

CHAPTER 256D

GENERAL ASSISTANCE ACT

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256D.01 DECLARATION OF POLICY; CITATION.

Subdivision 1. **Policy.** The objectives of sections 256D.01 to 256D.21 are to provide a sound administrative structure for public assistance programs; to maximize the use of federal money for public assistance purposes; to provide an integrated public assistance program for all persons in the state without adequate income or resources to maintain a subsistence reasonably compatible with decency and health; and to provide work readiness services to help employable and potentially employable persons prepare for and attain self-sufficiency and obtain permanent work.

It is declared to be the policy of this state that persons unable to provide for themselves and not otherwise provided for by law and who meet the eligibility requirements of sections 256D.01 to 256D.21 are entitled to receive grants of general assistance necessary to maintain a subsistence reasonably compatible with decency and health. Providing this assistance is a matter of public concern and a necessity in promoting the public health and welfare.

Subd. 1a. **Standards.** (a) A principal objective in providing general assistance is to provide for persons ineligible for federal programs who are unable to provide for themselves. The minimum standard of assistance determines the total amount of the general assistance grant without separate standards for shelter, utilities, or other needs.

(b) The commissioner shall set the standard of assistance for an assistance unit consisting of an adult recipient who is childless and unmarried or living apart from children and spouse and who does not live with a parent or parents or a legal custodian. When the other standards specified in this subdivision increase, this standard must also be increased by the same percentage.

(c) For an assistance unit consisting of a single adult who lives with a parent or parents, the general assistance standard of assistance is the amount that the aid to families with dependent children standard of assistance would increase if the recipient were added as an additional minor child to an assistance unit consisting of the recipient's parent and all of that parent's family members, except that the standard may not exceed the standard for a general assistance recipient living alone. Benefits received by a responsible relative of the assistance unit under the supplemental security income program, a workers' compensation program, the Minnesota supplemental aid program, or any other program based on the responsible relative's disability, and any benefits received by a responsible relative of the assistance unit under the social security retirement program, may not be counted in the determination of eligibility or benefit

level for the assistance unit. Except as provided below, the assistance unit is ineligible for general assistance if the available resources or the countable income of the assistance unit and the parent or parents with whom the assistance unit lives are such that a family consisting of the assistance unit's parent or parents, the parent or parents' other family members and the assistance unit as the only or additional minor child would be financially ineligible for general assistance. For the purposes of calculating the countable income of the assistance unit's parent or parents, the calculation methods, income deductions, exclusions, and disregards used when calculating the countable income for a single adult or childless couple must be used.

(d) For an assistance unit consisting of a childless couple, the standards of assistance are the same as the first and second adult standards of the aid to families with dependent children program. If one member of the couple is not included in the general assistance grant, the standard of assistance for the other is the second adult standard of the aid to families with dependent children program.

(e) For an assistance unit consisting of all members of a family, the standards of assistance are the same as the standards of assistance that apply to a family under the aid to families with dependent children program if that family had the same number of parents and children as the assistance unit under general assistance and if all members of that family were eligible for the aid to families with dependent children program. If one or more members of the family are not included in the assistance unit for general assistance, the standards of assistance for the remaining members are the same as the standards of assistance that apply to an assistance unit composed of the entire family, less the standards of assistance for a family of the same number of parents and children as those members of the family who are not in the assistance unit for general assistance. However, if an assistance unit consists solely of the minor children because their parent or parents have been sanctioned from receiving benefits from the aid to families with dependent children program, the standard for the assistance unit is the same as the special child standard of the aid to families with dependent children program. A child may not be excluded from the assistance unit unless income intended for its benefit is received from a federally aided categorical assistance program or supplemental security income. The income of a child who is excluded from the assistance unit may not be counted in the determination of eligibility or benefit level for the assistance unit.

Subd. 1b. Rules. The commissioner may adopt emergency rules and shall adopt permanent rules to set standards of assistance and methods of calculating payment to conform with subdivision 1a. The minimum standards of assistance shall authorize the payment of rates negotiated by county agencies for recipients living in a room and board arrangement according to sections 256I.01 to 256I.07. When a recipient is a resident of a regional treatment center, or a residence with a negotiated rate, the recipient is not eligible for a full general assistance standard. The state standard of assistance for those recipients is the personal needs allowance authorized for medical assistance recipients under section 256B.35.

Subd. 1c. [Repealed, 1989 c 282 art 5 s 133]

[For text of subd 2, see M.S.1988]

History: 1989 c 282 art 5 s 42-44

NOTE: Subdivisions 1 and 1a, as amended by Laws 1989, chapter 282, article 5, sections 42 and 43, are effective October 1, 1990. See Laws 1989, chapter 282, article 5, section 134.

NOTE: The changes in subdivision 1b, as amended by Laws 1989, chapter 282, article 5, section 44, relating to the general assistance and work readiness programs are effective October 1, 1990. See Laws 1989, chapter 282, article 5, section 134.

NOTE: Subdivision 1c was also amended by Laws 1989, chapter 282, article 5, section 45, to read as follows:

"Subd. 1c. **General assistance payments.** (a) The commissioner shall authorize the payment of rates negotiated by local agencies for recipients living in a room and board arrangement. Except for payments made to a secure crisis shelter under section 256D.05, subdivision 3, monthly general assistance payments for rates negotiated by a local agency on behalf of recipients living in a room and board, boarding care, supervised living, or adult foster care arrangement may not exceed the limits established under the Minnesota supplemental aid program. No payments under this paragraph may be made to a facility licensed after August 1, 1987, that has more than four residents with a diagnosis of mental illness unless the

facility is specifically licensed to serve persons with mental illness. The commissioner of health shall monitor newly-licensed facilities and shall report to the commissioner of human services facilities that are not in compliance with this section.

(b) In order to maximize the use of federal funds, the commissioner shall adopt rules, to the extent permitted by federal law, for eligibility for the emergency assistance program under aid to families with dependent children, and under the terms of sections 256D.01 to 256D.21 for general assistance, to require use of the emergency program under aid to families with dependent children as the primary financial resource when available.

(c) The commissioner shall adopt rules for eligibility for general assistance of persons with seasonal income, and may attribute seasonal income to other periods not in excess of one year from receipt by an applicant or recipient.

(d) General assistance payments may not be made for foster care, child welfare services, or other social services.

(e) Vendor payments and vouchers may be issued only as authorized in sections 256D.05, subdivision 6, and 256D.09."

256D.02 DEFINITIONS.

Subdivision 1. **Scope.** For purposes of sections 256D.01 to 256D.21, the terms defined in this section have the meanings given them unless otherwise provided or indicated by the context.

[For text of subs 2 and 3, see M.S.1988]

Subd. 4. **General assistance.** "General assistance" means cash payments to persons unable to provide themselves with a reasonable subsistence compatible with decency and health and who are not otherwise provided for under the laws of this state or the United States.

[For text of subs 4a to 12, see M.S.1988]

Subd. 12a. **Resident.** For purposes of eligibility for general assistance under section 256D.05, and work readiness payments under section 256D.051, a "resident" is a person living in the state with the intention of making his or her home here and not for any temporary purpose. All applicants for these programs are required to demonstrate the requisite intent and can do so in any of the following ways:

(1) by showing that the applicant maintains a residence at a verified address, other than a place of public accommodation. An applicant may verify a residence address by presenting a valid state driver's license, a state identification card, a voter registration card, a rent receipt, a statement by the landlord, apartment manager, or homeowner verifying that the individual is residing at the address, or other form of verification approved by the commissioner;

(2) by providing written documentation that the applicant came to the state in response to an offer of employment;

(3) by providing verification that the applicant has been a long-time resident of the state or was formerly a resident of the state for at least 365 days and is returning to the state from a temporary absence, as those terms are defined in rules to be adopted by the commissioner; or

(4) by providing other persuasive evidence to show that the applicant is a resident of the state, according to rules adopted by the commissioner.

[For text of subs 13 to 16, see M.S.1988]

History: 1989 c 282 art 5 s 46-48

NOTE: Subdivisions 1 and 4, as amended by Laws 1989, chapter 282, article 5, sections 46 and 47, and subdivision 12a, as added by section 48, is effective October 1, 1990. See Laws 1989, chapter 282, article 5, section 134.

256D.03 RESPONSIBILITY TO PROVIDE GENERAL ASSISTANCE.

[For text of subd 1, see M.S.1988]

Subd. 2. For the period from January 1 to June 30, state aid shall be paid to local agencies for 75 percent of all general assistance and work readiness grants up to the standards of sections 256D.01, subdivision 1a, and 256D.051, and according to procedures established by the commissioner, except as provided for under section 256.017. Subsequent to July 1 of each year, the state agency shall reimburse the county agency

for the funds expended during the January 1 to June 30 period, except as provided for in section 256.017.

