

CHAPTER 256D

GENERAL ASSISTANCE

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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 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 as-

sistance 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. In no case shall the standard for family members who are in the assistance unit for general assistance, when combined with the standard for family members who are not in the general assistance unit, total more than the standard for the entire family if all members were in an AFDC assistance unit. 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.

(f) An assistance unit consisting of one or more members of a family must have its grant determined using the policies and procedures of the aid to families with dependent children program, except that, until June 30, 1995, in cases where a county agency has developed or approved a case plan that includes reunification with the children, foster care maintenance payments made under state or local law for a child who is temporarily absent from the assistance unit must not be considered income to the child and the payments must not be counted in the determination of the eligibility or benefit level of the assistance unit. Otherwise, the standard of assistance must be determined according to paragraph (e); the first \$50 of total child support received by an assistance unit in a month must be excluded and the balance counted as unearned income.

Subd. 1b. Rules. The commissioner shall adopt 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.06. 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]

Subd. 1d. [Repealed, 1988 c 411 s 9]

Subd. 1e. **Rules regarding emergency assistance.** 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. 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. General assistance payments may not be made for foster care, child welfare services, or other social services. Vendor payments and vouchers may be issued only as authorized in sections 256D.05, subdivision 6, and 256D.09.

Subd. 2. Sections 256D.01 to 256D.21 may be cited as the general assistance act.

History: 1973 c 650 art 21 s 1; 1974 c 297 s 1; 1980 c 536 s 1; 1981 c 360 art 2 s 31,54; 1Sp1981 c 4 art 4 s 22; 1983 c 312 art 1 s 27; art 8 s 3; 1984 c 640 s 32; 1984 c 654 art 5 s 26; 1Sp1985 c 9 art 2 s 55,56; 1986 c 444; 1987 c 197 s 5; 1987 c 333 s 18; 1987 c 403 art 3 s 27; 1988 c 689 art 2 s 185; 1989 c 282 art 5 s 42-44; 1990 c 426 art 2 s 1; 1990 c 568 art 4 s 20,21; 1Sp1993 c 1 art 6 s 26; 1995 c 178 art 2 s 17; art 6 s 27; 1995 c 233 art 2 s 56; 1996 c 305 art 2 s 54

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.

Subd. 2. "Commissioner" means the commissioner of human services or a designee.

Subd. 3. "Department" means the department of human services.

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.

Subd. 4a. "General assistance medical care" means payment of all or part of the cost of medical care and services approved by the commissioner pursuant to section 256D.03, subdivision 3, for individuals whose income and resources are insufficient to meet the cost of care.

Subd. 5. "Family" means the applicant or recipient and the following persons who reside with the applicant or recipient:

- (1) the applicant's spouse;
- (2) any minor child of whom the applicant is a parent, stepparent, or legal custodian, and that child's minor siblings, including half-siblings and stepsiblings;
- (3) the other parent of a minor child of the applicant, the other parent's minor children, and the other parent's parents, stepparents, legal guardians, and minor siblings, if the other parent is a minor; and

(4) if the applicant or recipient is a minor, the minor's parents, stepparents, or legal guardians, and any other minor children for whom those parents, stepparents, or legal guardians are financially responsible.

A minor child who is temporarily absent from the applicant's or recipient's home due to placement in foster care paid for from state or local funds, but who is expected to return within six months of the month of departure, is considered to be residing with the applicant or recipient.

A "family" must contain at least one minor child and at least one of that child's natural or adoptive parents, stepparents, or legal custodians.

Subd. 6. "Child" means an adult or minor child of an individual.

Subd. 7. "Childless couple" means two individuals who are married to each other, live in a place of residence maintained by them as their own home, and are either childless or living apart from their children.

Subd. 8. "Income" means any form of income, including remuneration for services performed as an employee and net earnings from self-employment, reduced by the amount attributable to employment expenses as defined by the commissioner. The amount attributable to employment expenses shall include amounts paid or withheld for federal and state personal income taxes and federal social security taxes.

