shall deduct any payments made to a county to equalize the cost of welfare attributable to the Red Lake Indian reservation, from the amount determined to be payable to a county pursuant to this section.

[*1975 c 361 s 1*]

256.98 Wrongfully obtaining assistance; theft.

Whoever obtains, or attempts to obtain, or aids or abets any person to obtain by means of a wilfully false statement or representation, or by impersonation or other fraudulent device, assistance to which he is not entitled, or assistance greater than that to which he is entitled, or knowingly aids or abets in buying or in any way disposing of the property of a recipient of assistance without the consent of the local agency with intent to defeat the purposes of Minnesota Statutes 1971, Sections 256.451 to 256.475, 256.13 to 256.43, 256.49 to 256.71, 256.72 to 256.87, or chapter 256B, shall be guilty of theft and punished in accordance with section 609.52, subdivision 3, clauses (1), (2) and (5). The amount of any assistance paid incorrectly by way of the aforementioned means and established by judicial determination shall be recoverable from the recipient or his estate by the county or the state as a debt due the county or the state or both in proportion to the contribution of each. Any amounts recovered shall be paid to the appropriate units of government in the same manner as provided in section 256.863. To prosecute or to recover assistance wrongfully obtained under this section, the attorney general or the appropriate county attorney, acting independently or at the direction of the attorney general, may institute a criminal or civil action.

[*1975 c 437 art 2 s 2*]

CHAPTER 256B. MEDICAL ASSISTANCE FOR NEEDY PERSONS

256B.02 Definitions.

[*For text of subds 1 and 2, see M.S.1974*]

Subd. 3. "County of financial responsibility" means the county in which the applicant resides at the time of making application.

[*For text of subds 4 to 6, see M.S.1974*]

Subd. 7. "Vendor of medical care" means any person or persons furnishing, within the scope of his respective license, any or all of the following goods or services: medical, surgical, hospital, optical, visual, dental and nursing services; drugs and medical supplies; appliances; laboratory, diagnostic, and therapeutic services; nursing home and convalescent care; screening and health assessment services provided by public health nurses; and such other medical services or supplies provided or prescribed by persons authorized by state law to give such services and supplies.

[*For text of subd 8, see M.S.1974*]

Subd. 9. "Private health care coverage" means any plan regulated by chapters 62A, 62C or 64A. Private health care coverage also includes any self-insurance plan providing health care benefits.

[*1975 c 247 s 9; 1975 c 384 s 1; 1975 c 437 art 2 s 3*]

256B.041 Centralized disbursement of medical assistance payments.

[*For text of subds 1 to 4, see M.S.1974*]

Subd. 5. If required by federal law or rules promulgated thereunder, or by authorized regulation of the state agency, each county shall pay to the state treasurer the portion of medical assistance paid by the state for which it is responsible. The county's share of cost shall be ten percent of that portion not met by federal funds.

[*1975 c 437 art 2 s 4*]

[*For text of subds 6 and 7, see M.S.1974*]

256B.042 Third party liability.

Subdivision 1. When the state agency provides, pays for or becomes liable for medical care, it shall have a lien for the cost of the care upon any and all causes of action which accrue to the person to whom the care was furnished, or to his legal representatives, as a result of the injuries which necessitated the medical care.

Subd. 2. The state agency may perfect and enforce its lien by following the procedures set forth in sections 514.69, 514.70 and 514.71, except that it shall have one year from the date when the last item of medical care was furnished in which to file its verified lien statement, and the statement shall be filed with the appropriate clerk of court in the county of financial responsibility. The verified lien statement shall contain the following: the name and address of the person to whom medical care was furnished, the date of injury, the name and address of the vendor or vendors furnishing medical care, the dates of the service, the amount claimed to be due for the care, and, to the best of the state agency's knowledge, the names and addresses of all persons, firms or corporations claimed to be liable for damages arising from the injuries. This section shall not affect the priority of any attorney's lien.

[*1975 c 247 s 6*]

256B.06 Eligibility requirements.

