

12 MCAR 2

2-1-82

1 Department of Public Welfare

2

3 Adopted Rule Governing Reimbursement for Cost of Care of
4 Patients of a State Hospital (12 MCAR S 2.027)

5

6 Rule as Adopted

7 12 MCAR S 2.027 Reimbursement for cost of care of patients in a
8 state hospital.

9 A. Application. Rule 12 MCAR S 2.027 governs the
10 administration of the State Hospital Cost of Care Program in the
11 Department of Public Welfare. The provisions of this rule are
12 to be read in conjunction with Minn. Stat. SS 246.50-246.55 and
13 other rules of the department. No person shall be denied state
14 hospital services because of inability to pay the cost of care.

15 B. Definitions. For purposes of 12 MCAR S 2.027, the
16 following terms have the meanings given them.

17 1. Business expense. "Business expense" means the cost
18 of producing income from a business or farm. Capital
19 expenditures and depreciation are not included as part of a
20 business expense.

21 2. Capital expenditure. "Capital expenditure" means an
22 investment made to purchase property or to make an improvement
23 to property which has a useful life of more than one year.

24 3. Cost of care or per diem. "Cost of care" or "per
25 diem" means the daily per capita cost of providing care to state
26 hospital patients or the cost of outpatient services calculated
27 in accordance with Minn. Stat. S 246.50, subd. 5.

28 4. Department. "Department" means the Minnesota
29 Department of Public Welfare.

30 5. Dependent. "Dependent" means an individual whom a
31 person is entitled to claim as a dependent on the Minnesota
32 state income tax return. ~~One person shall not be claimed as a~~
33 ~~dependent by two individuals~~ An individual may not be claimed as
34 a full unallocated dependent by more than one person. When two
35 or more ~~individuals~~ persons are entitled to claim the dependent,
36 the dependent shall be allocated equally among the ~~individuals~~

1 persons unless the ~~individuals~~ persons choose another allocation.

2 6. Gross income or gross earnings. "Gross income" or
3 "gross earnings" means all income received including in kind
4 income.

5 7. Homestead. "Homestead" means the house owned and
6 occupied by the patient as his dwelling place, together with the
7 land upon which it is situated and an area no greater than two
8 contiguous lots in a platted and laid out city or town or the
9 smallest parcel allowed under applicable zoning regulations in
10 unplatted land.

11 8. In kind income. "In kind income" means the annual sum
12 of resources other than money received by a patient or dependent
13 used to maintain the patient or the patient's family and having
14 a value of more than \$100.

15 9. Inpatient. "Inpatient" means a person who occupies a
16 bed in the hospital for the purpose of observation, care,
17 diagnosis, or treatment.

18 10. Lump sum payment. "Lump sum payment" means income
19 received at one time. It includes windfalls, repayment of
20 debts, payments from sale of property, tax refunds, gifts, and
21 inheritances.

22 11. Net income. "Net income" means the amount of income
23 remaining after deductions and exclusions from gross income as
24 provided in this rule.

25 12. Outpatient. "Outpatient" means a person who makes
26 use of the services of the state hospital but does not occupy a
27 regular hospital bed, as set forth in Minn. Stat. S 246.50,
28 subd. 5.

29 13. Patient. "Patient" means any individual receiving
30 observation, diagnosis, care or treatment in a state hospital.

31 14. Patient's financial information file. "Patient's
32 financial information file" means financial data collected for
33 the purpose of determining ability of the patient or the
34 responsible relative to pay the patient's cost of care.

35 15. Person. "Person" means a patient or responsible
36 relative.

1 16. Personal property. "Personal property" means all
2 property which is not real property.

3 17. Property. "Property" means everything owned by a
4 person, including money.

5 18. Real property. "Real property" means land, including
6 the buildings and improvements on it, and its natural assets,
7 such as minerals and water.

8 19. Resource. "Resource" means any property or benefit
9 that is ~~or~~ may be available to pay for the cost of care of the
10 patient.

11 20. Responsible relative. "Responsible relative" means
12 the spouse, the parents of minor children, and in the case of
13 the mentally ill, the adult children of a patient, in that order
14 of liability for cost of care.