Income includes any payments received as an annuity, retirement, or disability benefit, including veteran's or workers' compensation; old age, survivors, and disability insurance; railroad retirement benefits; unemployment benefits; and benefits under any federally aided categorical assistance program, supplementary security income, or other assistance program; rents, dividends, interest and royalties; and support and maintenance payments. Such payments may not be considered as available to meet the needs of any person other than the person for whose benefit they are received, unless that person is a family member or a spouse and the income is not excluded under section 256D.01, subdivision 1a. Goods and services provided in lieu of cash payment shall be excluded from the definition of income, except that payments made for room, board, tuition or fees by a parent, on behalf of a child enrolled as a full-time student in a post-secondary institution, and payments made on behalf of an applicant or recipient which the applicant or recipient could legally demand to receive personally in cash, must be included as income. Benefits of an applicant or recipient, such as those administered by the Social Security Administration, that are paid to a representative payee, and are spent on behalf of the applicant or recipient, are considered available income of the applicant or recipient.

Subd. 8a. [Repealed, 1983 c 312 art 8 s 18; 1Sp1985 c 14 art 9 s 78 subd 1]

Subd. 9. [Repealed, 1981 c 360 art 2 s 52]

Subd. 10. [Repealed, 1981 c 360 art 2 s 52]

Subd. 11. "State aid" means state aid to county agencies for general assistance and general assistance medical care expenditures as provided for in section 256D.03, subdivisions 2 and 3.

Subd. 12. "County agency" means the agency designated by the county board of commissioners, human services boards, local social services agencies in the several counties of the state or multicounty local social services agencies or departments where those have been established in accordance with law.

Subd. 12a. **Resident.** (a) For purposes of eligibility for general assistance and general assistance medical care, a "resident" is a person living in the state for at least 30 days with the intention of making the person's 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; or

(2) by verifying residence in accordance with Minnesota Rules, part 9500.1219, subpart 3, item C.

(b) An applicant who has been in the state for less than 30 days shall be considered a resident if the applicant can provide documentation:

- (1) that the applicant was born in the state;
- (2) 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 adopted by the commissioner;
- (3) that the applicant has come to the state to join a close relative which, for purposes of this subdivision, means a parent, grandparent, brother, sister, spouse, or child; or
- (4) that the applicant has come to this state to accept a bona fide offer of employment for which the applicant is eligible.

A county agency shall waive the 30-day residency requirement in cases of emergencies, including medical emergencies, or where unusual hardship would result from denial of general assistance medical care. A county may waive the 30-day residency requirement in cases of emergencies, including medical emergencies, or where unusual hardship would result from denial of general assistance. The county agency must report to the commissioner within 30 days on any waiver granted under this section. The county shall not deny an application solely because the applicant does not meet at least one of the criteria in this subdivision, but shall continue to process the application and leave the application pending until the residency requirement is met or until eligibility or ineligibility is established.

Subd. 13. "Suitable employment" means an appropriate income producing job including, but not limited to, all publicly subsidized jobs procured through the services administered by or coordinated with the commissioner of economic security.

Subd. 14. [Repealed, 1983 c 312 art 8 s 17]

Subd. 15. "Full-time student" means a student at a post-secondary institution who attends training for a minimum of 25 hours per week if the training does not involve shop practice and for a minimum of 30 hours per week if the training involves shop practice, or who registers for and attends a minimum of 12 semester hours per semester or 12 quarter hours per quarter.

Subd. 16. "Single adult" means an individual 18 years or older who is childless and unmarried or living apart from the individual's children and spouse.

Subd. 17. **Professional certification.** "Professional certification" means:

- (1) a statement about a person's illness, injury, or incapacity that is signed by a licensed physician, psychological practitioner, or licensed psychologist, qualified by professional training and experience to diagnose and certify the person's condition; or
- (2) a statement about an incapacity involving a spinal subluxation condition that is signed by a licensed chiropractor qualified by professional training and experience to diagnose and certify the condition.

