

## CHAPTER 246

## PUBLIC INSTITUTIONS

246.03	Repealed.	246.23	Persons admissible to regional treatment centers.
246.15	Money of inmates of public welfare institutions.	246.64	Chemical dependency service agreements.
246.18	Disposal of funds.		

**246.03** [Repealed, 1991 c 326 s 27]

**246.15 MONEY OF INMATES OF PUBLIC WELFARE INSTITUTIONS.**

Subdivision 1. The chief executive officer of each institution under the jurisdiction of the commissioner of human services shall have the care and custody of all money belonging to inmates thereof which may come into the chief executive officer's hands, keep accurate accounts thereof, and pay them out under rules prescribed by law or by the commissioner of human services, taking vouchers therefor. All such money received by any officer or employee shall be paid to the chief executive officer forthwith. Every such executive officer, at the close of each month, or oftener if required by the commissioner, shall forward to the commissioner a statement of the amount of all money so received and the names of the inmates from whom received, accompanied by a check for the amount, payable to the state treasurer. On receipt of such statement, the commissioner shall transmit the same to the commissioner of finance, together with such check, who shall deliver the same to the state treasurer. Upon the payment of such check, the amount shall be credited to a fund to be known as "Inmates Fund," for the institution from which the same was received. All such funds shall be paid out by the state treasurer upon vouchers duly approved by the commissioner of human services as in other cases. The commissioner may permit a contingent fund to remain in the hands of the executive officer of any such institution from which necessary expenditure may from time to time be made.

*[For text of subd 2, see M.S.1990]*

**History:** 1991 c 326 s 10

**246.18 DISPOSAL OF FUNDS.**

*[For text of subds 1 and 2, see M.S.1990]*

Subd. 3. [Repealed, 1991 c 292 art 4 s 79]

Subd. 3a. [Repealed, 1991 c 292 art 4 s 79]

Subd. 4. **Collections deposited in medical assistance account.** Except as provided in subdivisions 2 and 5, all receipts from collection efforts for the regional treatment centers, state nursing homes, and other state facilities as defined in section 246.50, subdivision 3, must be deposited in the medical assistance account and are appropriated for that purpose. The commissioner shall ensure that the departmental financial reporting systems and internal accounting procedures comply with federal standards for reimbursement for program and administrative expenditures and fulfill the purpose of this paragraph.

Subd. 5. **Funded depreciation accounts for state-operated, community-based programs.** Separate interest-bearing funded depreciation accounts shall be established in the state treasury for state-operated, community-based programs meeting the definition of a facility in Minnesota Rules, part 9553.0020, subpart 19, or a vendor in section 252.41, subdivision 9. As payments for state-operated community-based services are received by the commissioner, the portion of the payment rate representing allowable depreciation expense and the capital debt reduction allowance shall be deposited in the state treasury and credited to the separate interest-bearing accounts as dedicated

receipts with unused funds carried over to the next fiscal year. Funds within these funded depreciation accounts are appropriated to the commissioner of human services for the purchase or replacement of capital assets or payment of capitalized repairs for each respective program. These accounts will satisfy the requirements of Minnesota Rules, part 9553.0060, subparts 1, item E, and 5.

*History: 1991 c 292 art 6 s 28,29*

#### **246.23 PERSONS ADMISSIBLE TO REGIONAL TREATMENT CENTERS.**

**Subdivision 1. Residence.** No person who has not a settlement in a county, as defined in section 256D.18, shall be admitted to a regional treatment center for persons with mental illness, mental retardation, or chemical dependency, except that the commissioner of human services may authorize admission thereto when the residence cannot be ascertained, or when the circumstances in the judgment of the commissioner make it advisable. When application is made to a judge of probate for admission to any of the regional treatment centers above named for admission thereto, if the judge finds that the person for whom application is made has not such residence, or that residence cannot be ascertained, the judge shall so report to the commissioner; and may recommend that such person be admitted notwithstanding, giving reasons therefor. The commissioner of human services shall thereupon investigate the question of residence and, if the commissioner finds that such person has not such residence and has a legal residence in another state or country, the commissioner may cause the person to be returned thereto at the expense of this state.

**Subd. 2. Chemical dependency treatment.** The commissioner shall maintain a regionally based, state-administered system of chemical dependency programs. Counties may refer individuals who are eligible for services under chapter 254B to the chemical dependency units in the regional treatment centers. A 15 percent county share of the per diem cost of treatment is required for individuals served within the treatment capacity funded by direct legislative appropriation. By July 1, 1991, the commissioner shall establish criteria for admission to the chemical dependency units that will maximize federal and private funding sources, fully utilize the regional treatment center capacity, and make state-funded treatment capacity available to counties on an equitable basis. The admission criteria may be adopted without rulemaking. Existing rules governing placements under chapters 254A and 254B do not apply to admissions to the capacity funded by direct appropriation. Private and third-party collections and payments are appropriated to the commissioner for the operation of the chemical dependency units. In addition to the chemical dependency treatment capacity funded by direct legislative appropriation, the regional treatment centers may provide treatment to additional individuals whose treatment is paid for out of the chemical dependency consolidated treatment fund under chapter 254B, in which case placement rules adopted under chapter 254B apply, or through other nonstate payment sources.

*History: 1991 c 292 art 4 s 5*

#### **246.64 CHEMICAL DEPENDENCY SERVICE AGREEMENTS.**

*[For text of subs 1 and 2, see M.S.1990]*

**Subd. 3. Responsibilities of commissioner.** The commissioner shall credit all receipts from billings for rates set in subdivision 1, except those credited according to subdivision 2, to the chemical dependency fund. This money must not be used for a regional treatment center activity that is not a chemical dependency service or an allocation of expenditures that are included in the base for computation of the rates under subdivision 1. The commissioner may expand chemical dependency services so long as expenditures are recovered by patient fees, transfer of funds, or supplementary appropriations. The commissioner may expand or reduce chemical dependency staff complement as long as expenditures are recovered by patient fees, transfer of funds, or supplementary appropriations. Notwithstanding chapters 176 and 268, the commissioner shall provide for the self-insurance of regional treatment center chemical depen-

dency programs for the costs of unemployment compensation and workers' compensation claims. The commissioner shall provide a biennial report to the chairs of the senate finance subcommittee on health and human services, the house of representatives human services division of appropriations, and the senate and house of representatives health and human services committees.

*[For text of subd 4, see M.S.1990]*

**History:** 1991 c 292 art 4 s 6