that the applicant paid shelter costs in the 12 months before the date of application for the veteran's relief grant to be eligible for assistance with shelter costs under the veteran's relief grant program activity.

B. An applicant who does not meet the requirements of item A may incur shelter costs and is eligible to receive assistance if necessary to attain permanent housing and the commissioner confirms the applicant is homeless or on the homeless veteran registry.

C. An applicant who is currently leasing the primary residence but does not have a current lease agreement must execute a written standard residential lease agreement that states the applicant's actual shelter costs used to establish the applicant's amount of shelter assistance. The commissioner must accept the executed lease agreement signed by the applicant and property owner or manager if the applicant provides proof to the commissioner of paying the actual shelter costs stated on the executed lease agreement in the 12 months before the date of application for the veteran's relief grant.

D. An applicant must provide proof to the commissioner of paying the actual shelter costs stated on the executed lease agreement with any of the following documents:

- (1) a statement from the property owner or manager;
- (2) past rent receipts;
- (3) cleared checks; or
- (4) other documentation that provides proof that the applicant is paying the actual shelter costs.

E. Assistance with past due shelter costs incurred at a previous residence is authorized if paying the past due costs is a prerequisite for the applicant attaining permanent housing.

F. The commissioner must limit assistance with the shelter costs of an applicant residing under the terms of a nontraditional housing agreement to the shelter benefit amounts provided in the schedule of maximum monthly allowances for the subsistence program activity.

Subp. 16. Veteran's relief grant shelter authorization form.

A. The commissioner must issue a veteran's relief grant shelter authorization form to a recipient who is approved for shelter assistance and who pays rent for a primary residence.

B. The shelter authorization form is the only billing document accepted for payment of the recipient's shelter cost.

C. The shelter authorization form must explain:

- (1) the instructions for completing the form;
- (2) the amount of shelter assistance approved;
- (3) the period covered by the assistance; and
- (4) the name and address of the property owner or manager.

Subp. 17. Vendor and contractor participation. A vendor or contractor participating in the veteran's relief grant program must:

- A. comply with this part;
- B. have the appropriate licensure to perform the work or provide the services contracted for;
- C. bill only for the work completed or services provided; and
- D. report any conflicts of interest that arise out of performing work for or providing services to the recipient of a veteran's relief grant.

Subp. 18. Estimates and proposals for covered items or expenses.

A. An applicant applying for assistance with an item or expense that requires work or services provided by a vendor or a contractor must submit to the commissioner a minimum of two

estimates or proposals from vendors or contractors who are willing to perform the work or provide the services.

B. An estimate or proposal must be submitted to the commissioner in writing and confirm:

(1) the bidding contractor's or vendor's name, address, payment address if different, and phone number;

(2) the vendor or contractor is authorized to do business in Minnesota;

(3) the vendor or contractor has liability insurance if bidding to perform work on the applicant's primary residence or property vital to the structural integrity of the primary residence;

(4) the applicant is the intended recipient of the work performed or services provided and will be the party responsible for payment;

(5) the terms and conditions of payment;

(6) the address where work or services will be performed; and

(7) include an itemized breakdown of all work performed and services provided, material and labor costs, additional charges, and taxes.

C. An applicant must obtain a minimum of two estimates or proposals for needed work or services unless there are no other contractors or vendors in the applicant's location to perform the work or provide the services, or the circumstances of the applicant's situation warrant expedited completion of the work or provision of services.

D. The commissioner must not approve an estimate or proposal requiring a down payment to a vendor or contractor before work starts or services are provided. Direct payment from the commissioner to a wholesaler or retailer for materials and supplies is authorized if payment is required to start work.

Subp. 19. Changing vendors or contractors.

A. A recipient may request to change a vendor or contractor if there is a conflict with the original vendor or contractor or other circumstances prevent the original vendor or contractor from completing or providing the proposed work or services.

B. The recipient must submit the request to change a vendor or contractor to the commissioner through a county veterans service officer, department field operations claims representative, or department Tribal veterans service officer.

C. The recipient must submit a written statement to the commissioner explaining the reasons for changing a vendor or contractor and include a new estimate or proposal from a new vendor or contractor for the work to be completed or the services to be provided.

D. Payment under this part for work or services performed by the new contractor or vendor before commissioner approval is prohibited.

Subp. 20. Dispute between vendor or contractor and recipient.

A. The commissioner is not a party to a dispute between a vendor or contractor and a recipient of a veteran's relief grant over the quality of work performed or services provided.

B. The commissioner must withhold payment to a vendor or contractor until the work is completed or services are provided if a recipient informs the commissioner that a vendor or contractor is seeking payment but has failed to perform or provide any of the approved work or services.

Subp. 21. Veteran's relief grant payments.

A. The commissioner must not provide payments for items or expenses another entity has provided assistance for.

B. A recipient must submit proof to the commissioner of the cost of items and expenses for approval and payment by the commissioner.

C. The commissioner must make payments for items and expenses directly to the entity to which payment is due.

D. Receipts, invoices, and billing statements submitted to the commissioner by a recipient must confirm:

- (1) the name, location, and payment address of the entity to which payment is due; and
- (2) proof the recipient or recipient's spouse is responsible for paying for the items or expenses.

Subp. 22. Veteran's relief grant payments to vendors and contractors.

A. A vendor or contractor who has performed work or provided services to a recipient must submit documentation to the commissioner for payment.

B. The commissioner must make payments for work performed or services provided directly to a vendor or contractor.

C. Documents submitted to the commissioner by a vendor or contractor requesting payment for work performed or services provided to a recipient must include and confirm:

- (1) a copy of the veteran's relief grant authorization letter;
- (2) the contractor's or vendor's name, address, payment address if different, and phone number;
- (3) the recipient is the party responsible for payment for the work, services, or items provided;
- (4) an itemized breakdown of the costs and expenses of the work performed or services provided; and
- (5) the address where the work was performed or the services were provided.

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