Subd. 18. **Group health plan.** "Group health plan" means any plan of, or contributed to by, an employer, including a self-insured plan, which provides health care directly or otherwise to the employer's employees, former employees, or the families of the employees or former employees, and includes continuation coverage pursuant to title XXII of the Public Health Service Act, section 4980B of the Internal Revenue Code of 1986, or title VI of the Employee Retirement Income Security Act of 1974.

Subd. 19. **Cost-effective.** "Cost-effective" means that the amount paid by the state for premiums, coinsurance, deductibles, other cost-sharing obligations under a health insurance plan, and other administrative costs is likely to be less than the amount paid for an equivalent set of services by general assistance medical care.

History: 1973 c 650 art 21 s 2; 1975 c 359 s 23; 1976 c 2 s 81; 1977 c 301 s 1,2; 1978 c 772 s 62; 1980 c 536 s 2-7; 1981 c 360 art 2 s 32,33; 1983 c 312 art 8 s 4,5; 1984 c 654 art 5 s 27-29,58; 1Sp1985 c 14 art 9 s 28; 1986 c 444; 1987 c 403 art 3 s 28,29; 1988 c 689 art 2 s 186,187; 1989 c 282 art 5 s 46-48; 1990 c 568 art 4 s 22-24,84; 1990 c 611 s 2; 1991 c 255 s 19; 1992 c 513 art 7 s 125,126; art 8 s 16; 1Sp1993 c 1 art 6 s 27; 1Sp1993 c 6 s 14; 1994 c 483 s 1; 1994 c 631 s 31; 1995 c 178 art 6 s 17; 1995 c 207 art 4 s 3; 1996 c 451 art 2 s 38; 1996 c 465 art 3 s 28

256D.03 RESPONSIBILITY TO PROVIDE GENERAL ASSISTANCE.

Subdivision 1. Every county agency shall provide general assistance to persons residing within its jurisdiction who meet the need requirements of sections 256D.01 to 256D.21. General assistance shall be administered by the county agencies according to law and rules promulgated by the commissioner pursuant to sections 14.001 to 14.69.

Subd. 2. After December 31, 1980, state aid shall be paid for 75 percent of all general assistance and grants up to the standards of section 256D.01, subdivision 1a, and according to procedures established by the commissioner, except as provided for under section 256.017. Benefits shall be issued to recipients by the state or county and funded according to section 256.025, subdivision 3.

Beginning July 1, 1991, the state will reimburse counties according to the payment schedule in section 256.025 for the county share of county agency expenditures made under this subdivision from January 1, 1991, on. Payment to counties under this subdivision is subject to the provisions of section 256.017.

Subd. 2a. **County agency options.** Any county agency may, from its own resources, make payments of general 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, but for whom the aid would further the purposes established in the general assistance program in accordance with rules adopted by the commissioner pursuant to the administrative procedure act. The Minnesota department of human services may maintain client records and issue these payments, providing the cost of benefits is paid by the counties to the department of human services in accordance with sections 256.01 and 256.025, subdivision 3.

Subd. 3. **General assistance medical care; eligibility.** (a) General assistance medical care may be paid for any person who is not eligible for medical assistance under chapter 256B, including eligibility for medical assistance based on a spenddown of excess income according to section 256B.056, subdivision 5, and:

(1) who is receiving assistance under section 256D.05, or who is having a payment made on the person's behalf under sections 256I.01 to 256I.06; or

(2)(i) who is a resident of Minnesota; and whose equity in assets is not in excess of \$1,000 per assistance unit. No asset test shall be applied to children and their parents living in the same household. Exempt assets, the reduction of excess assets, and the waiver of excess assets must conform to the medical assistance program in chapter 256B, with the following exception: the maximum amount of undistributed funds in a trust that could be distributed to or on behalf of the beneficiary by the trustee, assuming the full exercise of the trustee's discretion under the terms of the trust, must be applied toward the asset maximum; 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, using a six-month budget period, except that a one-month budget period must be used for recipients residing in a long-term care facility. 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. However, if a disregard of \$30 and one-third of the remainder described in section 256.74, subdivision 1, clause (4), has been applied to the wage earner's income, the disregard shall not be applied again until the wage earner's income has not been considered in an eligibility determination for general assistance, general assistance medical care, medical assistance, or aid to families with dependent children for 12 consecutive months. The earned income and work expense 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 the disregard of the first \$50 of earned income is not allowed; or

