

CHAPTER 246

PUBLIC INSTITUTIONS

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246.18 DISPOSAL OF FUNDS.

Subdivision 1. **Generally.** Except as provided in subdivisions 2 and 4, every officer and employee of the several institutions under the jurisdiction of the commissioner of human services who has money belonging to an institution shall pay the money to the accounting officer thereof. Every accounting officer, at the close of each month or oftener, shall forward to the commissioner of human services a statement of the amount and sources of all money received. On receipt of such statement, the commissioner shall transmit the same to the commissioner of finance, who shall deliver to the state treasurer a draft upon the accounting officer for the same specifying the funds to which it is to be credited. Upon payment of such draft, the amount shall be so credited.

[For text of subds 2 and 3, see M.S.1986]

Subd. 4. **Collections deposited in medical assistance account.** Except as provided in subdivision 2, all receipts from collection efforts for the regional treatment centers and state nursing homes 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.

History: 1987 c 403 art 2 s 44,45

246.50 CARE OF PATIENTS AND RESIDENTS AT REGIONAL TREATMENT CENTERS AND STATE NURSING HOMES; DEFINITIONS.

[For text of subds 1 and 2, see M.S.1986]

Subd. 3. **Regional treatment center.** "Regional treatment center" means a state facility for treating persons with mental illness, mental retardation, or chemical dependency now existing or hereafter established.

Subd. 3a. **State nursing home.** "State nursing home" means Ah-Gwah-Ching and Oak Terrace facilities.

[For text of subd 4, see M.S.1986]

Subd. 4a. **Resident.** "Resident" means any mentally retarded person receiving care or treatment at a regional treatment center, whether the person entered such hospital voluntarily or under commitment, and any person residing at or receiving care in a state nursing home.

Subd. 5. **Cost of care.** "Cost of care" means the commissioner's determination of the anticipated average per capita cost of all maintenance, treatment and expense, including depreciation of buildings and equipment, interest paid on bonds issued for capital improvements to state facilities, and indirect costs related to the operation other than that paid from the Minnesota state building fund, at all of the state facilities during the current year for which billing is being made. The commissioner shall determine the anticipated average per capita cost. The commissioner may establish one all

inclusive rate or separate rates for each patient or resident disability group, and may establish separate charges for each facility. "Cost of care" for outpatient or day care patients or residents shall be on a cost for service basis under a schedule the commissioner shall establish.

For purposes of this subdivision "resident patient" means a person who occupies a bed while housed in a state facility for observation, care, diagnosis, or treatment.

For purposes of this subdivision "outpatient" or "day care" patient or resident means a person who makes use of diagnostic, therapeutic, counseling, or other service in a state facility or through state personnel but does not occupy a bed overnight.

For the purposes of collecting from the federal government for the care of those patients eligible for medical care under the Social Security Act "cost of care" shall be determined as set forth in the rules and regulations of the Department of Health and Human Services or its successor agency.

[For text of subd 6, see M.S.1986]

Subd. 7. Patient's or resident's county. "Patient's or resident's county" means the county of the patient's or resident's legal settlement for poor relief purposes at the time of commitment or voluntary admission to a state facility, or if the patient or resident has no such legal settlement in this state, it means the county of commitment, except that where a patient or resident with no such legal settlement is committed while serving a sentence at a penal institution, it means the county from which the patient or resident was sentenced.

[For text of subds 8 and 9, see M.S.1986]

History: 1987 c 403 art 2 s 46-50

246.51 PAYMENT FOR CARE AND TREATMENT; DETERMINATION.

Subdivision 1. Procedures. The commissioner shall make investigation as necessary to determine, and as circumstances require redetermine, what part of the cost of care, if any, the patient or resident is able to pay. If the patient or resident is unable to pay the full cost of care the commissioner shall make a determination as to the ability of the relatives to pay. The patient, resident, and relatives shall provide the commissioner documents and proofs necessary to determine their ability to pay. Failure to provide the commissioner with sufficient information to determine ability to pay may make the patient, resident, or relatives liable for the full cost of care until the time when sufficient information is provided. No parent shall be liable for the cost of care given a patient at a regional treatment center after the patient has reached the age of 18 years. The commissioner's determination shall be conclusive in any action to enforce payment of the cost of care unless appealed from as provided in section 246.55. All money received, except for chemical dependency receipts, shall be paid to the state treasurer and placed in the general fund of the state and a separate account kept of it. Except for services provided under chapter 254B, responsibility under this section shall not apply to those relatives having gross earnings of less than \$11,000 per year.

Subd. 2. Rules. The commissioner shall adopt, pursuant to the administrative procedure act, rules establishing uniform standards for determination of patient liability and relative, guardian or conservator responsibility for care provided at state facilities. The standards may differ for mental illness, chemical dependency, or mental retardation. The standards established in rules adopted under chapter 254B shall determine the amount of patient and relative responsibility when a portion of the patient's cost of care has been paid under chapter 254B. These rules shall have the force and effect of law.

