

256B.02 MEDICAL ASSISTANCE FOR NEEDY PERSONS

CHAPTER 256B. MEDICAL ASSISTANCE FOR NEEDY PERSONS

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256B.02 Definitions

[For text of subds. 1 and 2, see M.S.1971]

Subd. 3. "County of financial responsibility" means:

(a) For an applicant who resides in this state, the county in which he last resided for one year of unexcluded time. If he does not have one year of unexcluded time, the county in which he resided for the longest period of unexcluded time.

(b) For an applicant who has not resided in this state for a full year, the county in which he has resided the longest period of unexcluded time.

(c) For an applicant who has not resided in this state for any period of unexcluded time, the county in which he resides at the time of making application.

(d) The above provisions notwithstanding, the county of financial responsibility for medical assistance shall always be the same county as that from which a recipient is receiving a maintenance grant or money payment under the aid to families with dependent children program.

[1973 c 717 s 17]

[For text of subds. 4 to 8, see M.S.1971].

256B.041 Centralized disbursement of medical assistance payments

Subdivision 1. The state agency shall establish on a statewide basis a system for the centralized disbursement of medical assistance payments to vendors.

Subd. 2. An account is established in the state treasury from which medical assistance payments to vendors shall be made. Into such account there shall be deposited federal funds, state funds, and other moneys which are available and which may be paid to the state agency for medical assistance payments and reimbursements from counties or others for their share of such payments.

Subd. 3. The state agency shall prescribe and furnish vendors suitable forms for submitting claims under the medical assistance program.

Subd. 4. The state agency in establishing a statewide system of centralized disbursement of medical assistance payments shall comply with federal requirements in order to receive the maximum amount of federal funds which are available for the purpose, together with such additional federal funds which may be made available for the operation of a centralized system of disbursement of medical assistance payments to vendors.

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 50 percent of that portion not met by federal funds.

Subd. 6. The commissioners of public welfare and administration may contract with any agency of government or any corporation for providing all or a portion of the services for carrying out the provisions of this section.

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Subd. 7. Federal funds available for administrative purposes shall be distributed between the state and the county on the same basis that reimbursements are earned.

[1973 c 717 s 2]

**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 except for the amount of income or resources would qualify for aid to families with dependent children and is in need of medical assistance; or

(3) 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

(4) 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

(5) 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

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

(7) 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

(8) Who has or anticipates receiving an annual income not in excess of \$1,740 for a single person, or \$2,424 for two family members (man and wife, parent and child, or two siblings), plus \$516 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

(9) Who has applied or agrees to apply all proceeds received or receivable by him or his spouse from health and accident insurance policies on the costs of medical care for himself, his spouse, and children.

Subd. 2. Medical assistance shall also be paid for any person who is a recipient of, or is eligible for, supplemental security income for the aged, blind and disabled, who meets the criteria of subdivision 1.

[1973 c 717 s 18]

**256B.061 Eligibility**

If any individual has been determined to be eligible for medical assistance, it will be made available to him for care and services included under the plan and furnished in or after the third month before the month in which he made

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application for such assistance, if such individual was, or upon application would have been, eligible for medical assistance at the time the care and services were furnished.

[1973 c 717 s 3]

**256B.062 Continued eligibility**

Any family which was eligible for medical assistance in at least three of the six months immediately preceding the month in which such family became ineligible for medical assistance because of increased income from employment shall, while a member of such family is employed, remain eligible for medical assistance for four calendar months following the month in which such family would otherwise be determined to be ineligible due to the income and resources limitations of chapter 256B.

[1973 c 717 s 4]

**256B.063 Cost sharing**

Notwithstanding the provisions of section 256B.05, subdivision 2, the commissioner is authorized to promulgate rules pursuant to the administrative procedures act, and to require a nominal enrollment fee, premium, or similar charge for recipients of medical assistance, if and to the extent required by applicable federal regulation.

[1973 c 717 s 5]

**256B.064 Ineligible provider**

The commissioner is authorized to terminate payments under chapter 256B to any person or facility providing medical assistance which, under applicable federal law or regulation, has been finally determined to be ineligible for payments under Title XIX of the Social Security Act.

[1973 c 717 s 6]

**256B.065 Social security amendments**

The commissioner shall comply with requirements of the social security amendments of 1972 (P.L. 92-603) necessary in order to avoid loss of federal funds, and shall implement by rule, pursuant to the administrative procedures act, those provisions required of state agencies supervising Title XIX of the Social Security Act.

[1973 c 717 s 7]

**256B.07 Exceptions in determining resources**

A county agency may 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.

[1973 c 141 s 2]

**256B.09 Investigations**

When an application for medical assistance hereunder is filed with a county agency, such county agency shall promptly make or cause to be made such investigation as it may deem necessary. The object of such investigation shall be to ascertain the facts supporting the application made hereunder and such other information as may be required by the rules of the state agency. Upon the completion of such investigation the county agency shall promptly determine eligibility. No approval by the county agency shall be required prior to payment for medical care provided to recipients determined to be eligible pursuant to this section.

[1973 c 717 s 19]

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**256B.14 Relative's responsibility**

The financial responsibility of a relative for an applicant or recipient of medical assistance shall not extend beyond the relationship of a spouse, or a parent of an applicant who is under 18 years of age.

[1973 c 725 s 46]

**256B.22 Compliance with social security act**

The various terms and provisions hereof, including the amount of medical assistance paid hereunder, are intended to comply with and give effect to the program set out in Title XIX of the federal Social Security Act. During any period when federal funds shall not be available or shall be inadequate to pay in full the federal share of medical assistance as defined in Title XIX of the federal Social Security Act, as amended by Public Law 92-603, the state may reduce by an amount equal to such deficiency the payments it would otherwise be obligated to make pursuant to section 256B.041.

[1973 c 717 s 20]

**256B.30 Health care facility report**

Every facility required to be licensed under the provisions of sections 144.50 to 144.58 shall provide annually to the commissioner of public welfare such reports as may be required under law and under regulations adopted by the commissioner of public welfare under the administrative procedures act. Such regulations shall provide for the submission of a full and complete financial report of a facility's operations including:

- (1) An annual statement of income and expenditures;
- (2) A complete statement of fees and charges;
- (3) The names of all persons other than mortgage companies owning any interest in the facility including stockholders with an ownership interest of ten percent or more of the facility.

The financial reports and supporting data of the facility shall be available for inspection and audit by the commissioner of public welfare.

[1973 c 688 s 8]

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**CUSTODY****257.01 Placing out, records**

Each person permitted by law to receive children, secure homes for children, or care for children, shall keep a record containing the name, age, and former residence of each child received; the name, former residence, occupation, and character, of each parent; the date of reception, placing out, and adoption of each child, and the name, occupation, and residence of the person with whom a child is placed; the date of the removal of any child to another home and the cause thereof; the date of termination of the guardianship; the history of each child until he reaches the age of 18 years, is legally adopted, or is discharged according to law; and such other information as is required by the commissioner of public welfare.

[1973 c 725 s 47]