(3) 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 is not available for a person in a correctional facility unless the person 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, and 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 county 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 60 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, including partial months, 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. The period of ineligibility begins in the month the transfer was reported to the county agency, or if the transfer was not reported, the month in which the county agency discovered the transfer, whichever comes first. For applicants, the period of ineligibility begins on the date of the first approved application.

(f)(1) Beginning October 1, 1993, an undocumented alien or a nonimmigrant is ineligible for general assistance medical care other than emergency services. For purposes of this subdivision, a nonimmigrant is an individual in one or more of the classes listed in United States Code, title 8, section 1101(a)(15), and an undocumented alien is an individual who resides in the United States without the approval or acquiescence of the Immigration and Naturalization Service.

(2) This subdivision does not apply to a child under age 18, to a Cuban or Haitian entrant as defined in Public Law Number 96-422, section 501(e)(1) or (2)(a), or to an alien who is aged, blind, or disabled as defined in United States Code, title 42, section 1382c(a)(1).

(3) For purposes of paragraph (f), "emergency services" has the meaning given in Code of Federal Regulations, title 42, section 440.255(b)(1), except that it also means services rendered because of suspected or actual pesticide poisoning.

Subd. 3a. Claims; assignment of benefits. Claims must be filed pursuant to section 256D.16. General assistance medical care applicants and recipients must apply or agree to apply third party health and accident benefits to the costs of medical care. They must cooperate with the state in establishing paternity and obtaining third party payments. By signing an application for general assistance, a person assigns to the department of human services all rights to medical support or payments for medical expenses from another person or entity on their own or their dependent's behalf and agrees to cooperate with the state in establishing paternity and obtaining third party payments. The application shall contain a statement explaining the assignment. Any rights or amounts assigned shall be applied against the cost of medical care paid for under this chapter. An assignment is effective on the date general assistance medical care eligibility takes effect. The assignment shall not affect benefits paid or provided under automobile accident coverage and private health care coverage until the person or organization providing the benefits has received notice of the assignment.

Subd. 3b. Cooperation. General assistance or general assistance medical care applicants and recipients must cooperate with the state and local agency to identify potentially liable third-party payors and assist the state in obtaining third-party payments. Cooperation includes identifying any third party who may be liable for care and services provided under

this chapter to the applicant, recipient, or any other family member for whom application is made and providing relevant information to assist the state in pursuing a potentially liable third party. General assistance medical care applicants and recipients must cooperate by providing information about any group health plan in which they may be eligible to enroll. They must cooperate with the state and local agency in determining if the plan is cost-effective. If the plan is determined cost-effective and the premium will be paid by the state or local agency or is available at no cost to the person, they must enroll or remain enrolled in the group health plan. Cost-effective insurance premiums approved for payment by the state agency and paid by the local agency are eligible for reimbursement according to subdivision 6.

Subd. 4. General assistance medical care; services. (a) For a person who is eligible under subdivision 3, paragraph (a), clause (3), general assistance medical care covers, except as provided in paragraph (c):