History: 1987 c 299 s 1; 1987 c 384 art 1 s 20; 1987 c 403 art 2 s 51

246.511 RELATIVE RESPONSIBILITY.

Except for chemical dependency services paid for with funds provided under

chapter 254B, a patient's or resident's relatives shall not, pursuant to the commissioner's authority under section 246.51, be ordered to pay more than ten percent of the cost of care, unless they reside outside the state. Parents of children in state facilities shall have their responsibility to pay determined according to section 252.27, subdivision 2, or in rules adopted under chapter 254B if the cost of care is paid under chapter 254B. The commissioner may accept voluntary payments in excess of ten percent. The commissioner may require full payment of the full per capita cost of care in state facilities for patients or residents whose parent, parents, spouse, guardian, or conservator do not reside in Minnesota.

History: 1987 c 299 s 2; 1987 c 403 art 2 s 52

246.531 SUBROGATION OF INSURANCE SETTLEMENTS.

Subdivision 1. Subrogation to patient's rights. The department of human services shall be subrogated, to the extent of the cost of care for services given, to the rights a patient or resident who receives treatment or care at a state facility may have under private health care coverage. The right of subrogation does not attach to benefits paid or provided under private health care coverage before the carrier issuing the health care coverage receives written notice of the exercise of subrogation rights.

Subd. 2. Civil action. To recover under this section, the department of human services, with counsel of the attorney general, may institute or join in a civil action against the carrier issuing the private health care coverage.

History: 1987 c 403 art 2 s 53

246.56 PREVOCATIONAL TRAINING FOR PATIENTS WITH MENTAL ILLNESS OR RESIDENTS WITH MENTAL RETARDATION; ADMINISTRATION.

[For text of subd 1, see M.S.1986]

Subd. 2. Powers of commissioner. The work activity programs authorized herein shall be planned and designed exclusively to provide therapeutic activities for handicapped workers whose physical or mental impairment is so severe as to make productive capacity inconsequential. Notwithstanding section 177.24, the activities within this program shall conform to the rules and regulations relating to work activity centers promulgated by the United States Department of Labor. To accomplish the foregoing purpose the commissioner of human services shall have the power and authority to:

(a) use the diversified labor fund established by Laws 1945, chapter 575, section 19, to purchase equipment and remodel facilities of the state hospitals referred to in subdivision 1 to initiate the work activity program,

(b) formulate a system of records and accounts which shall at all times indicate the extent of purchases, sales, wages, and bidding practices and which shall be open to public inspection.

The commissioner of human services shall, subject to the approval of the commissioner of education, have the power and authority to:

(a) create a work activity center revolving fund for the purpose of receiving and expending money in the operation of the said programs,

(b) contract with public and private industries for the manufacture, repair, or assembling of work according to standard bidding practices,

(c) use the revenue from the operation of said programs to pay wages to patients or residents according to their productivity, purchase equipment and supplies and pay other expenses necessary to the operation of the said programs,

(d) establish an advisory committee consisting of representatives from the departments of health, jobs and training, and human services, labor and business groups, interested community agencies, including but not limited to the Minnesota association of rehabilitation facilities, the Minnesota association for retarded children, and the Minnesota association for mental health, and the general public. This committee will

act in an advisory capacity with respect to the scope of work activity programs, the nature of the goods to be produced and services to be performed in such programs,

(e) utilize all available vocational rehabilitation services and encourage the integration of the work activity program into existing vocational rehabilitation and community based programs, so that the work activity program will neither duplicate nor unfairly compete with existing public or private community programs.

History: 1987 c 22 s 1

246.57 SHARED SERVICE AGREEMENTS.

Subdivision 1. **Authorized.** The commissioner of human services may authorize any regional center or state operated nursing home to enter into agreement with other governmental entities and both nonprofit and profit health service organizations for participation in shared service agreements that would be of mutual benefit to the state, other governmental entities and health service organizations involved, and the public. Notwithstanding section 16B.06, subdivision 2, the commissioner of human services may delegate the execution of shared services contracts to the chief executive officers of the regional centers or state operated nursing homes. No additional employees shall be added to the legislatively approved complement for any regional center or state nursing home as a result of entering into any shared service agreement. However, positions funded by a shared service agreement may be authorized by the commissioner of finance for the duration of the shared service agreement. The charges for the services shall be on an actual cost basis and all receipts shall be deposited in the general fund. The receipts are appropriated to the commissioner of human services for the duration of the shared service agreement to make expenditures under the agreement that are not covered by other appropriations.

Subd. 2. **Reports.** The commissioner of human services shall report biennially to the legislature about the number of agreements approved for each regional center and state operated nursing home, the types of services provided, and the amounts collected.

Subd. 3. [Repealed, 1987 c 234 s 4]

Subd. 4. **Shared staff or services.** The commissioner of human services may authorize a regional treatment center to provide staff or services to Camp Confidence in return for services to, or use of the camp's facilities by, residents of the treatment center who have mental retardation or a related condition.

Subd. 5. **Laundry equipment.** The commissioner of human services may provide for the replacement of laundry equipment by including a charge for depreciation as part of the service costs charged by a regional treatment center operating a laundry service. Receipts for laundry services attributable to depreciation of laundry equipment must be deposited in a laundry equipment depreciation account within the general fund. All money deposited in the account is appropriated to the commissioner of human services for the replacement of laundry equipment. Any balance remaining in the account at the end of a fiscal year does not cancel and is available until expended.

History: 1987 c 234 s 1-3; 1987 c 403 art 2 s 54

246.61 [Repealed, 1987 c 234 s 4]

246.62 [Repealed, 1987 c 234 s 4]

246.63 [Repealed, 1987 c 234 s 4]