15 21. State hospital. "State hospital" means a state
16 hospital for mentally ill, chemically dependent, or mentally
17 retarded persons.

18 C. Determination procedure.

19 1. Time of determination.

20 a. Ability to pay the cost of care shall be determined
21 when the patient is admitted, when there is ~~or~~ may be a change
22 in the patient's financial status, when a patient, responsible
23 relative, guardian, conservator or representative payee reports
24 a change in the financial status used in determining ability to
25 pay, when the patient has been hospitalized for 120 days or
26 more, when the patient is being discharged and when the
27 financial status has not been reviewed for one year.

28 b. Within the six-year period after the date of a
29 patient's discharge from the hospital, the department from time
30 to time may, and upon request of the patient shall, reevaluate
31 the patient's ability to pay any balance of the charge for cost
32 of care.

33 2. Persons interviewed.

34 a. ~~The patient shall be interviewed to determine~~
35 ~~ability to pay except when the management of the patient's~~
36 ~~financial affairs is in the hands of another person; such as a~~

1 guardian, custodian, conservator or the parent of a minor child,
 2 or when the patient is incapable of participating in the
 3 interview process because of the patient's illness or
 4 disability. When the patient is not interviewed, the reason
 5 shall be noted in the patient's financial information file In
 6 all instances the patient shall be present at the interview to
 7 determine ability to pay unless the patient is a minor or the
 8 attending physician of the state hospital attests the patient's
 9 presence is medically contraindicated. The physician's signed
 10 statement shall be placed in the patient's financial information
 11 file.

12 b. When the patient cannot be interviewed, the person
 13 interviewed shall be the patient's legal guardian, the
 14 conservator, the parents of a minor child, a spouse, a relative
 15 of the patient, a trustee, a representative payee, the patient's
 16 legal representative, or a county social worker. The patient
 17 shall be the source of financial information to determine
 18 ability to pay except when the management of the patient's
 19 financial affairs is in the hands of another person. When the
 20 patient is not the source of financial information the reason
 21 shall be noted in the patient's financial information file.

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

28 e- d. If the patient is unable to pay the full cost of
 29 the per diem, the responsible relative shall be interviewed.

30 3. Financial interview. When a person is interviewed,
 31 the department shall:

32 a. Inform the person that he or she may choose an
 33 individual to assist in the determination process and any other
 34 contact with the department by authorizing such assistance in
 35 writing;

36 b. Provide the person with an informational pamphlet

1 on cost of care and review with the person how the department
2 determines the charges for the patient's cost of care;

3 c. Inform the person that financial information
4 obtained from the person will not be released without the
5 person's written consent except pursuant to Minn. Stat. SS
6 15.1611-15.1698 15.1699;

7 d. Inform the person of county, state, and federal
8 financial programs which may assist in paying the cost of care
9 and meeting personal and family needs; and

10 e. Request the person to complete and sign a financial
11 information form provided by the department and to provide
12 verification of financial information.

13 4. Verification required. This process shall be used to
14 substantiate information entered on the signed financial
15 information form. The following information reimbursement
16 officer shall be verified verify: -----

17 a. the patient's income, insurance benefits, property,
18 deductions allowed to pay previously incurred debts, and the
19 number of dependents claimed; and

20 b. Other information relevant to the person's ability
21 to pay if the reimbursement officer has reason to question the
22 accuracy of the information.

23 5. Consent forms. The person shall provide the
24 reimbursement officer with a separate signed consent form for
25 each verification which must be obtained from a third party.
26 The name, date, and the information authorized shall be on the
27 consent form prior to the person's signature. A blanket
28 authorization may be used for a group of related agencies such
29 as banks or insurance companies.

30 6. Refusal to complete financial information form.
31 Failure or refusal to complete and sign the required financial
32 information form, apply insurance benefits received to pay the
33 cost of care, or provide signatures required to assign third
34 party benefits and release medical and financial information or
35 verification within 30 days of the interview shall result in the
36 determination that the person is able to pay the full cost of

1 care permitted under Minn. Stat. S 246.51 until the person takes
2 the required action.

3 7. Determination order. A determination order and notice
4 of rate showing the per diem and, the amount the person is
5 ordered to pay and the right to a review and an appeal shall be
6 sent by the department to the person, and the person's guardian
7 or, conservator or representative payee.