- (1) inpatient hospital services;
- (2) outpatient hospital services;
- (3) services provided by Medicare certified rehabilitation agencies;
- (4) prescription drugs and other products recommended through the process established in section 256B.0625, subdivision 13;
- (5) equipment necessary to administer insulin and diagnostic supplies and equipment for diabetics to monitor blood sugar level;
- (6) eyeglasses and eye examinations provided by a physician or optometrist;
- (7) hearing aids;
- (8) prosthetic devices;
- (9) laboratory and X-ray services;
- (10) physician's services;
- (11) medical transportation;
- (12) chiropractic services as covered under the medical assistance program;
- (13) podiatric services;
- (14) dental services;
- (15) outpatient services provided by a mental health center or clinic that is under contract with the county board and is established under section 245.62;
- (16) day treatment services for mental illness provided under contract with the county board;
- (17) prescribed medications for persons who have been diagnosed as mentally ill as necessary to prevent more restrictive institutionalization;
- (18) 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;
- (19) psychological services, medical supplies and equipment, and Medicare premiums, coinsurance and deductible payments;
- (20) medical 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;
- (21) services performed by a certified pediatric nurse practitioner, a certified family nurse practitioner, a certified adult nurse practitioner, a certified obstetric/gynecological nurse practitioner, or a certified geriatric nurse practitioner in independent practice, if the services are otherwise covered under this chapter as a physician service, and if the service is within the scope of practice of the nurse practitioner's license as a registered nurse, as defined in section 148.171; and

(22) services of a certified public health nurse or a registered nurse practicing in a public health nursing clinic that is a department of, or that operates under the direct authority of, a unit of government, if the service is within the scope of practice of the public health nurse's license as a registered nurse, as defined in section 148.171.

(b) Except as provided in paragraph (c), for a recipient who is eligible under subdivision 3, paragraph (a), clause (1) or (2), general assistance medical care covers the services listed in paragraph (a) with the exception of special transportation services.

(c) Gender reassignment surgery and related services are not covered services under this subdivision unless the individual began receiving gender reassignment services prior to July 1, 1995.

(d) 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 consult with an independent actuary in establishing prepayment rates, but shall retain final control over the rate methodology. Notwithstanding the provisions of subdivision 3, an individual who becomes ineligible for general assistance medical care because of failure to submit income reports or recertification forms in a timely manner, shall remain enrolled in the prepaid health plan and shall remain eligible for general assistance medical care coverage through the last day of the month in which the enrollee became ineligible for general assistance medical care.

(e) 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 al-

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.

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

(g) Chemical dependency services that are reimbursed under chapter 254B must not be reimbursed under general assistance medical care.

(h) 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.

(i) 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.

Subd. 5. Certain county agencies to pay state for county share. The county agencies that contract with the commissioner of human services for state administration of general assistance medical care payments shall make payment to the state for the county share of those payments in the manner described for medical assistance advances in section 256B.041, subdivision 5.

Subd. 6. Division of costs. The state share of county agency expenditures for general assistance medical care shall be 90 percent and the county share shall be ten percent. Payments made under this subdivision shall be made in accordance with sections 256B.041, subdivision 5 and 256B.19, subdivision 1. In counties where a pilot or demonstration project is operated for general assistance medical care services, the state may pay 100 percent of the costs of administering the pilot or demonstration project. Reimbursement for these costs is subject to section 256.025.

Beginning July 1, 1991, the state will reimburse counties according to the payment schedule in section 256.025 for the county share of costs incurred under this subdivision from January 1, 1991, on. Payment to counties under this subdivision is subject to the provisions of section 256.017.

Notwithstanding any provision to the contrary, beginning July 1, 1991, the state shall pay 100 percent of the costs for centralized claims processing by the department of administration relative to claims beginning January 1, 1991, and submitted on behalf of general assistance medical care recipients by vendors in the general assistance medical care program.

Beginning July 1, 1991, the state shall reimburse counties up to the limit of state appropriations for general assistance medical care common carrier transportation and related travel expenses provided for medical purposes after December 31, 1990. Reimbursement shall be provided according to the payment schedule set forth in section 256.025. For purposes of this subdivision, transportation shall have the meaning given it in Code of Federal Regulations, title 42, section 440.170(a), as amended through October 1, 1987, and travel expenses shall have the meaning given in Code of Federal Regulations, title 42, section 440.170(a)(3), as amended through October 1, 1987.

The county shall ensure that only the least costly most appropriate transportation and travel expenses are used. The state may enter into volume purchase contracts, or use a competitive bidding process, whenever feasible, to minimize the costs of transportation services. If the state has entered into a volume purchase contract or used the competitive bidding procedures of chapter 16B to arrange for transportation services, the county may be required to use such arrangements to be eligible for state reimbursement for general assistance medical

care common carrier transportation and related travel expenses provided for medical purposes.