For the period from July 1 to December 31, state aid shall be paid to local agencies for 100 percent of all general assistance and work readiness grants up to the standards of sections 256D.01, subdivision 1a, and 256D.051, and according to procedures established by the commissioner, except as provided for under section 256.017 and except that, after December 31, 1988, state aid is reduced to 65 percent of all work readiness assistance if the local agency does not make occupational or vocational literacy training available and accessible to recipients who are eligible for assistance under section 256D.051.

After December 31, 1988, state aid must be paid to local agencies for 65 percent of work readiness assistance paid under section 256D.051 if the county does not have an approved and operating community investment program.

Any local agency may, from its own resources, make payments of general assistance and work readiness assistance: (a) at a standard higher than that established by the commissioner without reference to the standards of section 256D.01, subdivision 1; or (b) to persons not meeting the eligibility standards set forth in section 256D.05, subdivision 1, or 256D.051 but for whom the aid would further the purposes established in the general assistance or work readiness program in accordance with rules adopted by the commissioner pursuant to the administrative procedure act.

Subd. 3. General assistance medical care; eligibility. (a) General assistance medical care may be paid for any person:

(1) who is eligible for assistance under section 256D.05 or 256D.051 and is not eligible for medical assistance under chapter 256B; or

(2) (i) who is a resident of Minnesota; and whose equity in assets is not in excess of \$1,000 per assistance unit. Exempt assets, the reduction of excess assets, and the waiver of excess assets must conform to the medical assistance program in chapter 256B; and

(ii) who has countable income not in excess of the assistance standards established in section 256B.056, subdivision 4, or whose excess income is spent down pursuant to section 256B.056, subdivision 5. The method for calculating earned income disregards and deductions for a person who resides with a dependent child under age 21 shall be as specified in section 256.74, subdivision 1. The earned income deductions for a person who does not reside with a dependent child under age 21 shall be the same as the method used to determine eligibility for a person under section 256D.06, subdivision 1, except for the disregard of the first \$50 of earned income; or

(3) who is over age 18 and who would be eligible for medical assistance except that the person resides in a facility that is determined by the commissioner or the federal health care financing administration to be an institution for mental diseases.

(b) Eligibility is available for the month of application and for three months prior to application if the person was eligible in those prior months. A redetermination of eligibility must occur every 12 months.

(c) General assistance medical care may be paid for a person, regardless of age, who is detained by law for less than one year in a county correctional or detention facility as a person accused or convicted of a crime, or admitted as an inpatient to a hospital on a criminal hold order, if the person is a recipient of general assistance medical care at the time the person is detained by law or admitted on a criminal hold order and as long as the person continues to meet other eligibility requirements of this subdivision.

(d) General assistance medical care is not available for applicants or recipients who do not cooperate with the local agency to meet the requirements of medical assistance.

(e) In determining the amount of assets of an individual, there shall be included any asset or interest in an asset, including an asset excluded under paragraph (a), that was given away, sold, or disposed of for less than fair market value within the 30

months preceding application for general assistance medical care or during the period of eligibility. Any transfer described in this paragraph shall be presumed to have been for the purpose of establishing eligibility for general assistance medical care, unless the individual furnishes convincing evidence to establish that the transaction was exclusively for another purpose. For purposes of this paragraph, the value of the asset or interest shall be the fair market value at the time it was given away, sold, or disposed of, less the amount of compensation received. For any uncompensated transfer, the number of months of ineligibility shall be calculated by dividing the uncompensated transfer amount by the average monthly per person payment made by the medical assistance program to skilled nursing facilities for the previous calendar year. The individual shall remain ineligible until this fixed period has expired. The period of ineligibility may exceed 30 months, and a reapplication for benefits after 30 months from the date of the transfer shall not result in eligibility unless and until the period of ineligibility has expired.

[For text of subd 3a, see M.S.1988]

Subd. 4. General assistance medical care; services. (a) Reimbursement under the general assistance medical care program shall be limited to the following categories of service: inpatient hospital care, outpatient hospital care, services provided by Medicare certified rehabilitation agencies, prescription drugs, equipment necessary to administer insulin and diagnostic supplies and equipment for diabetics to monitor blood sugar level, eyeglasses and eye examinations provided by a physician or optometrist, hearing aids, prosthetic devices, laboratory and X-ray services, physician's services, medical transportation, chiropractic services as covered under the medical assistance program, podiatric services, and dental care. In addition, payments of state aid shall be made for:

(1) outpatient services provided by a mental health center or clinic that is under contract with the county board and is certified under Minnesota Rules, parts 9520.0010 to 9520.0230;

(2) day treatment services for mental illness provided under contract with the county board;

(3) prescribed medications for persons who have been diagnosed as mentally ill as necessary to prevent more restrictive institutionalization;

(4) case management services for a person with serious and persistent mental illness who would be eligible for medical assistance except that the person resides in an institution for mental diseases;

(5) psychological services, medical supplies and equipment, and Medicare premiums, coinsurance and deductible payments for a person who would be eligible for medical assistance except that the person resides in an institution for mental diseases; and

(6) equipment not specifically listed in this paragraph when the use of the equipment will prevent the need for costlier services that are reimbursable under this subdivision.

(b) In order to contain costs, the commissioner of human services shall select vendors of medical care who can provide the most economical care consistent with high medical standards and shall where possible contract with organizations on a prepaid capitation basis to provide these services. The commissioner shall consider proposals by counties and vendors for prepaid health plans, competitive bidding programs, block grants, or other vendor payment mechanisms designed to provide services in an economical manner or to control utilization, with safeguards to ensure that necessary services are provided. Before implementing prepaid programs in counties with a county operated or affiliated public teaching hospital or a hospital or clinic operated by the University of Minnesota, the commissioner shall consider the risks the prepaid program creates for the hospital and allow the county or hospital the opportunity to participate in the program in a manner that reflects the risk of adverse selection and

the nature of the patients served by the hospital, provided the terms of participation in the program are competitive with the terms of other participants considering the nature of the population served. Payment for services provided pursuant to this subdivision shall be as provided to medical assistance vendors of these services under sections 256B.02, subdivision 8, and 256B.0625. For payments made during fiscal year 1990 and later years, the commissioner shall contract with an independent actuary to establish prepayment rates.

(c) The commissioner of human services may reduce payments provided under sections 256D.01 to 256D.21 and 261.23 in order to remain within the amount appropriated for general assistance medical care, within the following restrictions.

For the period July 1, 1985, to December 31, 1985, reductions below the cost per service unit allowable under section 256.966, are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 30 percent; payments for all other inpatient hospital care may be reduced no more than 20 percent. Reductions below the payments allowable under general assistance medical care for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than ten percent.

For the period January 1, 1986, to December 31, 1986, reductions below the cost per service unit allowable under section 256.966 are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 20 percent; payments for all other inpatient hospital care may be reduced no more than 15 percent. Reductions below the payments allowable under general assistance medical care for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than five percent.

For the period January 1, 1987, to June 30, 1987, reductions below the cost per service unit allowable under section 256.966 are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 15 percent; payments for all other inpatient hospital care may be reduced no more than ten percent. Reductions below the payments allowable under medical assistance for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than five percent.

For the period July 1, 1987, to June 30, 1988, reductions below the cost per service unit allowable under section 256.966 are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 15 percent; payments for all other inpatient hospital care may be reduced no more than five percent. Reductions below the payments allowable under medical assistance for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than five percent.

For the period July 1, 1988, to June 30, 1989, reductions below the cost per service unit allowable under section 256.966 are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 15 percent; payments for all other inpatient hospital care may not be reduced. Reductions below the payments allowable under medical assistance for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than five percent.

There shall be no copayment required of any recipient of benefits for any services provided under this subdivision. A hospital receiving a reduced payment as a result of this section may apply the unpaid balance toward satisfaction of the hospital's bad debts.

(d) Any county may, from its own resources, provide medical payments for which state payments are not made.

(e) Chemical dependency services that are reimbursed under Laws 1986, chapter 394, sections 8 to 20, must not be reimbursed under general assistance medical care.

(f) The maximum payment for new vendors enrolled in the general assistance medical care program after the base year shall be determined from the average usual and customary charge of the same vendor type enrolled in the base year.

(g) The conditions of payment for services under this subdivision are the same as the conditions specified in rules adopted under chapter 256B governing the medical assistance program, unless otherwise provided by statute or rule.

[For text of subds 5 to 8, see M.S.1988]

History: 1989 c 209 art 1 s 24; 1989 c 282 art 3 s 91,92; art 5 s 49

NOTE: Subdivision 2, as amended by Laws 1989, chapter 282, article 5, section 49, is effective October 1, 1990. See Laws 1989, chapter 282, article 5, section 134.

256D.04 DUTIES OF THE COMMISSIONER.