8 8. Review of determination. A person who disagrees with
9 the department's determination of ability to pay may request
10 that the department review its decision. The request shall be
11 made in writing within 15 calendar days of the date the order
12 was mailed. The request for review shall include the reasons
13 for disagreeing with the determination order. A request for
14 review shall not extend the time for appeal given in Minn. Stat.
15 S 246.55 When a person requests review as provided in this
16 paragraph, the department's determination shall not become final
17 until the department responds to the request for the review.
18 The department shall send the person a notice of the decision
19 after review and a final determination order.

20 9. Appeal of determination. A person may also appeal
21 from the determination order pursuant to Minn. Stat. S 246.55.

22 D. Sources of income considered to be patient resources.

23 1. In general. The patient's ability to pay shall be
24 determined from insurance benefits, net income, and value of
25 property owned.

26 2. Insurance benefits.

27 a. When the investigation of the patient's ability to
28 pay discloses eligibility for insurance benefits, the patient
29 shall be determined to be able to pay the cost of care provided
30 to the full extent of insurance benefits available. The dollar
31 amount of this coverage need not be specified in the
32 determination order.

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

1 3. Net income. The patient's entire net income remaining
2 after the deductions from gross income have been made in
3 accordance with E.4. shall be available to pay the cost of care
4 and shall be converted to a daily amount.

5 4. Property. As long as the patient owns property not
6 excluded under F., the patient shall be determined able to pay
7 the full cost of care.

8 E. Net income; patient.

9 1. In kind income. The fair market value of in kind
10 income included in the calculation of the patient's net income
11 shall be established by any reliable means including, but not
12 limited to, published reference documents, statements from
13 merchants, or appraisals.

14 2. Lump sums. Lump sums, other than excluded property,
15 shall be treated as income in the month received and thereafter
16 shall be treated as property. The patient shall report the lump
17 sum to the department within ten working days.

18 3. Seasonal income from business or farm. Average
19 monthly amounts for gross income and the deductions allowed in
20 4. shall be used to calculate the net monthly income of farmers
21 and other individuals who experience seasonal variations in
22 income and business expenses.

23 4. Deductions from gross income to arrive at net income.
24 The following items shall be deducted from the patient's monthly
25 gross income:

26 a. State and federal income tax payments, including
27 back assessments;

28 b. Payments made under the Federal Insurance
29 Contributions Act and Supplemental Medical Insurance;

30 c. Child care costs paid by the patient and not
31 reimbursed from any source;

32 d. Support payments ordered by a court and actually
33 paid. If this deduction is taken, the individual for whom
34 support is paid shall not be included as a member of the
35 patient's household in determining the monthly household living
36 allowance in Exhibit 12 MCAR S 2.027 E.4.n.;

1 e. Guardianship fees;

2 f. Monthly payments on previously incurred bills for
3 medical, dental and hospital care, car payments, house payments
4 or rent, and utilities. The deduction allowed shall be the
5 lesser of the sum of the actual monthly payments or \$100 per
6 month;

7 g. Personal expenses of employment, including
8 mandatory retirement fund deductions, cost of transportation to
9 and from work, work uniforms, union dues, dues of a professional
10 association required for employment, and cost of tools and
11 equipment used on the job. The amount deducted for costs of
12 transportation to and from work shall be either the actual cost
13 of public transportation or a per mile reimbursement as paid by
14 the state to an employee using a personal car on state business
15 for actual miles travelled;

16 h. Hospital and medical insurance premiums;

17 i. Business and farm expenses as reported on United
18 States income tax returns. The cost of repairs and upkeep of
19 income producing property which may be deducted shall be
20 limited, on an annual basis, to two percent of the value of the
21 property;

22 j. An allowance of \$71 per month per boarder, ~~\$39~~ \$59
23 per month per roomer and \$130 per month for each person who is
24 both a roomer and boarder. This amount shall be updated
25 periodically by the percentage the legislature authorizes for
26 public assistance grants;

27 k. A personal needs and clothing allowance of the
28 inpatient in the amount determined in accordance with Minn.
29 Stat. S 256B.35 for persons receiving public assistance grants.