In counties where prepaid health plans are under contract to the commissioner to provide services to general assistance medical care recipients, the cost of court ordered treatment that does not include diagnostic evaluation, recommendation, or referral for treatment by the prepaid health plan is the responsibility of the county of financial responsibility.

Subd. 7. Duties of the commissioner. The commissioner shall promulgate emergency and permanent rules as necessary to establish:

(a) standards of eligibility, utilization of services, and payment levels;

(b) standards for quality assurance, surveillance, and utilization review procedures that conform to those established for the medical assistance program pursuant to chapter 256B, including general criteria and procedures for the identification and prompt investigation of suspected fraud, theft, abuse, presentment of false or duplicate claims, presentment of claims for services not medically necessary, or false statements or representations of material facts by a vendor or recipient of general assistance medical care, and for the imposition of sanctions against such vendor or recipient of medical care. The rules relating to sanctions shall be consistent with the provisions of section 256B.064, subdivisions 1a and 2; and

(c) administrative and fiscal procedures for payment of the state share of the medical costs incurred by the counties under section 256D.02, subdivision 4a. Rules promulgated pursuant to this clause may include: (1) procedures by which state liability for the costs of medical care incurred pursuant to section 256D.02, subdivision 4a may be deducted from county liability to the state under any other public assistance program authorized by law; (2) procedures for processing claims of counties for reimbursement by the state for expenditures for medical care made by the counties pursuant to section 256D.02, subdivision 4a; and (3) procedures by which the county agencies may contract with the commissioner of human services for state administration of general assistance medical care payments.

Subd. 8. Private insurance policies. (a) Private accident and health care coverage for medical services is primary coverage and must be exhausted before general assistance medical care is paid. When a person who is otherwise eligible for general assistance medical care has private accident or health care coverage, including a prepaid health plan, the private health care benefits available to the person must be used first and to the fullest extent. General assistance medical care payment will not be made when either covered charges are paid in full by a third party or the provider has an agreement to accept payment for less than charges as payment in full. Payment for patients that are simultaneously covered by general assistance medical care and a liable third party other than Medicare will be determined as the lesser of clauses (1) to (3):

(1) the patient liability according to the provider/insurer agreement;

(2) covered charges minus the third party payment amount; or

(3) the general assistance medical care rate minus the third party payment amount.

A negative difference will not be implemented.

(b) When a parent or a person with an obligation of support has enrolled in a prepaid health care plan under section 518.171, subdivision 1, the commissioner of human services shall limit the recipient of general assistance medical care to the benefits payable under that prepaid health care plan to the extent that services available under general assistance medical care are also available under the prepaid health care plan.

(c) Upon furnishing general assistance medical care or general assistance to any person having private accident or health care coverage, or having a cause of action arising out of an occurrence that necessitated the payment of assistance, the state agency shall be subrogated, to the extent of the cost of medical care, subsistence, or other payments furnished, to any rights the person may have under the terms of the coverage or under the cause of action.

This right of subrogation includes all portions of the cause of action, notwithstanding any settlement allocation or apportionment that purports to dispose of portions of the cause of action not subject to subrogation.

(d) To recover under this section, the attorney general or the appropriate county attorney, acting upon direction from the attorney general, may institute or join a civil action to enforce the subrogation rights established under this section.

(e) The state agency must be given notice of monetary claims against a person, firm, or corporation that may be liable in damages, or otherwise obligated to pay part or all of the costs related to an injury when the state agency has paid or become liable for the cost of care or payments related to the injury. Notice must be given as follows:

(i) Applicants for general assistance or general assistance medical care shall notify the state or county agency of any possible claims when they submit the application. Recipients of general assistance or general assistance medical care shall notify the state or county agency of any possible claims when those claims arise.

