CHAPTER 246

PUBLIC INSTITUTIONS

246.018 OFFICE OF MEDICAL DIRECTOR.

Subdivision 1. **Established.** The office of medical director within the department of human services is established.

Subd. 2. **Medical director.** The commissioner of human services shall appoint a medical director. The medical director must be a psychiatrist certified by the board of psychiatry.

Subd. 3. **Duties.** The medical director shall:

(1) oversee the clinical provision of inpatient mental health services provided in the state's regional treatment centers;

(2) recruit and retain psychiatrists to serve on the state medical staff established in subdivision 4;

(3) consult with the commissioner of human services, the assistant commissioner of mental health, community mental health center directors, and the regional treatment center governing bodies to develop standards for treatment and care of patients in regional treatment centers and outpatient programs;

(4) develop and oversee a continuing education program for members of the regional treatment center medical staff;

(5) consult with the commissioner on the appointment of the chief executive officers for regional treatment centers; and

(6) participate and cooperate in the development and maintenance of a quality assurance program for regional treatment centers that assures that residents receive quality inpatient care and continuous quality care once they are discharged or transferred to an outpatient setting.

Subd. 4. **Regional treatment center medical staff.** (a) The commissioner of human services shall establish a regional treatment center medical staff which shall be under the clinical direction of the office of medical director.

(b) The medical director, in conjunction with the regional treatment center medical staff, shall:

(1) establish standards and define qualifications for physicians who care for residents in regional treatment centers;

(2) monitor the performance of physicians who care for residents in regional treatment centers; and

(3) recommend to the commissioner changes in procedures for operating regional treatment centers that are needed to improve the provision of medical care in those facilities.

History: *1989 c 282 art 4 s 62*

246.18 DISPOSAL OF FUNDS.

[For text of subds 1 to 3, see M.S.1988]

Subd. 3a. **Contingency fund.** A separate interest-bearing account must be established in accordance with subdivision 3 for use by the commissioner of human services

in contingency situations related to chemical dependency programs operated by the regional treatment centers or state nursing homes. Within the limits of appropriations made available for this purpose, money must be provided to each regional treatment center to enable each center to continue to provide chemical dependency services.

Subd. 4. **Collections deposited in medical assistance account.** Except as provided in subdivision 2, 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.

History: *1989 c 282 art 6 s 6,7*

246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.

For the purpose of carrying out a duty, the commissioner of human services shall have authority to accept uncompensated and voluntary services and to enter into contracts or agreements with private or public agencies, or persons, for uncompensated and voluntary services, as the commissioner may deem practicable. Uncompensated and voluntary services do not include services mandated by licensure and certification requirements for health care facilities. The volunteer agencies, organizations, or persons who provide services to residents of state facilities operated under the authority of the commissioner are not subject to the procurement requirements of chapters 16A and 16B. The agencies, organizations, or persons may purchase supplies, services, and equipment to be used in providing services to residents of state facilities through the department of administration.

History: *1989 c 282 art 6 s 8*

246.50 CARE OF CLIENTS AT STATE FACILITIES; DEFINITIONS.

[For text of subds 1 and 2, see M.S.1988]

Subd. 3. **State facility.** "State facility" means any state facility owned or operated by the state of Minnesota and under the programmatic direction or fiscal control of the commissioner. State facility includes regional treatment centers; the state nursing homes; state-operated, community-based programs; and other facilities owned or operated by the state and under the commissioner's control.

Subd. 3a. [Repealed, 1989 c 282 art 2 s 219]

Subd. 4. **Client.** "Client" means any person receiving services at a state facility, whether or not those services require occupancy of a bed overnight.

Subd. 4a. [Repealed, 1989 c 282 art 2 s 219]

Subd. 5. **Cost of care.** "Cost of care" means the commissioner's charge for services provided to any person admitted to a state facility.

For purposes of this subdivision, "charge for services" means the cost of services, treatment, maintenance, bonds issued for capital improvements, depreciation of buildings and equipment, and indirect costs related to the operation of state facilities. The commissioner may determine the charge for services on an anticipated average per diem basis as an all inclusive charge per facility, per disability group, or per treatment program. The commissioner may determine a charge per service, using a method that includes direct and indirect costs.