In addition to any other duties imposed by law, the commissioner shall:

(1) Supervise according to section 256.01 the administration of general assistance and general assistance medical care by local agencies as provided in sections 256D.01 to 256D.21;

(2) Promulgate uniform rules consistent with law for carrying out and enforcing the provisions of sections 256D.01 to 256D.21 to the end that general assistance may be administered as uniformly as possible throughout the state; rules shall be furnished immediately to all local agencies and other interested persons; in promulgating rules, the provisions of sections 14.01 to 14.69, shall apply;

(3) Allocate money appropriated for general assistance and general assistance medical care to local agencies as provided in section 256D.03, subdivisions 2 and 3;

(4) Accept and supervise the disbursement of any funds that may be provided by the federal government or from other sources for use in this state for general assistance and general assistance medical care;

(5) Cooperate with other agencies including any agency of the United States or of another state in all matters concerning the powers and duties of the commissioner under sections 256D.01 to 256D.21;

(6) Cooperate to the fullest extent with other public agencies empowered by law to provide vocational training, rehabilitation, or similar services; and

(7) Gather and study current information and report at least annually to the governor and legislature on the nature and need for general assistance and general assistance medical care, the amounts expended under the supervision of each local agency, and the activities of each local agency and publish such reports for the information of the public.

(8) Specify requirements for general assistance and general assistance medical care reports, including fiscal reports, according to section 256.01, subdivision 2, paragraph (17).

History: 1989 c 89 s 12

256D.05 ELIGIBILITY FOR GENERAL ASSISTANCE.

Subdivision 1. Eligibility. (a) Each person or family whose income and resources are less than the standard of assistance established by the commissioner and who is a resident of the state shall be eligible for and entitled to general assistance if the person or family is:

(1) a person who is suffering from a medically certified permanent or temporary illness, injury, or incapacity which is expected to continue for more than 30 days and which prevents the person from obtaining or retaining employment;

(2) a person whose presence in the home on a substantially continuous basis is required because of the medically certified illness, injury, incapacity, or the age of another member of the household;

(3) a person who has been placed in, and is residing in, a licensed or certified facility for purposes of physical or mental health or rehabilitation, or in an approved chemical dependency domiciliary facility, if the placement is based on illness or incapacity and is pursuant to a plan developed or approved by the local agency through its director or designated representative;

(4) a person who resides in a shelter facility described in subdivision 3;

(5) a person not described in clause (1) or (3) who is diagnosed by a licensed physician, licensed psychologist, or other qualified professional, as mentally retarded or mentally ill, and that condition prevents the person from obtaining or retaining employment;

(6) a person who has an application pending for the social security disability program or the program of supplemental security income for the aged, blind, and disabled, provided that within 60 days of the initial denial of the application by the social security administration, the person produces medical evidence in support of the person's application; or a person who has been terminated from either program and has an appeal from that termination pending. A person whose benefits are terminated for failure to produce any medical evidence within 60 days of the denial of the application, is eligible as soon as medical evidence in support of the application for the social security disability program or the program of supplemental security income for the aged, blind, and disabled is produced. Except for a person whose application is based in whole or in part on mental illness or chemical dependency, a person whose application for either program is denied and who does not pursue an appeal is eligible under this paragraph based on a new application only if the new application concerns a different disability or alleges new or aggravated symptoms of the original disability;

(7) a person who is unable to obtain or retain employment because advanced age significantly affects the person's ability to seek or engage in substantial work;

(8) a person who has been assessed by a qualified professional or a vocational specialist as not being likely to obtain permanent employment. The assessment must consider the recipient's age, physical and mental health, education, trainability, prior work experience, and the local labor market;

(9) a person who is determined by the local agency, in accordance with emergency and permanent rules adopted by the commissioner, to be learning disabled;

(10) a child under the age of 18 who is not living with a parent, stepparent, or legal custodian, but only if: the child is legally emancipated or living with an adult with the consent of an agency acting as a legal custodian; the child is at least 16 years of age and the general assistance grant is approved by the director of the local agency or a designated representative as a component of a social services case plan for the child; or the child is living with an adult with the consent of the child's legal custodian and the local agency;

(11) a woman in the last trimester of pregnancy who does not qualify for aid to families with dependent children. A woman who is in the last trimester of pregnancy who is currently receiving aid to families with dependent children may be granted emergency general assistance to meet emergency needs;

(12) a person whose need for general assistance will not exceed 30 days;

(13) a person who lives more than two hours round-trip traveling time from any potential suitable employment; and

(14) a person who is involved with protective or court-ordered services that prevent the applicant or recipient from working at least four hours per day.

(b) Persons or families who are not state residents but who are otherwise eligible for general assistance may receive emergency general assistance to meet emergency needs.

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

Subd. 6. Assistance for persons without a verified residence. (a) For applicants or recipients of general assistance, emergency general assistance, or work readiness assist-

ance who do not have a verified residence address, the local agency may provide assistance using one or more of the following methods:

(1) the local agency may provide assistance in the form of vouchers or vendor payments and provide separate vouchers or vendor payments for food, shelter, and other needs;

(2) the local agency may divide the monthly assistance standard into weekly payments, whether in cash or by voucher or vendor payment; or, if actual need is greater than the standards of assistance established under section 256D.01, subdivision 1a, issue assistance based on actual need. Nothing in this clause prevents the local agency from issuing voucher or vendor payments for emergency general assistance in an amount less than the standards of assistance; and

(3) the local agency may determine eligibility and provide assistance on a weekly basis. Weekly assistance can be issued in cash or by voucher or vendor payment and can be determined either on the basis of actual need or by prorating the monthly assistance standard.

(b) An individual may verify a residence address by providing a driver's license; a state identification card; a statement by the landlord, apartment manager, or homeowner verifying that the individual is residing at the address; or other written documentation approved by the commissioner.

(c) If the local agency elects to provide assistance on a weekly basis, the agency may not provide assistance for a period during which no need is claimed by the individual. The individual must be notified, each time weekly assistance is provided, that subsequent weekly assistance will not be issued unless the individual claims need. The advance notice required under section 256D.10 does not apply to weekly assistance issued under this paragraph.

(d) The local agency may not issue assistance on a weekly basis to an applicant or recipient who has medically certified mental illness or mental retardation or a related condition, or to an assistance unit that includes minor children, unless requested by the assistance unit.

History: 1989 c 282 art 5 s 50,51

NOTE: Subdivision 1, as amended by Laws 1989, chapter 282, article 5, section 50, and subdivision 6, as added by section 51, are effective October 1, 1990. See Laws 1989, chapter 282, article 5, section 134.

256D.051 WORK READINESS PROGRAM.

Subdivision 1. Work registration. (a) A person, family, or married couple who are residents of the state and whose income and resources are less than the standard of assistance established by the commissioner, but who are not eligible under section 256D.05, subdivision 1, are eligible for the work readiness program.

(b) Persons, families, and married couples who are not state residents but who are otherwise eligible for work readiness assistance may receive emergency assistance to meet emergency needs.

Subd. 1a. Work readiness payments. Grants of work readiness shall be determined using the standards of assistance, exclusions, disregards, and procedures which are used in the general assistance program. Work readiness shall be granted in an amount that, when added to the nonexempt income actually available to the assistance unit, the total amount equals the applicable standard of assistance.

Work readiness payments must be provided to persons determined eligible for the work readiness program as provided in this subdivision except when the special payment provisions in subdivision 1b are utilized. The initial payment must be prorated to provide assistance for the period beginning with the date the completed application is received by the county agency or the date the assistance unit meets all work readiness eligibility factors, whichever is later, and ending on the final day of that month. The amount of the first payment must be determined by dividing the number of days to be covered under the payment by the number of days in the month, to determine the percentage of days in the month that are covered by the payment, and

multiplying the monthly payment amount by this percentage. Subsequent payments must be paid monthly on the first day of each month.

There shall be an initial certification period which shall begin on the date the completed application is received by the county agency or the date that the assistance unit meets all work readiness eligibility factors, whichever is later, and ending on the date that mandatory registrants in the assistance unit must attend a work readiness orientation. This initial certification period may not cover a period in excess of 30 calendar days. All mandatory registrants in the assistance unit must be informed of the period of certification, the requirement to attend orientation, and that work readiness eligibility will end at the end of the certification period unless the registrants attend orientation. A registrant who fails to comply with requirements during the certification period, including attendance at orientation, will lose work readiness eligibility without notice under section 256D.101, subdivision 1, paragraph (b).

Subd. 1b. Special payment provisions. A county agency may, at its option, provide work readiness payments as provided under section 256D.05, subdivision 6, during the initial certification period. The initial certification period shall cover the time from the date the completed application is received by the county agency or the date that the assistance unit meets all work readiness eligibility factors, whichever is later, and ending on the date that mandatory registrants in the assistance unit must attend a work readiness orientation. This initial certification period may not cover a period in excess of 30 calendar days. All mandatory registrants in the assistance unit must be informed of the period of certification, the requirement to attend orientation, and that work readiness eligibility will end at the end of the certification period unless the registrants attend orientation. A registrant who fails to comply with requirements during the certification period, including attendance at orientation, will lose work readiness eligibility without notice under section 256D.101, subdivision 1, paragraph (b). If all mandatory registrants attend orientation, an additional grant of work readiness assistance must be issued to cover the period beginning the day after the scheduled orientation and ending on the final day of that month. Subsequent payments of work readiness shall be governed by subdivision 1a or section 256D.05, subdivision 6. If one or more mandatory registrants from the assistance unit fail to attend the orientation, those who failed to attend orientation will be removed from the assistance unit without further notice and shall be ineligible for additional assistance. Subsequent assistance to such persons shall be dependent upon the person completing application for assistance and being determined eligible.