(ii) A person providing medical care services to a recipient of general assistance medical care shall notify the state agency when the person has reason to believe that a third party may be liable for payment of the cost of medical care.

(iii) A person who is party to a claim upon which the state agency may be entitled to subrogation under this section shall notify the state agency of its potential subrogation claim before filing a claim, commencing an action, or negotiating a settlement. A person who is a party to a claim includes the plaintiff, the defendants, and any other party to the cause of action.

Notice given to the county agency is not sufficient to meet the requirements of paragraphs (b) and (c).

(f) Upon any judgment, award, or settlement of a cause of action, or any part of it, upon which the state agency has a subrogation right, including compensation for liquidated, unliquidated, or other damages, reasonable costs of collection, including attorney fees, must be deducted first. The full amount of general assistance or general assistance medical care paid to or on behalf of the person as a result of the injury must be deducted next and paid to the state agency. The rest must be paid to the public assistance recipient or other plaintiff. The plaintiff, however, must receive at least one-third of the net recovery after attorney fees and collection costs.

History: 1973 c 650 art 21 s 3; 1975 c 437 art 2 s 8; 1976 c 186 s 1; 1979 c 303 art 2 s 2; 1980 c 349 s 9; 1980 c 536 s 8-10; 1980 c 607 art 2 s 3; 1981 c 360 art 2 s 2 subd 4,34; 1Sp1981 c 2 s 16 subd 2; 1Sp1981 c 4 art 4 s 21; 1982 c 424 s 130; 1982 c 623 s 2; 1983 c 312 art 5 s 29-33; 1984 c 640 s 32; 1984 c 654 art 5 s 30,58; 1Sp1985 c 9 art 2 s 57,58; 1Sp1985 c 14 art 9 s 29; 1986 c 394 s 19; 1987 c 370 art 2 s 15; 1987 c 384 art 2 s 1; 1987 c 403 art 2 s 103-105; art 3 s 30; 1988 c 689 art 2 s 188,268; 1988 c 719 art 8 s 18,19; 1989 c 209 art 1 s 24; 1989 c 282 art 3 s 91,92; art 5 s 49; 1Sp1989 c 1 art 16 s 10,11; 1990 c 422 s 10; 1990 c 568 art 3 s 86-89; art 4 s 25,84; 1991 c 292 art 4 s 68,69; art 5 s 30,31; 1992 c 513 art 7 s 127,128; art 8 s 17; 1993 c 345 art 9 s 15; 1Sp1993 c 1 art 5 s 113,114; art 6 s 28; art 8 s 3; 1995 c 178 art 2 s 28; art 6 s 17; 1995 c 207 art 6 s 104-106; 1996 c 451 art 5 s 33; 1996 c 465 art 3 s 29-31

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 county 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, including section 256D.05, subdivision 3, and section 256.01, subdivision 2, paragraph (16), to the end that general assistance may be administered as uniformly as possible throughout the state; rules shall be furnished immediately to all county agencies and other interested persons; in promulgating rules, the provisions of sections 14.001 to 14.69, shall apply;

(3) Allocate money appropriated for general assistance and general assistance medical care to county 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;

(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 county agency, and the activities of each county 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); and

(9) Ensure that every notice of eligibility for general assistance includes a notice that women who are pregnant may be eligible for medical assistance benefits.

History: 1973 c 650 art 21 s 4; 1977 c 301 s 3; 1980 c 536 s 11; 1981 c 360 art 2 s 35; 1982 c 424 s 130; 1987 c 384 art 2 s 1; 1988 c 719 art 8 s 20; 1989 c 89 s 12; 1990 c 422 s 10; 1990 c 568 art 4 s 84; 1991 c 272 s 1; 1Sp1993 c 1 art 6 s 29; 1995 c 178 art 6 s 17

256D.045 SOCIAL SECURITY NUMBER REQUIRED.

To be eligible for general assistance under sections 256D.01 to 256D.21, an individual must provide the individual's social security number to the county agency or submit proof that an application has been made. The provisions of this section do not apply to the determination of eligibility for emergency general assistance under section 256D.06, subdivision 2. This provision applies to eligible children under the age of 18 effective July 1, 1997.