30 In addition, a special personal allowance drawn solely from
31 -----
32 earnings from any productive employment under an individual plan
33 -----
34 of rehabilitation or work therapy shall be given to all patients
35 -----
36 in state hospitals. The special personal allowance shall not
37 -----
38 exceed \$50 per month;

39 l. Sixty percent of the income earned from child care
40 in one's own home or, if the patient chooses, the actual

1 itemized business expenses incurred in providing child care
2 subject to the limitations provided in B.1., B.2., and E.4.i.;
3 m. A housing allowance for inpatients. An inpatient
4 without dependents living in his or her home shall be allowed
5 the actual cost of his or her housing and utilities in the
6 community for the month of admission and a period of three
7 months of continuous hospitalization subsequent to that
8 admission. An inpatient with dependents living in his or her
9 home shall be allowed a pro rata share of his or her household's
10 total actual housing costs during the month of admission and for
11 a period of three months of continuous hospitalization
12 subsequent to that admission. This housing allowance shall be
13 available to the inpatient only twice in any one calendar year
14 regardless of the number of times the patient is admitted to a
15 state hospital in that calendar year;

16 n. A monthly household living allowance calculated
17 according to the schedule in Exhibit 12 MCAR S 2.027 E.4.n.

1 Exhibit 12 MCAR S 2.027 E.4.n.

2	Number in Household	Monthly Household
3		Living Allowance
4	1	\$ 356
5	2	\$ 534
6	3	\$ 712
7	4	\$ 890
8	5	\$1,068
9	6	\$1,246
10	over 6	\$1,246 plus \$178
11		for each additional
12		person

13 The number in household of an inpatient shall be the number
 14 of dependents the patient claims. The number in household of an
 15 outpatient shall be the patient plus the number of dependents
 16 the patient claims. The housing allowance for the outpatient is
 17 included in the above budgets.

18 By July 1 of each year, the department shall adjust the
 19 monthly household living allowance to reflect the annual
 20 percentage change reported in the most recent consumer price
 21 index, for all urban consumers in the Minneapolis-St. Paul
 22 area. The consumer price index shall be as published by the
 23 Bureau of Labor Statistics, U.S. Department of Labor. The year
 24 1967 is the "standard reference base period".

25 F. Property; patient. Property shall be available to pay
 26 for the cost of the patient's care to the extent owned by the
 27 patient, subject to the exclusions in 1.-6.

28 1. Real property.

29 a. The value of the patient's homestead shall be
 30 excluded from consideration as a resource if the patient remains
 31 in the hospital for less than 18 months, if the spouse or a
 32 minor child lives in it, or if it is rented while the patient is
 33 hospitalized.

34 b. The value of real property owned by the patient
 35 which produces a net income shall be excluded from consideration
 36 as a resource. Real property which the patient is selling on a

1 contract for deed and for which the patient receives payments
2 shall be considered income producing property.

3 2. Personal property. The value of the following
4 personal property shall be excluded from consideration as a
5 resource:

6 a. The value of personal property other than stocks,
7 bonds, and ~~money market certificates~~ other investment
8 instruments which is owned by the patient and which yields or
9 contributes to the production of a net income, such as tools,
10 farm implements, livestock, and business inventory and fixtures
11 acquired prior to hospitalization;

12 b. Up to \$2,000 in cash or liquid assets, for a single
13 patient;

14 c. Up to ~~\$10,000~~ \$4,000 in cash or liquid assets, for
15 a married couple;

16 d. Indian claim payments made by Congress to
17 compensate for tribal land taken by the federal government;

18 e. Minnesota Housing Finance Agency loans for nine
19 months after issuance;

20 f. One vehicle;

21 g. Household goods and furniture;

22 h. Clothing;

23 i. Mobile home used as a home by the patient or the
24 patient's dependents;

25 j. Personal jewelry;

26 k. Bicycles;

27 l. Cameras;

28 m. Life insurance owned by the patient up to a cash
29 surrender value of \$1,500;

30 n. Trust funds, unless. However trust funds are not
31 excluded from consideration if the trustee is required or has
32 discretion to use the funds for paying the cost of care or the
33 funds are designated for care, support, maintenance, or medical
34 care even if the trust requires that public funds must first be
35 exhausted; and

36 o. Burial expenses, including a burial lot and a

1 prepaid burial account up to \$750 plus \$200 accrued interest.