A local agency that utilizes the provisions in this subdivision must implement the provisions consistently for all applicants or recipients in the county. A local agency must pay emergency general assistance to a registrant whose prorated work readiness payment does not meet emergency needs. A local agency which elects to pay work readiness assistance on a prorated basis under this subdivision may not provide payments under section 256D.05, subdivision 6, for the same time period.

Subd. 2. Local agency duties. (a) The local agency shall provide to registrants a work readiness program. The work readiness program must include:

(1) orientation to the work readiness program;

(2) an individualized employability assessment and development plan that includes assessment of literacy, ability to communicate in the English language, eligibility for displaced homemaker services under section 268.96, educational history, and that estimates the length of time it will take the registrant to obtain employment. The employability assessment and development plan must assess the registrant's assets, barriers, and strengths, and must identify steps necessary to overcome barriers to employment;

(3) referral to available accredited remedial or skills training programs designed to address registrant's barriers to employment;

(4) referral to available programs including the Minnesota employment and economic development program;

(5) a job search program, including job seeking skills training; and

(6) other activities, including public employment experience programs to the extent of available resources designed by the local agency to prepare the registrant for permanent employment.

In order to allow time for job search, the local agency may not require an individual to participate in the work readiness program for more than 32 hours a week. The local agency shall require an individual to spend at least eight hours a week in job search or other work readiness program activities.

(b) The local agency shall prepare an annual plan for the operation of its work readiness program. The plan must be submitted to and approved by the commissioner of jobs and training. The plan must include:

(1) a description of the services to be offered by the local agency;

(2) a plan to coordinate the activities of all public entities providing employment-related services in order to avoid duplication of effort and to provide services more efficiently;

(3) a description of the factors that will be taken into account when determining a client's employability development plan; and

(4) provisions to assure that applicants and recipients are evaluated for eligibility for general assistance prior to termination from the work readiness program.

Subd. 3. Registrant duties. In order to receive work readiness assistance, a registrant shall: (1) cooperate with the local agency in all aspects of the work readiness program; (2) accept any suitable employment, including employment offered through the job training partnership act, Minnesota employment and economic development act, and other employment and training options; and (3) participate in work readiness activities assigned by the local agency. The local agency may terminate assistance to a registrant who fails to cooperate in the work readiness program, as provided in subdivision 3b.

Subd. 3a. Persons required to register for and participate in the work readiness program. Each person in a work readiness assistance unit who is 18 years old or older must register for and participate in the work readiness program. A child in the assistance unit who is at least 16 years old but less than 19 years old and who is not a full-time secondary school student is required to register and participate. A student who was enrolled as a full-time student during the last school term must be considered a full-time student during summers and school holidays. If an assistance unit includes children under age six and suitable child care is not available at no cost to the family, one adult member of the assistance unit is exempt from registration for and participation in the work readiness program. The local agency shall designate the adult who must register. The registrant must be the adult who is the principal wage earner, having earned the greater of the incomes, except for income received in-kind, during the 24 months immediately preceding the month of application for assistance. When there are no earnings or when earnings are identical for each parent, the applicant must designate the principal wage earner, and that designation must not be transferred after program eligibility is determined as long as assistance continues without interruption.

Subd. 3b. Work readiness participation requirements. A work readiness registrant meets the work readiness participation requirements if the registrant:

(1) completes the specific tasks or assigned duties that were identified by the county agency in the notice required under section 256D.101, subdivision 1, paragraph (a); and

(2) meets the requirements in subdivisions 3 and 8.

Subd. 3c. Work readiness disqualification period. Mandatory registrants who fail without good cause to meet the work readiness participation requirements will be terminated and disqualified from work readiness. If after the initial certification period the county agency determines that a registrant has failed without good cause to meet the work readiness participation requirements, the agency will notify the registrant of its determination according to section 256D.101, subdivision 1, paragraph (b). For the

first time in a six-month period after the initial certification period that the registrant has failed without good cause to comply with program requirements, the notification shall inform the registrant of the particular actions that must be taken by the registrant by a date certain to achieve compliance. Failure to take the required action by the specified date will result in termination and disqualification from work readiness. Failure to comply a second or subsequent time during a six-month period shall result in termination and disqualification without opportunity for corrective action. The first time in a six-month period that a registrant is terminated from work readiness for failure to comply with participation requirements, that person is disqualified from receiving work readiness for one month. If less than six months have passed since the end of a disqualification period and the registrant is terminated from work readiness for failure to comply with participation requirements, the person is disqualified from receiving work readiness for two months. If an assistance unit includes more than one mandatory work readiness participant and it is determined that one or more, but not all, of the mandatory participants have failed to comply with work readiness requirements, those who failed to comply shall be removed from the assistance unit for the appropriate time period, subject to the notice and appeal rights in section 256D.101. If an assistance unit includes persons who are exempt from participation in work readiness activities and all of the mandatory registrants have been terminated for failure to participate, the county agency shall remove the terminated registrants from the assistance unit after notice and an opportunity to be heard, and provide assistance to the remaining persons using vendor or protective payments.

Subd. 6. **Service costs.** The commissioner shall reimburse 92 percent of local agency expenditures for providing work readiness services including direct participation expenses and administrative costs. Reimbursement must not exceed an average of \$260 each year for each registrant who has completed an employment development plan for direct expenses incurred by the registrant for transportation, clothes, and tools necessary for employment. After paying direct expenses as needed by individual registrants, the local agency may use any remaining money to provide additional services as needed by any registrant including employability assessments and employability development plans, education, orientation, employment search assistance, placement, other work experience, on-the-job training, and other appropriate activities and the administrative costs incurred providing these services.

Subd. 6a. [Repealed, 1989 c 282 art 5 s 133]

Subd. 6b. **Federal reimbursement.** Federal financial participation from the United States Department of Agriculture for work readiness expenditures that are eligible for reimbursement through the food stamp employment and training program are dedicated funds and are annually appropriated to the commissioner of human services for the operation of the work readiness program. Federal financial participation for the nonstate portion of work readiness costs must be paid to the county agency that incurred the costs.

[For text of subd 7, see M.S.1988]

Subd. 8. **Voluntary quit.** A person is not eligible for work readiness payments or services if, without good cause, the person refuses a legitimate offer of suitable employment within 60 days before the date of application. A person who, without good cause, voluntarily quits suitable employment or refuses a legitimate offer of suitable employment while receiving work readiness payments or services shall be terminated from the work readiness program and disqualified for two months according to rules adopted by the commissioner.

[For text of subds 9 and 10, see M.S.1988]

Subd. 13. **Right to notice and hearing.** (a) The local agency shall provide notice and opportunity for hearings as required under this section according to section 256D.101, for adverse actions based on a determination that a recipient has failed to participate in work readiness activities, or 256D.10 for all other adverse actions. A

determination made under subdivision 1, that a person is not eligible for general assistance is a denial of general assistance for purposes of notice, appeal, and hearing requirements. The local agency must notify the person that this determination will result in a requirement that the person participate in the work readiness program as a condition of receiving assistance.

[For text of subd 14, see M.S.1988]

Subd. 15. General assistance requirements apply. The laws and rules that apply to general assistance also apply to the work readiness program, unless superseded by a specific inconsistent provision in this section or section 256D.101.

Subd. 16. Start work grants. Within the limit of available appropriations, the local agency may make grants necessary to enable work readiness recipients to accept bona fide offers of employment. The grants may be made for costs directly related to starting employment, including transportation costs, clothing, tools and equipment, license or other fees, and relocation. Start work grants are available once in any 12-month period to a recipient. The commissioner shall allocate money appropriated for start work grants to counties based on each county's work readiness caseload in the 12 months ending in March for each following state fiscal year and may reallocate any unspent amounts.

History: 1989 c 282 art 5 s 52-65

NOTE: Subdivisions 1, 2, 3, 6, and 13, as amended by Laws 1989, chapter 282, article 5, sections 52, 55, 56, 60, and 63, respectively, and subdivisions 1a, 1b, 3a, 3b, 3c, 6b, 15, and 16, as added by sections 53, 54, 57, 58, 59, 61, 64, and 65, respectively, are effective October 1, 1990. See Laws 1989, chapter 282, article 5, section 134.

256D.052 LITERACY TRAINING FOR RECIPIENTS.

