

# MINNESOTA STATUTES 1979 SUPPLEMENT

## MEDICAL ASSISTANCE FOR NEEDY PERSONS 256B.04

- (a) Reduced his earned income without good cause within 30 days preceding any month in which an assistance payment is made; or
- (b) Refused without good cause to accept an offer of suitable employment.

Persons who are already employed and who apply for assistance shall have their needs computed with full account taken of their earned and other income. If earned and other income of the family is less than need, as determined on the basis of public assistance standards, the county agency shall determine the amount of the grant by applying the disregard of income provisions. The county agency shall not disregard earned income for persons in a family if the total monthly earned and other income exceeds their needs, unless for any one of the four preceding months their needs were met in whole or in part by a grant payment. If an individual without good cause leaves employment or reduces his earnings and applies for assistance so that he might later return to employment with advantages of income disregard, he shall not have the benefit of the disregard of income provisions.

[For text of subd 2, see M.S.1978]

[ 1979 c 250 s 1 ]

### 256.82 Payments by state.

Based upon estimates submitted by the county agency to the state agency, which shall state the estimated required expenditures for the succeeding month, upon the direction of the state agency payment shall be made monthly in advance by the state to the counties of all federal funds available for that purpose for such succeeding month, together with an amount of state funds equal to 70 percent of the difference between the total estimated cost and the federal funds so available for payments made after December 31, 1979 and before January 1, 1981, and 80 percent of the difference for payments made after December 31, 1980. Adjustment of any overestimate or underestimate made by any county shall be made upon the direction of the state agency in any succeeding month.

[ 1979 c 303 art 2 s 1 ]

### 256.99 Reverse mortgage proceeds disregarded.

All reverse mortgage loan proceeds received pursuant to section 47.58, including interest or earnings thereon, shall be disregarded and shall not be considered available to the borrower for purposes of determining initial or continuing eligibility for, or amount of, medical assistance or any other public assistance program, or federal or state low interest loan or grant. This section applies regardless of the time elapsed since the loan was made or the disposition of the proceeds.

[ 1979 c 265 s 2 ]

## CHAPTER 256B. MEDICAL ASSISTANCE FOR NEEDY PERSONS

Sec.		Sec.	
256B.04	Duties of state agency.	256B.44	Interest expense.
256B.06	Eligibility requirements.	256B.47	Rate limits; notice of increases to private paying residents.
256B.07	Exceptions in determining resources.		

### 256B.04 Duties of state agency.

[For text of subs 1 to 11, see M.S.1978]

Subd. 12. Place limits on the types of services covered by medical assistance, the frequency with which the same or similar services may be covered by medical assistance for an individual recipient, and the amount paid for each covered service. The state agency shall promulgate rules, including temporary rules, establishing maximum reimbursement rates for emergency and non-emergency transportation.

# MINNESOTA STATUTES 1979 SUPPLEMENT

## 256B.04 MEDICAL ASSISTANCE FOR NEEDY PERSONS

The rules shall provide:

(a) An opportunity for all recognized transportation providers to be reimbursed for non-emergency transportation consistent with the maximum rates established by the agency;

(b) Reimbursement of public and private nonprofit providers serving the handicapped population generally at reasonable maximum rates that reflect the cost of providing the service regardless of the fare that might be charged by the provider for similar services to individuals other than those receiving medical assistance or medical care under this chapter; and

(c) Reimbursement for each additional passenger carried on a single trip at a substantially lower rate than the first passenger carried on that trip.

The commissioner shall encourage providers reimbursed under this chapter to coordinate their operation with similar services that are operating in the same community. To the extent practicable, the commissioner shall encourage eligible individuals to utilize less expensive providers capable of serving their needs.

For the purpose of this subdivision and section 256B.02, subdivision 8, and effective on January 1, 1981, "recognized provider of transportation services" means an operator of special transportation service as defined in section 174.29 that has been issued a current certificate of compliance with operating standards of the commissioner of transportation or, if those standards do not apply to the operator, that the agency finds is able to provide the required transportation in a safe and reliable manner. Until January 1, 1981, "recognized transportation provider" includes an operator of special transportation service that the agency finds is able to provide the required transportation in a safe and reliable manner.

[ Ex1979 c 1 s 46 ]

NOTE: Subdivision 12 was also amended by Laws 1979, Chapter 316, Section 11 to read as follows:

"Subd. 12. Place limits on the types of services covered by medical assistance, the frequency with which the same or similar services may be covered by medical assistance for an individual recipient, and the amount paid for each covered service. The state agency shall promulgate rules, including temporary rules, establishing maximum reimbursement rates for emergency and non-emergency life support transportation services.