2 3. Waiver of property as a resource.

3 a. The department shall waive consideration of
 4 property in excess of the exemptions when liquidation would
 5 result in undue hardship or the patient's equity cannot be
 6 converted, or when the spouse or dependent child needs a second
 7 vehicle as a means of transportation to obtain medical care,
 8 training for employment or employment the patient's equity
 9 cannot be liquidated, the offered price is less than 80 percent
 10 of the market value given by two appraisers agreeable to both
 11 parties, or the cost of repairs necessary to meet the conditions
 12 of sale exceeds 35 percent of the offered price;

13 b. Each case shall be referred to the department's
 14 legal adviser reimbursement division central office and decided
 15 on the merits of the facts recorded in the patient's financial
 16 information file to substantiate the circumstances;

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

20 4. Transfer of property. The market value of any
 21 property transferred, less any value received, shall be treated
 22 as an available resource if the property is valued at more than
 23 \$1,000 and if the transfer is for less than the market value and
 24 if the transfer is made:

25 a. During or after hospitalization in a state
 26 hospital; or

27 b. Prior to hospitalization in a state hospital, but
 28 with intent to avoid the use of the property to pay for hospital
 29 care or in determining ability to pay for hospital care; or

30 c. Prior to hospitalization in a state hospital but
 31 after planning for placement in the state hospital has begun
 32 within 24 months of admission to the hospital.

33 5. Documentation required. When property described in 4.
 34 is transferred during the period between two years prior to
 35 admission to a state hospital and six years following discharge,
 36 the patient or the patient's representative shall provide

1 documentation of the circumstances of the transfer.

2 6. Exemption. The provisions of 4. and 5. do not apply
3 when the patient is not continuing to accrue charges and the
4 full cost of care has been paid. The provisions of 4. and 5. do
5 not apply to property excluded from consideration under other
6 provisions of 12 MCAR S 2.027.

7 G. Ability to pay; responsible relative.

8 1. In general. When the patient is determined not to be
9 able to pay the full cost of care, the department shall
10 determine the ability of each responsible relative of the
11 patient to pay the amount permitted by statute.

12 2. Interview. The responsible relative shall be
13 interviewed to obtain and verify financial information.

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

17 a. Dependent benefits to a patient shall be considered
18 the same as the patient's insurance.

19 b. Any difference between benefits to a patient and
20 others covered by the responsible relative's policy shall be
21 verified.

22 c. The responsible relative shall complete and sign
23 the forms necessary to verify patient eligibility for benefits
24 and assign benefits to pay the cost of care of the patient.

25 d. ~~When insurance benefits are paid under a policy~~
26 ~~having premiums paid by the responsible relative,~~ The amount of
27 the premium paid by the responsible relative may be deducted
28 from the responsible relative's total obligation to pay.

29 4. Liability of responsible relatives. When the sum of
30 the benefits described in 3. and the patient's other resources
31 pay less than the full cost of care, the ability of each
32 responsible relative to pay shall be determined in the statutory
33 order of liability for cost of care. When two or more
34 responsible relatives have the same order of liability for cost
35 of care, a determination shall be made for each one. This
36 provision applies to parents of a minor child and to the adult

1 children of a mentally ill patient.

2 5. Limitations on relative's ability to pay. The ability
3 of a responsible relative to pay shall be determined from the
4 annual gross earnings of the responsible relative subject to the
5 limitations in a.-e.

6 a. A responsible relative who verifies annual gross
7 earnings of less than \$11,000 shall be determined not able to
8 pay the cost of care.

9 b. No responsible relative who is a resident of
10 Minnesota shall be ordered to pay more than ten percent of the
11 cost of care for each patient.

12 c. The department shall require payment of the full
13 cost of care for a child if the child's parents and guardians
14 ~~all~~ both live outside Minnesota and are financially able to pay
15 as determined by G.7.

16 d. Only the annual gross earnings of the spouse of a
17 patient shall be used to determine the spouse's ability to pay.