Subdivision 1. Occupational and vocational programs. The local agency must work with local educational institutions and job training programs in the identification, development, and utilization of occupational and vocational literacy programs for work readiness registrants who are functionally illiterate. Occupational and vocational literacy programs are programs which provide literacy training to adults who lack formal education or job skills. The programs emphasize particular language and reading skills needed for successful job performance.

Subd. 2. Assessment and assignment. The local agency must:

(1) assess existing reading level, learning disabilities, reading potential, and vocational or occupational interests of work readiness registrants who are functionally illiterate;

(2) assign suitable recipients to openings in occupational and vocational literacy programs;

(3) if no openings are available in accessible occupational or vocational literacy programs, assign suitable recipients to openings in other accessible literacy training programs;

(4) reassign to another accessible literacy program any recipient who does not complete an assigned program and who wishes to try another program; and

(5) within the limits of funds available contract with technical institutes or other groups who have literacy instructors trained in occupational literacy methods, to provide literacy training sessions so that county registrants eligible for literacy training will have the opportunity to attend training.

Subd. 3. Services provided. The local agency must provide child care and transportation to enable people to participate in literacy training under this section. The state shall reimburse local agencies for the costs of providing transportation under this section. Counties must make every effort to ensure that child care is available as needed by recipients who are pursuing literacy training.

Subd. 4. Payment of work readiness. The local agency must provide assistance under section 256D.051 to persons who:

(1) participate in a literacy program assigned under subdivision 2. To "partici-

pate" means to attend regular classes, complete assignments, and make progress toward literacy goals; or

(2) are not assisted to literacy training because there is no program available or accessible to them.

Work readiness payments may be terminated for persons who fail to attend the orientation and participate in the assessment and development of the employment development plan.

History: 1989 c 282 art 5 s 66-69

NOTE: Subdivisions 1, 2, 3, and 4, as amended by Laws 1989, chapter 282, article 5, sections 66 to 69, are effective October 1, 1990. See Laws 1989, chapter 282, article 5, section 134.

NOTE: Subdivisions 5, 6, and 7, are repealed effective October 1, 1990. See Laws 1989, chapter 282, article 5, section 133, subdivision 3.

256D.06 AMOUNT OF ASSISTANCE.

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

Subd. 3. [Repealed, 1989 c 282 art 5 s 133]

Subd. 4. [Repealed, 1989 c 282 art 5 s 133]

[For text of subd 5, see M.S.1988]

Subd. 6. [Repealed, 1989 c 282 art 5 s 133]

256D.101 FAILURE TO COMPLY WITH WORK REQUIREMENTS; NOTICE.

Subdivision 1. **Notice requirements.** (a) At the time a registrant is registered for the work readiness program, and at least every 30 days after that, the local agency shall provide, in advance, a clear, written description of the specific tasks and assigned duties the registrant must complete to receive work readiness pay. The notice must explain that the registrant will be terminated from the work readiness program unless the registrant has completed the specific tasks and assigned duties. The notice must inform the registrant that if the registrant fails without good cause to comply with work readiness requirements more than once every six months, the registrant will be terminated from the work readiness program and disqualified from receiving assistance for one month if it is the registrant's first disqualification within the preceding six months, or for two months if the registrant has been previously disqualified within the preceding six months.

(b) If after the initial certification period the local agency determines that a registrant has failed to comply with work readiness requirements, the local agency shall notify the registrant of the determination. Notice must be hand delivered or mailed to the registrant within three days after the agency makes the determination but no later than the date work readiness pay was scheduled to be paid. For a recipient who has failed to provide the local agency with a mailing address, the recipient must be assigned a schedule by which a recipient is to visit the agency to pick up any notices. For a recipient without a mailing address, notices must be deemed delivered on the date of the registrant's next scheduled visit with the local agency. The notification shall be in writing and shall state the facts that support the local agency's determination. For the first time in a six-month period that the registrant has failed without good cause to comply with program requirements, the notification shall inform the registrant that the registrant may lose eligibility for work readiness pay and must specify the particular actions that must be taken by the registrant to achieve compliance and reinstate work readiness payments. The notice must state that the recipient must take the specified actions by a date certain, which must be at least five working days following the date the notification is mailed or delivered to the registrant; must explain the ramifications of the registrant's failure to take the required actions by the specified date; and must advise the registrant that the registrant may request and have a conference with the local agency to discuss the notification. A registrant who fails without good cause to comply with requirements of the program more than once in a six-month period must be notified of termination.

Subd. 2. Notice of termination. The notice of termination on the ground that a registrant has failed to comply with work readiness requirements shall be mailed or hand delivered by the local agency concurrently with the notification required by subdivision 1, paragraph (b). Prior to giving the notification, the local agency must assess the registrant's eligibility for general assistance under section 256D.05 to the extent possible using information contained in the case file, and determine that the registrant is not eligible under that section. The determination that the registrant is not eligible must be stated in the notice of termination. The notice of termination shall indicate the applicable disqualification period.

Subd. 3. Benefits after notification. Assistance payments otherwise due to the registrant under section 256D.051 may not be paid after the notification required in subdivision 1 has been provided to the registrant unless, before the date stated in the notification, the registrant takes the specified action necessary to achieve compliance or, within five days after the effective date stated in the notice, files an appeal of the grant reduction, suspension, or termination. If, by the required date, the registrant does take the specified action necessary to achieve compliance, both the notification required by subdivision 1 and the notice required by subdivision 2 shall be canceled and all benefits due to the registrant shall be paid promptly. If, by the required date, the registrant files an appeal of the grant termination, benefits otherwise due to the registrant shall be continued pending the outcome of the appeal. An appeal of a proposed termination shall be brought under section 256.045, except that the timelines specified in this section shall apply, notwithstanding the requirements of section 256.045, subdivision 3. Appeals of proposed terminations from the work readiness program shall be heard within 30 days of the date that the appeal was filed.

History: 1989 c 282 art 5 s 70

NOTE: This section, as amended by Laws 1989, chapter 282, article 5, section 70, is effective October 1, 1990. See Laws 1989, chapter 282, article 5, section 134.

256D.111 REGISTRATION FOR WORK; DISQUALIFICATION.

Subd. 5. Rulemaking. The commissioner shall adopt rules and is authorized to adopt emergency rules:

(a) providing for the disqualification from the receipt of work readiness assistance for a recipient who has been determined to have failed to comply with work requirements or the requirements of the work readiness program;

(b) providing for the use of vouchers or vendor payments with respect to the family of a disqualified recipient; and

(c) providing that at the time of the approval of an application for assistance, the local agency gives to the recipient a written notice in plain and easily understood language describing the recipient's job registration, search, and acceptance obligations, and the disqualification that will be imposed for a failure to comply with those obligations.

History: 1989 c 282 art 5 s 71

NOTE: Subdivision 5, as amended by Laws 1989, chapter 282, article 5, section 71, is effective October 1, 1990. See Laws 1989, chapter 282, article 5, section 134.

256D.33 CITATION.

Sections 256D.33 to 256D.54 may be cited as the Minnesota supplemental aid act.

History: 1989 c 282 art 5 s 72

256D.34 POLICY.

The purpose of sections 256D.33 to 256D.54 is to (1) provide a sound administrative structure for public assistance programs; (2) maximize the use of federal funds for public assistance purposes; and (3) provide an integrated public assistance program for all Minnesota residents who are recipients of supplemental security income or who, except for excess income, would be receiving supplemental security income and who

are found to have maintenance needs as determined by application of state standards of assistance according to section 256D.44.

History: 1989 c 282 art 5 s 73

256D.35 DEFINITIONS.

Subdivision 1. **Scope.** The terms defined in this section shall have the meanings given them. The definitions in this section apply to sections 256D.33 to 256D.54.

Subd. 2. [Repealed, 1989 c 282 art 5 s 133]

Subd. 2a. **Aged.** "Aged" means having reached age 65 or reaching the age of 65 during the month of application.

Subd. 3. [Repealed, 1989 c 282 art 5 s 133]

Subd. 3a. **Assistance unit.** "Assistance unit" means the individual applicant or recipient.

Subd. 4. [Repealed, 1989 c 282 art 5 s 133]

Subd. 4a. **Blind.** "Blind" means the condition of a person whose central visual acuity does not exceed 20/200 in the better eye with correcting lenses, or, if visual acuity is greater than 20/200, the condition is accompanied by limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees. A person who receives supplemental security income based on other visual disabilities may also be eligible for the Minnesota supplemental aid program.

[For text of subs 5 and 6, see M.S.1988]

Subd. 7. **"County agency"** means the county welfare boards in the several counties of the state except that it may also include any multicounty welfare boards or departments where those have been established in accordance with law.

Subd. 8. [Repealed, 1989 c 282 art 5 s 133]

Subd. 8a. **Disability.** "Disability" means disability as determined under the criteria used by the Title II program of the Social Security Act.

Subd. 8b. **Emergency.** "Emergency" means circumstances that demand immediate action to safeguard against threats to health or safety of an individual.

Subd. 8c. **Financially responsible relative.** "Financially responsible relative" means a spouse or a parent of a minor child.