The rules shall provide:

(a) An opportunity for all life support transportation services, designated by the state agency, to be reimbursed for non-emergency transportation consistent with the maximum rates established by the agency;

(b) Reimbursement of providers owned and operated by a public agency or a nursing home at reasonable maximum rates that reflect the cost of providing the service regardless of the fare that might be charged by the provider for similar services to individuals other than those receiving medical assistance or medical care under this chapter; and

(c) Reimbursement for each additional passenger carried on a single trip at a substantially lower rate than the first passenger carried on that trip.

The commissioner shall encourage providers reimbursed under this chapter to coordinate their operation with similar services that are operating in the same community. To the extent practicable, the commissioner shall encourage eligible individuals to utilize less expensive providers capable of serving their needs."

NOTE: The amendment by Laws 1979, Chapter 316, Section 11 is superseded by the amendment by Extra Session Laws, Chapter 1, Section 46. See Extra Session Laws, Chapter 1, Section 53.

## 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

# MINNESOTA STATUTES 1979 SUPPLEMENT

## MEDICAL ASSISTANCE FOR NEEDY PERSONS 256B.07

(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 own real property other than the homestead. Real estate not used as a home may not be retained unless it produces net income applicable to the family's needs or the family is making a continuing effort to sell it at a fair and reasonable price; and

(8) Who, if single, does not have more than \$2,000 in cash or liquid assets, plus \$150 for each additional legal dependent or, if married, whose cash or liquid assets do not exceed \$10,000, except that the value of the homestead and one automobile shall be disregarded; and

(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 computing income to determine eligibility of persons who are not residents of long term care facilities, the commissioner shall, beginning in July 1979, disregard increases in income of social security or supplementary security income recipients due solely to increases required by sections 215(i) and 1617 of the social security act. In excess income cases, eligibility shall be limited to a period of six months beginning with the first of the month in which these medical obligations are first incurred.

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

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

[For text of subd 3, see M.S.1978]

[ 1979 c 309 s 4 ]

### **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 \$1,500 per in-

# MINNESOTA STATUTES 1979 SUPPLEMENT

## 256B.07 MEDICAL ASSISTANCE FOR NEEDY PERSONS

sured 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.

[ 1979 c 309 s 5 ]

## 256B.44 Interest expense.

[For text of subd 1, see M.S.1978]

Subd. 2. [ Repealed, 1979 c 336 s 18 ]

[For text of subd 3, see M.S.1978]

## 256B.47 Rate limits; notice of increases to private paying residents.

[For text of subds 1 to 3, see M.S.1978]

Subd. 4. No increase in nursing home rates for private paying residents shall be effective unless the nursing home notifies the resident or person responsible for payment of the increase in writing 30 days before the increase takes effect.

A nursing home may adjust its rates without giving the notice required by this subdivision when the purpose of the rate adjustment is to: (a) reflect a necessary change in the level of care provided to a resident; or (b) retroactively or prospectively equalize private pay rates with rates charged to medical assistance recipients as required by section 256B.48, subdivision 1, clause (a) and applicable federal law.

[ 1979 c 35 s 1 ]

## CHAPTER 256D. GENERAL ASSISTANCE ACT

Sec.		Sec.	
256D.03	Responsibility to provide general assistance.	256D.37	New applicants and recipients: provisions for supplemental aid.
256D.07	Time of payment of assistance.		
256D.08	Exclusion from resources.		
256D.36	1973 categorical aid recipients: provisions for supplemental aid.		

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

[For text of subd 1, see M.S.1978]

Subd. 2. After December 31, 1979, and before January 1, 1981, state aid shall be paid to local agencies for 60 percent and, after December 31, 1980, for 70 percent of all general assistance grants up to the standards of section 256D.01, subdivision 1, according to procedures established by the commissioner. Any local agency may, from its own resources, make payments of general assistance at a standard higher than that established by the commissioner, without reference to the standards of section 256D.01, subdivision 1.

[For text of subd 3, see M.S.1978]

[ 1979 c 303 art 2 s 2 ]

## 256D.07 Time of payment of assistance.

An applicant for general assistance or medical care authorized by section 256D.03, subdivision 3 shall be deemed presumptively eligible if his application on its face demonstrates that he is within the eligibility criteria established by Laws 1973, Chapter 650, Article 21 and any applicable rules and regulations of the commissioner. The application shall be in writing in the manner and upon the form prescribed by the commissioner and verified by the oath of the applicant or in lieu thereof shall contain the following declaration which shall be signed by the applicant: "I declare that this application has been