18 e. When a responsible relative is married to a person
19 who is not a responsible relative, only the annual gross
20 earnings of the responsible relative shall be used to determine
21 the responsible relative's ability to pay.

22 6. Determination of relative's ability to pay.

23 a. A responsible relative who provides the department
24 a copy of the income tax return filed in the current year shall
25 have his or her ability to pay determined from the table in
26 Exhibit 12 MCAR S 2.027 G.7. For purposes of this table,
27 household size consists of the responsible relative and the
28 responsible relative's dependents living in the responsible
29 relative's household, other than the patient.

30 b. A responsible relative who chooses not to provide
31 the department a copy of the income tax return filed in the
32 current year shall be assumed to have an income in excess of
33 \$11,000 and to be able to pay the statutory limit of ten percent
34 of the cost of care. The relative shall be requested to sign an
35 agreement to pay the balance of the patient's cost of care up to
36 the ten percent limit.

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7. Exhibit 12 MCAR S 2.027 G.7. shall be used to determine a relative's ability to pay, as described in 6.

Exhibit 12 MCAR S 2.027 G.7.

Daily Payment Based on Ability to Pay According to Household Size and Annual Gross Earnings of Responsible Relatives

Annual Gross Earnings of Responsible Relative

Household Size

	1	2	3	4	5	6	7	8	9	10
11,000-										
12,999	1.00	-	-	-	-	-	-	-	-	-
13,000-										
14,999	1.50	.50	-	-	-	-	-	-	-	-
15,000-										
16,999	2.00	1.00	-	-	-	-	-	-	-	-
17,000-										
18,999	2.50	1.50	.50	-	-	-	-	-	-	-
19,000-										
20,999	3.00	2.00	1.00	-	-	-	-	-	-	-
21,000-										
22,999	3.50	2.50	1.50	.50	-	-	-	-	-	-
23,000-										
24,999	4.00	3.00	2.00	1.00	-	-	-	-	-	-
25,000-										
26,999	4.50	3.50	2.50	1.50	.50	-	-	-	-	-
27,000-										
28,999	5.00	4.00	3.00	2.00	1.00	-	-	-	-	-
29,000-										
30,999	5.50	4.50	3.50	2.50	1.50	.50	-	-	-	-
31,000-										
32,999	6.00	5.00	4.00	3.00	2.00	1.00	-	-	-	-
33,000-										

1	34,999	6.50	5.50	4.50	3.50	2.50	1.50	.50	-	-	-
2	35,000-										
3	36,999	7.00	6.00	5.00	4.00	3.00	2.00	1.00	-	-	-
4	37,000-										
5	38,999	7.50	6.50	5.50	4.50	3.50	2.50	1.50	.50	-	-
6	39,000-										
7	40,999	7.50	7.00	6.00	5.00	4.00	3.00	2.00	1.00	-	-
8	41,000-										
9	42,999	7.50	7.50	6.50	5.50	4.50	3.50	2.50	1.50	.50	-
10	43,000-										
11	44,999	7.50	7.50	7.00	6.00	5.00	4.00	3.00	2.00	1.00	-
12	45,000										
13	and	7.50	7.50	7.50	6.50	5.50	4.50	3.50	2.50	1.50	.50
14	ever										
15											

16 8. Adjustments to table. The department shall annually
 17 adjust the daily payment to reflect the annual percentage change
 18 reported in the most recent consumer price index for all urban
 19 consumers in the Minneapolis-St. Paul area.

21	11,000-										
22	11,999	.33	0								
23	12,000-										
24	12,999	.45	.33	0							
25	13,000-										
26	13,999	.57	.45	.33	0						
27	14,000-										
28	14,999	.72	.57	.45	.33	0					
29	15,000-										
30	15,999	.87	.72	.57	.45	.33	0				
31	16,000-										
32	16,999	1.05	.87	.72	.57	.45	.33	0			
33	17,000-										
34	17,999	1.23	1.05	.87	.72	.57	.45	.33	0		
35	18,000-										
36	18,999	1.45	1.23	1.05	.87	.72	.57	.45	.33	0	