Subd. 8d. **Good cause.** "Good cause" means a reason for taking an action or failing to take an action that is reasonable and justified when viewed in the context of surrounding circumstances.

[For text of subd 9, see M.S.1988]

Subd. 10. **Gross income.** "Gross income" means the total amount of earned and unearned money received in a month before any deductions or disregards are applied.

Subd. 11. **In-kind income.** "In-kind income" means income, benefits, or payments that are provided in a form other than money or liquid asset. In-kind income includes goods, produce, services, privileges, or payments on behalf of a person by a third party.

Subd. 12. **Lump sum.** "Lump sum" means money received on an irregular or unexpected basis.

Subd. 13. **Maintenance benefit.** "Maintenance benefit" means cash payments, other than Minnesota supplemental aid, provided under law or rule. Maintenance benefit includes workers' compensation, unemployment compensation, railroad retirement, veterans benefits, supplemental security income, social security disability insurance, or other benefits identified by the county agency that provide periodic benefits that can be used to meet the basic needs of the assistance unit.

Subd. 14. **Negotiated rate.** "Negotiated rate" means a monthly rate for payment for room and board for an individual living in a group living arrangement according to sections 256I.01 to 256I.07. This rate may be fully or partially paid from the

Minnesota supplemental aid program depending on the net income of the assistance unit.

Subd. 15. **Net income.** "Net income" means monthly income remaining after allowable deductions and disregards are subtracted from gross income.

Subd. 16. **Overpayment.** "Overpayment" means an amount of Minnesota supplemental aid paid to a recipient that exceeds the amount to which the recipient is entitled for that month.

Subd. 17. **Potential eligibility.** "Potential eligibility" means a determination by a county agency that an assistance unit or a financially responsible relative appears to meet the eligibility requirements of another maintenance benefit program.

Subd. 18. **Retirement, survivors, and disability insurance.** "Retirement, survivors, and disability insurance" means benefits paid under the federal program for retired, disabled, and surviving spouses of retired or disabled individuals under Title II of the Social Security Act.

Subd. 19. **Shelter costs.** "Shelter costs" means monthly costs for rent, mortgage payments, contract for deed payments, property taxes, and insurance on real or personal property, and utilities, for the home in which the recipient lives and for which the recipient is legally responsible.

Subd. 20. **Supplemental security income.** "Supplemental security income" means benefits paid under the federal program of supplemental security income for the aged, blind, and disabled under Title XVI of the Social Security Act.

History: 1989 c 282 art 5 s 74-93

NOTE: Subdivision 19, as added by Laws 1989, chapter 282, article 5, section 92, is effective July 1, 1990. See Laws 1989, chapter 282, article 5, section 134.

256D.36 STATE PARTICIPATION.

Subdivision 1. **State participation.** Commencing January 1, 1974, the commissioner shall certify to each local agency the names of all county residents who were eligible for and did receive aid during December, 1973, pursuant to a categorical aid program of old age assistance, aid to the blind, or aid to the disabled. Each year for the period from January 1 to June 30, the state shall pay 85 percent and the county shall pay 15 percent of the supplemental aid calculated for each county resident certified under this section who is an applicant for or recipient of supplemental security income, except as provided for in section 256.017. After June 30 of each year, the state agency shall reimburse the county agency for the funds expended during the January 1 to June 30 period, except as provided for in section 256.017. For the period from July 1 to December 31, the state agency shall pay 100 percent of the supplemental aid calculated for each county resident certified under this section who is an applicant for or recipient of supplemental security income, except as provided for in section 256.017. The amount of supplemental aid for each individual eligible under this section shall be calculated according to the formula in title II, section 212 (a) (3) of Public Law Number 93-66, as amended.

Subd. 1a. A negotiated rate payment made according to sections 256I.01 to 256I.07, for a person who is eligible for Minnesota supplemental aid, under sections 256D.33 to 256D.54, is a Minnesota supplemental aid payment for purposes of meeting the total expenditures test under the supplemental security income program state supplement program.

Subd. 2. [Repealed, 1989 c 282 art 5 s 133]

History: 1989 c 282 art 5 s 94,95

256D.37 PROVISIONS FOR SUPPLEMENTAL AID.

Subdivision 1. When a recipient is a resident of a nursing home, regional treatment center, or a residence with a negotiated rate, the recipient is not eligible for a shelter standard, a basic needs standard, or for special needs payments. The state standard of assistance for those recipients is the personal needs allowance for medical assistance recipients under section 256B.35.

- Subd. 2. [Repealed, 1989 c 282 art 5 s 133]
- Subd. 4. [Repealed, 1989 c 282 art 5 s 133]
- Subd. 6. [Repealed, 1989 c 282 art 5 s 133]
- Subd. 7. [Repealed, 1989 c 282 art 5 s 133]
- Subd. 8. [Repealed, 1989 c 282 art 5 s 133]
- Subd. 9. [Repealed, 1989 c 282 art 5 s 133]
- Subd. 10. [Repealed, 1989 c 282 art 5 s 133]
- Subd. 11. [Repealed, 1989 c 282 art 5 s 133]
- Subd. 12. [Repealed, 1989 c 282 art 5 s 133]
- Subd. 13. [Repealed, 1989 c 282 art 5 s 133]
- Subd. 14. [Repealed, 1989 c 282 art 5 s 133]

History: 1989 c 282 art 5 s 96

256D.38 [Repealed, 1989 c 282 art 5 s 133]

256D.385 RESIDENCE.

To be eligible for Minnesota supplemental aid, a person must be a resident of Minnesota and (1) a citizen of the United States, (2) an alien lawfully admitted to the United States for permanent residence, or (3) otherwise permanently residing in the United States under color of law as defined by the supplemental security income program.

History: 1989 c 282 art 5 s 97

256D.39 [Repealed, 1989 c 282 art 5 s 133]

NOTE: This section was also amended by Laws 1989, chapter 89, section 13, to read as follows:

"256D.39 Fiscal and administrative procedures.

The commissioner of human services shall supervise county administration of supplemental aid, and shall, by rule, establish necessary administrative and fiscal procedures. The procedures may include, but not be limited to:

(a) Procedures for processing claims of the counties for reimbursement by the state for expenditures made by the counties that include requirements for reports, including fiscal reports, required under section 256.01, subdivision 2, paragraph (17);

(b) Procedures by which county liability for supplemental aid may be deducted from state liability to the county under any other public assistance program authorized by law;

(c) Procedures by which the local agencies may contract with the commissioner of human services for state administration of supplemental aid."

256D.395 APPLICATION PROCEDURES.

Subdivision 1. Information. The county agency shall provide information about the program and application procedures to a person who inquires about Minnesota supplemental aid.

Subd. 2. Filing of application. The county agency must immediately provide an application form to any person requesting Minnesota supplemental aid. Application for Minnesota supplemental aid must be in writing on a form prescribed by the commissioner. The county agency must determine an applicant's eligibility for Minnesota supplemental aid as soon as the required verifications are received by the county agency and within 30 days after a signed application is received by the county agency for the aged or blind or within 60 days for the disabled. The amount of the first grant of Minnesota supplemental aid awarded to an applicant must be computed to cover the time period starting with the first day of the month in which the county agency received the signed and dated application or the first day of the month in which all eligibility factors were met, whichever is later.

History: 1989 c 282 art 5 s 98

256D.405 VERIFICATION AND REPORTING REQUIREMENTS.

Subdivision 1. **Verification.** The county agency shall request, and applicants and recipients shall provide and verify, all information necessary to determine initial and continuing eligibility and assistance payment amounts. If necessary, the county agency shall assist the applicant or recipient in obtaining verifications. If the applicant or recipient refuses or fails without good cause to provide the information or verification, the county agency shall deny or terminate assistance.

Subd. 2. **Redetermination of eligibility.** The eligibility of each recipient must be redetermined at least once every 12 months.

Subd. 3. **Reports.** Recipients must report changes in circumstances that affect eligibility or assistance payment amounts within ten days of the change. Recipients with earned income, and recipients who have income allocated to them from a financially responsible relative with whom the recipient resides, must complete a monthly household report form. If the report form is not received before the end of the month in which it is due, the county agency must terminate assistance. The termination shall be effective on the first day of the month following the month in which the report was due. If a complete report is received within the month the assistance was terminated, the assistance unit is considered to have continued its application for assistance, effective the first day of the month the assistance was terminated.

History: 1989 c 282 art 5 s 99

256D.41 [Repealed, 1989 c 282 art 5 s 133]

256D.415 RESIDENCE; COUNTY OF FINANCIAL RESPONSIBILITY.

The county of financial responsibility is the county specified in section 256G.02, subdivision 4.

History: 1989 c 282 art 5 s 100

256D.42 [Repealed, 1989 c 282 art 5 s 133]

256D.425 ELIGIBILITY CRITERIA.