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

(1) Who is eligible for or receiving public assistance under the aid to families with dependent children program; or

(2) Who is eligible for or receiving supplemental security income for the aged, blind and disabled; or

(3) Who except for the amount of income or resources would qualify for supplemental security income for the aged, blind and disabled, or aid to families with dependent children and is in need of medical assistance; or

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

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

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

(7) Who alone, or together with his spouse, does not have equity in real property in excess of $15,000; and

(8) Who, if single, does not have more than $750 in cash or liquid assets or, if married, whose cash or liquid assets do not exceed $1,000 plus $150 for each additional legal dependent; and

256B.06 MEDICAL ASSISTANCE FOR NEEDY PERSONS

(9) Who has or anticipates receiving an annual income not in excess of $2,600 for a single person, or $3,250 for two family members (man and wife, parent and child, or two siblings), plus $625 for each additional legal dependent, or who has income in excess of these maxima and in the month of application (or during the three months prior to the month of application) incurs expenses for medical care that total more than one-half of the annual excess income in accordance with the regulations of the state agency. In such excess income cases, eligibility shall be limited to a period of six months beginning with the first of the month in which these medical obligations are first incurred.

Who has continuing monthly expenses for medical care that are more than the amount of his excess income, computed on a monthly basis, in which case eligibility may be established before the total income obligation referred to in the preceding paragraph is incurred, and medical assistance payments may be made to cover the monthly unmet medical need. In licensed nursing home and state hospital cases, both excess income and income over and above that required for justified needs are to be applied to the cost of institutional care; and

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

[*1975 c 247 s 10*]

[*For text of subd 3, see M.S.1974*]

256B.07 Exceptions in determining resources.

A local agency may, within the scope of regulations set by the commissioner of public welfare, waive the requirement of liquidation of excess assets when the liquidation would cause undue hardship. Household goods and furniture in use in the home, wearing apparel, insurance policies with cash surrender value not in excess of $1,000 per insured person, personal property used as a regular abode by the applicant or recipient, and a lot in a burial plot shall not be considered as resources available to meet medical needs.

[*1975 c 437 art 2 s 5*]

256B.12 Legal representation.

The attorney general or the appropriate county attorney appearing at the direction of the attorney general shall be the attorney for the state agency, and the county attorney of the appropriate county shall be the attorney for the local agency in all matters pertaining hereto.

[*1975 c 437 s art 2 s 6*]

256B.19 Division of cost.

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

[*1975 c 437 art 2 s 7*]

[*For text of subd 2, see M.S.1974*]

256B.37 Private insurance policies.

Subdivision 1. Upon furnishing medical assistance to any person having private health care coverage, the state agency shall be subrogated, to the extent of the cost of medical care furnished, to any rights the person may have under the terms of any private health care coverage. The right of subrogation does not attach to benefits paid or provided under private health care coverage prior to the receipt of written notice of the exercise of subrogation rights by the carrier issuing the health care coverage.

Subd. 2. To recover under this section, the attorney general, or the appropriate county attorney, acting upon direction from the attorney general, may institute or join a civil action against the carrier of the private health care coverage.

[*1975 c 247 s 7*]

256B.39 Avoidance of duplicate payments.

Billing statements forwarded to recipients of medical assistance by vendors seeking payment for medical care rendered shall clearly state that reimbursement from the state agency is contemplated.

[*1975 c 247 s 8*]

CHAPTER 256D. GENERAL ASSISTANCE ACT

Sec.
256D.03 Responsibility to provide general assistance.

256D.03 Responsibility to provide general assistance.

[*For text of subds 1 and 2, see M.S.1974*]

Subd. 3. State aid shall be paid to local agencies or counties for 90 percent of the cost of general relief medical care paid by the local agency or county pursuant to section 256D.02, subdivision 4 on behalf of persons eligible according to standards established by the commissioner of welfare in accordance with the rates established by rule of the commissioner. The local agency or county may select the vendor for the delivery of the medical care. Any local agency or county may, from its own resources, make payments for medical care for persons not otherwise eligible for the care pursuant to standards established by the commissioner.

The commissioner of public welfare shall promulgate rules and regulations to establish administrative and fiscal procedures for payment of the state share of the medical costs incurred by the counties under section 256D.02, subdivision 4. The rules and regulations may include:

(a) procedures by which state liability for the costs of medical care incurred pursuant to section 256D.02, subdivision 4 may be deducted from county liability to the state under any other public assistance program authorized by law;

(b) procedures for processing claims of counties for reimbursement by the state for expenditures for medical care made by the counties pursuant to section 256D.02, subdivision 4;

(c) procedures by which the local agencies may contract with the commissioner of public welfare for state administration of general relief medical payments; and

(d) standards of eligibility and utilization of services.