1	19,000-										
2	19,999	1.81	1.45	1.23	1.05	.87	.72	.57	.45	.33	0
3	20,000-										
4	20,999	2.26	1.67	1.45	1.23	1.05	.87	.72	.57	.45	.33
5	21,000-										
6	21,999	2.82	1.92	1.67	1.45	1.23	1.05	.87	.72	.57	.45
7	22,000-										
8	22,999	3.52	2.17	1.92	1.67	1.45	1.23	1.05	.87	.72	.57
9	23,000-										
10	23,999	4.41	2.45	2.17	1.92	1.67	1.45	1.23	1.05	.87	.72
11	24,000-										
12	24,999	5.51	3.06	2.45	2.17	1.92	1.67	1.45	1.23	1.05	.87
13	25,000-										
14	25,999	6.89	3.82	2.75	2.45	2.17	1.92	1.67	1.45	1.23	1.05
15	26,000-										
16	26,999	8.61	4.77	3.05	2.75	2.45	2.17	1.92	1.67	1.45	1.23
17	27,000-										
18	27,999	8.80	5.96	3.37	3.05	2.75	2.45	2.17	1.92	1.67	1.45
19	28,000-										
20	28,999	8.80	7.46	4.21	3.37	3.05	2.75	2.45	2.17	1.92	1.67
21	29,000-										
22	29,999	8.80	8.80	5.26	3.72	3.37	3.05	2.75	2.45	2.17	1.92
23	30,000-										
24	30,999	8.80	8.80	6.57	4.07	3.72	3.37	3.05	2.75	2.45	2.17
25	31,000-										
26	31,999	8.80	8.80	8.21	4.45	4.07	3.72	3.37	3.05	2.75	2.45
27	32,000-										
28	32,999	8.80	8.80	8.80	4.83	4.45	4.07	3.72	3.37	3.05	2.75
29	33,000-										
30	33,999	8.80	8.80	8.80	6.03	4.83	4.45	4.07	3.72	3.37	3.05
31	34,000-										
32	34,999	8.80	8.80	8.80	7.53	5.25	4.83	4.45	4.07	3.72	3.37
33	35,000-										
34	35,999	8.80	8.80	8.80	8.80	5.67	5.25	4.83	4.45	4.07	3.72
35	36,000-										
36	36,999	8.80	8.80	8.80	8.80	6.12	5.67	5.25	4.83	4.45	4.07

1	37,000-											
2	37,999	8.80	8.80	8.80	8.80	7.56	6.12	5.67	5.25	4.83	4.45	
3	38,000-											
4	38,999	8.80	8.80	8.80	8.80	8.80	7.56	6.12	5.67	5.25	4.83	
5	39,000-											
6	39,999	8.80	8.80	8.80	8.80	8.80	8.80	7.56	6.12	5.67	5.25	
7	40,000-											
8	40,999	8.80	8.80	8.80	8.80	8.80	8.80	8.80	7.56	6.12	5.67	
9	41,000-											
10	41,999	8.80	8.80	8.80	8.80	8.80	8.80	8.80	8.80	7.56	6.12	
11	42,000-											
12	42,999	8.80	8.80	8.80	8.80	8.80	8.80	8.80	8.80	8.80	7.56	
13	43,000-											
14	43,999	8.80	8.80	8.80	8.80	8.80	8.80	8.80	8.80	8.80	8.80	

15 When the annual gross earnings exceed the amount shown in
 16 Exhibit 12 MCAR S 2.027 G.7., the daily payment shall be at the
 17 statutory limitation of ten percent of the per diem.

18 ~~9-~~ 8. Verification of financial information.

19 a. The annual gross earnings of a relative and the
 20 number of dependents of a relative shall be verified from the
 21 relative's Minnesota state income tax return or, in the case of
 22 a relative who is not a resident of Minnesota and does not file
 23 a Minnesota state income tax return, from the United States
 24 income tax return.

25 b. The amount of the premium paid by the relative to
 26 provide dependent hospital and medical insurance coverage for
 27 the patient shall be verified.

28 ~~10-~~ 9. Clothing and personal needs allowance of a minor.

29 The parents of a patient who is an unmarried, dependent child
 30 shall be responsible for meeting the patient's clothing and
 31 personal needs allowance in addition to the amount they are
 32 determined able to pay to meet the cost of care.