Subdivision 1. **Persons entitled to receive aid.** A person who is aged, blind, or 18 years of age or older and disabled, whose income is less than the standards of assistance in section 256D.44 and whose resources are less than the limits in subdivision 2 is eligible for and entitled to Minnesota supplemental aid. A person found eligible by the Social Security Administration for supplemental security income under Title XVI on the basis of age, blindness, or disability meets these requirements. A person who would be eligible for the supplemental security income program except for income that exceeds the limit of that program but that is within the limits of the Minnesota supplemental aid program, must have blindness or disability determined by the state medical review team.

Subd. 2. **Resource standards.** The resource standards and restrictions for supplemental aid under this section shall be those used to determine eligibility for disabled individuals in the supplemental security income program.

Subd. 3. **Transfers.** The transfer policies and procedures of the Minnesota supplemental aid program are those used by the medical assistance program under section 256B.17.

History: 1989 c 282 art 5 s 101

256D.43 [Repealed, 1989 c 282 art 5 s 133]

256D.435 INCOME.

Subdivision 1. **Exclusions.** The following is excluded from income in determining eligibility for Minnesota supplemental aid:

- (1) the value of food stamps;

- (2) home-produced food used by the household;
- (3) Indian claim payments made by the United States Congress to compensate members of Indian tribes for the taking of tribal lands by the federal government;
- (4) cash payments to displaced persons who face relocation as a result of the Housing Act of 1965, the Housing and Urban Development Act of 1965, or the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- (5) one-third of child support payments received by an eligible child from an absent parent;
- (6) displaced homemaker payments;
- (7) reimbursement received for maintenance costs of providing foster care to adults or children;
- (8) benefits received under Title IV and Title VII of the Older Americans Act of 1965;
- (9) Minnesota renter or homeowner property tax refunds;
- (10) infrequent, irregular income that does not total more than \$20 per person in a month;
- (11) reimbursement payments received from the VISTA program;
- (12) in-kind income;
- (13) payments received for providing volunteer services under Title I, Title II, and Title III of the Domestic Volunteer Service Act of 1973;
- (14) loans that have to be repaid;
- (15) federal low-income heating assistance program payments;
- (16) any other type of funds excluded as income by state law;
- (17) student financial aid, as allowed for the supplemental security income program; and
- (18) other income excluded by the supplemental security income program.

Subd. 2. Self-support plans. The county agency shall, for up to 36 months, disregard amounts of an individual's income and resources that are needed to fulfill a plan of self-support approved by the county agency, but only for the period during substantially all of which the individual is actually undergoing vocational rehabilitation. If an individual has a plan for self-support approved by the Social Security Administration, the county agency shall disregard income and resources in the amount and for the time approved in that plan.

Subd. 3. Application for federally funded benefits. Persons for whom the applicant or recipient has financial responsibility and who have unmet needs must apply for and, if eligible, accept AFDC and other federally funded benefits. If the persons are determined potentially eligible for AFDC by the county agency, the applicant or recipient may not allocate earned or unearned income to those persons while an AFDC application is pending, or after the persons are determined eligible for AFDC. If the persons are determined potentially eligible for other federal benefits, the applicant or recipient may only allocate income to those persons until they are determined eligible for those other benefits unless the amount of those benefits is less than the amount in subdivision 4.

Subd. 4. Allocation of income. The rate of allocation to relatives for whom the applicant or recipient is financially responsible is one-half the individual supplemental security income standard of assistance, except as restricted in subdivision 3.

If the applicant or recipient shares a residence with another person who has financial responsibility for the applicant or recipient, the income of that person is considered available to the applicant or recipient after allowing: (1) the deductions in subdivisions 7 and 8; and (2) a deduction for the needs of the financially responsible relative and others in the household for whom that relative is financially responsible. The rate allowed to meet the needs of each of these people is one-half the individual supplemental security income standard.

Subd. 5. General income disregard. The local agency shall disregard the first \$20 of the assistance unit's unearned or earned income from the assistance unit's gross earned income.

Subd. 6. Earned income disregards. From the assistance unit's gross earned income, the local agency shall disregard \$65 plus one-half of the remaining income.

Subd. 7. Earned income deductions. From the assistance unit's gross earned income, the local agency shall subtract work expenses allowed by the supplemental security income program.

Subd. 8. Self-employment earnings. A local agency must determine gross earned income from self-employment by subtracting business costs from gross receipts.

Subd. 9. Rental property. Income from rental property is considered self-employment income for each month that the owner of the property who is the assistance unit or a responsible relative of the assistance unit does an average of at least ten hours a week of labor. When no labor is expended, income from rental property is considered unearned income and an additional deduction is allowed for actual, reasonable, and necessary labor costs for upkeep and repair.

Subd. 10. Lump sums. Lump sum payments are considered income in the month received.

History: 1989 c 282 art 5 s 102

256D.44 STANDARDS OF ASSISTANCE.

Subdivision 1. Use of standards; increases. The state standards of assistance for shelter, basic needs, and special need items that establish the total amount of maintenance need for an applicant for or recipient of Minnesota supplemental aid, are used to determine the assistance unit's eligibility for Minnesota supplemental aid. The state standards of assistance for basic needs must increase by an amount equal to the dollar value, rounded up to the nearest dollar, of any cost of living increases in the supplemental security income program.

Subd. 2. Standard of assistance for shelter. The state standard of assistance for shelter provides for the recipient's shelter costs. The monthly state standard of assistance for shelter must be determined according to paragraphs (a) to (c).

(a) If the recipient does not reside with another person, the state standard of assistance is the actual cost for shelter items or \$124, whichever is less.

(b) If the recipient resides with another person, the state standard of assistance is the actual costs for shelter items or \$93, whichever is less.

(c) Actual shelter costs for applicants or recipients are determined by dividing the total monthly shelter costs by the number of persons who share the residence.

Subd. 3. Standard of assistance for basic needs. The state standard of assistance for basic needs provides for the applicant's or recipient's maintenance needs, other than actual shelter costs. Except as provided in subdivision 4, the monthly state standard of assistance for basic needs is as follows:

(a) For an applicant or recipient who does not reside with another person, the state standard of assistance is \$305.

(b) For an individual who resides with another person or persons, the state standard of assistance is \$242.

Subd. 4. Temporary absence due to illness. For the purposes of this subdivision, "home" means a residence owned or rented by a recipient or the recipient's spouse. Home does not include a negotiated rate facility. Assistance payments for recipients who are temporarily absent from their home due to hospitalization for illness must continue at the same level of payment during their absence if the following criteria are met:

(1) a physician certifies that the absence is not expected to continue for more than three months;

(2) a physician certifies that the recipient will be able to return to independent living; and

(3) the recipient has expenses associated with maintaining a residence in the community.

Subd. 5. **Special needs.** Notwithstanding subdivisions 1 to 4, payments are allowed for the following special needs of recipients of Minnesota supplemental aid:

(a) The local agency shall pay a monthly allowance for medically prescribed diets payable under the AFDC program if the cost of those additional dietary needs cannot be met through some other maintenance benefit.

(b) Payment for nonrecurring special needs must be allowed for necessary home repairs or necessary repairs or replacement of household furniture and appliances using the payment standard of the AFDC program for these expenses, as long as other funding sources are not available.

(c) A fee for guardian or conservator service is allowed at a reasonable rate negotiated by the county or approved by the court. This rate shall not exceed five percent of the assistance unit's gross monthly income up to a maximum of \$100 per month. If the guardian or conservator is a member of the county agency staff, no fee is allowed.

(d) The county agency shall continue to pay a monthly allowance of \$68 for restaurant meals for a person who was receiving a restaurant meal allowance on June 1, 1990, and who eats two or more meals in a restaurant daily. The allowance must continue until the person has not received Minnesota supplemental aid for one full calendar month or until the person's living arrangement changes and the person no longer meets the criteria for the restaurant meal allowance, whichever occurs first.

Subd. 6. **County agency standards of assistance.** The county agency may establish standards of assistance for shelter, basic needs, special needs, clothing and personal needs, and negotiated rates that exceed the corresponding state standards of assistance. State aid is not available for costs above state standards.

History: 1989 c 282 art 5 s 103

NOTE: Subdivisions 1, 2, 3, and 5 are effective July 1, 1990. See Laws 1989, chapter 282, article 5, section 134.

256D.45 PAYMENT PERIOD.

Subdivision 1. **Prospective budgeting.** A calendar month is the payment period for Minnesota supplemental aid. The monthly payment to a recipient must be determined prospectively.

Subd. 2. **Gross income test.** The local agency shall apply a gross income test prospectively for each month of program eligibility. An assistance unit is ineligible when nonexcluded income, before applying any disregards or deductions, exceeds 300 percent of the supplemental security income standard for an individual.

Subd. 3. **Amount of assistance.** The amount of assistance is the difference between the recipient's net income and the applicable standards of assistance in section 256D.44, subdivisions 2 to 4, for persons living independently.