[For text of subds 6 to 8, see M.S.1988]

Subd. 9. [Repealed, 1989 c 282 art 2 s 219]

History: *1989 c 282 art 2 s 87-89*

NOTE: Subdivision 5 was also amended by Laws 1989, chapter 271, section 32, to read as follows:

"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 or the bond proceeds 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."

246.51 PAYMENT FOR CARE AND TREATMENT; DETERMINATION.

[For text of subds 1 and 2, see M.S.1988]

Subd. 3. **Applicability.** The commissioner may recover, under sections 246.50 to 246.55, the cost of any care provided in a state facility, including care provided prior to July 1, 1989, regardless of the terminology used to designate the status or condition of the person receiving the care or the terminology used to identify the facility. For purposes of recovering the cost of care provided prior to July 1, 1989, the term "state facility" as used in sections 246.50 to 246.55 includes "state hospital," "regional treatment center," or "regional center"; and the term "client" includes, but is not limited to, persons designated as "mentally deficient," "inebriate," "chemically dependent," or "intoxicated."

History: *1989 c 282 art 2 s 90*

246.54 LIABILITY OF COUNTY; REIMBURSEMENT.

Except for chemical dependency services provided under sections 254B.01 to 254B.09, the client's county shall pay to the state of Minnesota a portion of the cost of care provided in a regional treatment center to a client legally settled in that county. A county's payment shall be made from the county's own sources of revenue and payments shall be paid as follows: payments to the state from the county shall equal ten percent of the cost of care, as determined by the commissioner, for each day, or the portion thereof, that the client spends at a regional treatment center. If payments received by the state under sections 246.50 to 246.53 exceed 90 percent of the cost of care, the county shall be responsible for paying the state only the remaining amount. The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53. No such payments shall be made for any client who was last committed prior to July 1, 1947.

History: *1989 c 282 art 2 s 91,218*

246.57 SHARED SERVICE AGREEMENTS.

Subdivision 1. **Authorized.** The commissioner of human services may authorize any state facility operated under the authority of the commissioner to enter into agreement with other governmental entities and both nonprofit and for-profit organizations for participation in shared service agreements that would be of mutual benefit to the state, other governmental entities and 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. All receipts for shared services may be retained by the

regional treatment center or state-operated nursing home that provided the services, in addition to other funding the regional treatment center or state-operated nursing home receives.

[For text of subds 2 to 5, see M.S.1988]

History: *1989 c 282 art 6 s 9*

246.64 CHEMICAL DEPENDENCY SERVICE AGREEMENTS.

Subdivision 1. **Chemical dependency rates.** Notwithstanding sections 246.50, subdivision 5; 246.511; and 251.011, the commissioner shall establish separate rates for each chemical dependency service operated by the commissioner and may establish separate rates for each service component within the program by establishing fees for services or different per diem rates for each separate chemical dependency unit within the program based on actual costs attributable to the service or unit. The rate must allocate the cost of all anticipated maintenance, treatment, and expenses including depreciation of buildings and equipment, interest paid on bonds issued for capital improvements for chemical dependency programs, reimbursement and other indirect costs related to the operation of chemical dependency programs other than that paid from the Minnesota state building fund or the bond proceeds fund, and losses due to bad debt. The rate must not include allocations of chaplaincy, patient advocacy, or quality assurance costs that are not required for chemical dependency licensure by the commissioner or certification for chemical dependency by the Joint Commission on Accreditation of Hospitals. Notwithstanding any other law, the commissioner shall treat these costs as nonhospital department expenses.

[For text of subds 2 to 4, see M.S.1988]

History: *1989 c 271 s 33*

246.70 SERVICES TO FAMILIES.

(a) The commissioner shall publicize the planned changes to the facilities operated by the commissioner. A parent, other involved family member, or private guardian of a resident of a facility must be notified of the changes planned for each facility. When new services developed for a person require the person to move, the commissioner shall provide each parent, family member, and guardian of that person with the following:

(1) names and telephone numbers of the state and county contacts;

(2) information on types of services to be developed;

(3) information on how the individual planning process works, including how alternative placements will be determined, and how family members can be involved;

(4) information on the process to be followed when a parent, other family member, or guardian disagrees with the proposed services; and

(5) a list of additional resources such as advocates, local volunteer coordinators, and family groups.

(b) At least one staff person in each facility must be available to provide information about:

(1) community placements;

(2) the opportunity for interested family members and guardians to participate in program planning; and

(3) family support groups.

History: *1989 c 282 art 6 s 10*