History: 1989 c 282 art 5 s 104

NOTE: Subdivision 3 is effective July 1, 1990. See Laws 1989, chapter 282, article 5, section 134.

256D.46 EMERGENCY MINNESOTA SUPPLEMENTAL AID.

Subdivision 1. **Eligibility.** Emergency Minnesota supplemental aid must be granted if the recipient is without adequate resources to resolve an emergency that, if unresolved, will threaten the health or safety of the recipient.

Subd. 2. **Income and resource test.** All income and resources available to the recipient during the month in which the need for emergency Minnesota supplemental aid arises must be considered in determining the recipient's ability to meet the emergency need. Property that can be liquidated in time to resolve the emergency and income that is normally disregarded or excluded under the Minnesota supplemental aid program must be considered available to meet the emergency need.

Subd. 3. **Payment amount.** The amount of assistance granted under emergency

Minnesota supplemental aid is limited to the amount necessary to resolve the emergency.

History: 1989 c 282 art 5 s 105

256D.47 PAYMENT METHODS.

Minnesota supplemental aid payments must be issued to the recipient, a protective payee, or a conservator or guardian of the recipient's estate in the form of county warrants immediately redeemable in cash, electronic benefits transfer, or by direct deposit into the recipient's account in a financial institution. Minnesota supplemental aid payments must be issued regularly on the first day of the month. The supplemental aid warrants must be mailed only to the address at which the recipient resides, unless another address has been approved in advance by the local agency. Vendor payments must not be issued by the local agency except for nonrecurring emergency need payments; at the request of the recipient; for special needs, other than special diets; or when the agency determines the need for protective payments exist.

History: 1989 c 282 art 5 s 106

256D.48 PROTECTIVE PAYMENTS.

Subdivision 1. Need for protective payee. The county agency shall determine whether a recipient needs a protective payee when a physical or mental condition renders the recipient unable to manage funds and when payments to the recipient would be contrary to the recipient's welfare. Protective payments must be issued when there is evidence of: (1) repeated inability to plan the use of income to meet necessary expenditures; (2) repeated observation that the recipient is not properly fed or clothed; (3) repeated failure to meet obligations for rent, utilities, food, and other essentials; (4) evictions or a repeated incurrence of debts; or (5) lost or stolen checks. The determination of representative payment by the Social Security Administration for the recipient is sufficient reason for protective payment of Minnesota supplemental aid payments.

Subd. 2. Establishing protective payment. When the county agency determines that a recipient needs a protective payee, the county agency shall appoint a payee according to the procedures in paragraphs (a) and (b).

(a) The county agency shall consider the recipient's preference of protective payee. The protective payee must have an interest in or concern for the welfare of the recipient. The protective payee must be capable of and willing to provide the required assistance. A vendor of goods or services, including the recipient's landlord, shall not serve as protective payee.

(b) The county agency shall reconsider the need for a protective payee at least annually. The criteria used to determine a person's continuing need for a protective payee are the criteria used in the supplemental security income program to determine if a person is incapable of managing or directing the management of the person's money. If the need for protective payment is likely to continue beyond two years, the county agency shall seek judicial appointment of a guardian or other legal representative.

Subd. 3. Protective payee for payments made by the Social Security Administration. If the assistance unit receives benefits from the Social Security Administration, the county agency shall also petition the Social Security Administration to establish a representative payee for those benefits.

History: 1989 c 282 art 5 s 107

256D.49 PAYMENT CORRECTION.

Subdivision 1. When. When the county agency finds that the recipient has received less than or more than the correct payment of Minnesota supplemental aid benefits, the county agency shall issue a corrective payment or initiate recovery under subdivision 3, as appropriate.

Subd. 2. Underpayment of monthly grants. When the county agency determines

that an underpayment of the recipient's monthly payment has occurred, it shall, during that same month, issue a corrective payment. Corrective payments must be excluded when determining the applicant's or recipient's income and resources for the month of payment.

Subd. 3. Overpayment of monthly grants. When the county agency determines that an overpayment of the recipient's monthly payment of Minnesota supplemental aid has occurred, it shall issue a notice of overpayment to the recipient. If the person is no longer receiving Minnesota supplemental aid, the county agency may request voluntary repayment or pursue civil recovery. If the person is receiving Minnesota supplemental aid, the county agency shall recover the overpayment by withholding an amount equal to three percent of the standard of assistance for the recipient or the total amount of the monthly grant, whichever is less. Residents of nursing homes, regional treatment centers, and facilities with negotiated rates shall not have overpayments recovered from their personal needs allowance.

History: 1989 c 282 art 5 s 108

256D.50 NOTICE.

Subdivision 1. Ten-day notice. The county agency shall give recipients ten days' advance notice when the agency intends to terminate, suspend, or reduce a grant. The ten-day notice must be in writing on a form prescribed by the commissioner. The notice must be mailed or given to the recipient not later than ten days before the effective date of the action. The notice must clearly state the action the county agency intends to take, the reasons for the action, the right to appeal the action, and the conditions under which assistance can be continued while an appeal is pending.

Subd. 2. Five-day notice. Five days' advance notice is sufficient when the county agency has verified and documented that the case facts require termination, suspension, or reduction of the grant for probable fraud by a recipient. If the last day of the five-day period falls on a weekend or holiday, the effective date of the action is the next working day.

Subd. 3. Adequate notice. Notice must be given no later than the effective date of the action when: (1) the county agency has factual information confirming the death of a person included in the grant; (2) the county agency receives a clear written statement, signed by a recipient, that the recipient no longer wishes assistance; (3) the county agency receives a clear statement, signed by a recipient, reporting information that the recipient acknowledges will require termination of or a reduction in the grant; (4) a recipient has been placed in a skilled nursing home, intermediate care, or a long-term hospitalization facility; (5) a recipient has been admitted to or committed to an institution; or (6) a recipient's whereabouts are unknown and the county agency mail to the recipient has been returned by the post office showing no forwarding address.

History: 1989 c 282 art 5 s 109

256D.51 APPEALS.

Subdivision 1. Right to appeal. Applicants and recipients may appeal under section 256.045 if they are aggrieved by an action or by inaction of the county agency.

Subd. 2. Continuation of payment pending appeal decision. When assistance is reduced, suspended, or terminated, the client has the right to choose to have the grant continued while an appeal is pending if the appellant files the appeal within ten days after the date the notice is mailed or before the effective date of the proposed action, whichever is later.

History: 1989 c 282 art 5 s 110

256D.52 FRAUD.

A person who obtains or tries to obtain, or aids or abets any person in obtaining assistance to which the person is not entitled by a willfully false statement or representa-

tion, or by the intentional withholding or concealment of a material fact, or by impersonation, or other fraudulent device, violates section 256.98 and is subject to both the criminal and civil penalties in that section.

History: 1989 c 282 art 5 s 111

256D.53 DUTIES OF THE COMMISSIONER.

In addition to other duties imposed by law, the commissioner shall:

(1) supervise the administration of Minnesota supplemental aid by county agencies as provided in sections 256D.33 to 256D.54;

(2) adopt permanent rules consistent with law for carrying out and enforcing the provisions of sections 256D.33 to 256D.54, so that Minnesota supplemental aid may be administered as uniformly as possible throughout the state;

(3) immediately upon adoption, give rules to all county agencies and other interested persons;

(4) establish necessary administrative and fiscal procedures; and

(5) allocate money appropriated for Minnesota supplemental aid to county agencies.

History: 1989 c 282 art 5 s 112

256D.54 APPLICATION FOR OTHER BENEFITS.

Subdivision 1. Potential eligibility. An applicant or recipient who is otherwise eligible for supplemental aid and who is potentially eligible for maintenance benefits from any other source shall (1) apply for those benefits within 30 days of the county's determination of potential eligibility for those benefits; and (2) execute an interim assistance authorization agreement on a form as directed by the commissioner.

Subd. 2. Recovery of supplemental aid under an interim assistance agreement. If a recipient is eligible for benefits from other sources, and receives a payment from another source for a period during which supplemental aid was also issued, the recipient shall reimburse the county agency for the interim assistance paid. Reimbursement shall not exceed the amount of supplemental aid paid during the time period to which the other maintenance benefits apply. Reimbursement shall not exceed the state standard that applies to that time period. Reimbursement may be sought directly from the other source of maintenance income but remains the primary obligation of the recipient when an interim assistance agreement has been executed.

Subd. 3. Interim assistance advocacy incentive program. From the amount recovered under an interim assistance agreement, county agencies may retain 25 percent plus actual reasonable fees, costs, and disbursements of appeals, litigation, and advocacy assistance given to the recipient for the recipient's claim for supplemental security income. The money kept under this section is from the state share of the recovery. The county agency may contract with qualified persons to provide the special assistance. The methods by which a county agency identifies, refers, and assists recipients who may be eligible for benefits under federal programs for the aged, blind, or disabled are those methods used by the general assistance interim assistance advocacy incentive program.

History: 1989 c 282 art 5 s 113