History: 1995 c 178 art 2 s 29; 1996 c 451 art 2 s 39

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 professionally 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 professionally 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 county 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, psychological practitioner, 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, or is appealing termination of benefits from, the social security disability program or the program of supplemental security income for the aged, blind, and disabled, provided the person has a professionally 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;

(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 vocational specialist and, in consultation with the county agency, has been determined to be unemployable for purposes of this item, a per-

son is considered employable if there exist positions of employment in the local labor market, regardless of the current availability of openings for those positions, that the person is capable of performing. The person's eligibility under this category must be reassessed at least annually. The county agency must provide notice to the person not later than 30 days before annual eligibility under this item ends, informing the person of the date annual eligibility will end and the need for vocational assessment if the person wishes to continue eligibility under this clause. For purposes of establishing eligibility under this clause, it is the applicant's or recipient's duty to obtain any needed vocational assessment;

(9) a person who is determined by the county agency, in accordance with permanent rules adopted by the commissioner, to be learning disabled, provided that if a rehabilitation plan for the person is developed or approved by the county agency, the person is following the plan;

(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 county 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 county agency. For purposes of this clause, "legally emancipated" means a person under the age of 18 years who: (i) has been married; (ii) is on active duty in the uniformed services of the United States; (iii) has been emancipated by a court of competent jurisdiction; or (iv) is otherwise considered emancipated under Minnesota law, and for whom county social services has not determined that a social services case plan is necessary, for reasons other than that the child has failed or refuses to cooperate with the county agency in developing the plan;

(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 who is eligible for displaced homemaker services, programs, or assistance under section 268.96, but only if that person is enrolled as a full-time student;

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

(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;

(15)(i) a family as defined in section 256D.02, subdivision 5, which is ineligible for the aid to families with dependent children program.

(ii) unless exempt under section 256D.051, subdivision 3a, each adult in the unit must participate in and cooperate with the food stamp employment and training program under section 256D.051 each month that the unit receives general assistance benefits. The recipient's participation must begin no later than the first day of the first full month following the determination of eligibility for general assistance benefits. To the extent of available resources, and with the county agency's consent, the recipient may voluntarily continue to participate in food stamp employment and training services for up to three additional consecutive months immediately following termination of general assistance benefits in order to complete the provisions of the recipient's employability development plan. If an adult member fails without good cause to participate in or cooperate with the food stamp employment and training program, the county agency shall concurrently terminate that person's eligibility for general assistance and food stamps for two months or until compliance is achieved, whichever is shorter, using the notice, good cause, conciliation and termination procedures specified in section 256D.051; or

(16) a person over age 18 whose primary language is not English and who is attending high school at least half time.

(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.

(c) As a condition of eligibility under paragraph (a), clauses (1), (3), (5), (8), and (9), the recipient must complete an interim assistance agreement and must apply for other mainte-

nance benefits as specified in section 256D.06, subdivision 5, and must comply with efforts to determine the recipient's eligibility for those other maintenance benefits.

(d) The burden of providing documentation for a county agency to use to verify eligibility for general assistance or for exemption from the food stamp employment and training program is upon the applicant or recipient. The county agency shall use documents already in its possession to verify eligibility, and shall help the applicant or recipient obtain other existing verification necessary to determine eligibility which the applicant or recipient does not have and is unable to obtain.

Subd. 1a. [Repealed, 1983 c 312 art 8 s 17]

Subd. 2. **Use of federal funds.** Notwithstanding any law to the contrary, if any person otherwise eligible for general assistance would, but for state statutory restriction or limitation, be eligible for a funded federally aided assistance program providing benefits equal to or greater than those of general assistance, the person shall be eligible for that federally aided program and ineligible for general assistance; provided, however, that (a) nothing in this section shall be construed to extend eligibility for federally aided programs to persons not otherwise eligible for general assistance; (b) this section shall not be effective to the extent that federal law or regulation require new eligibility for federal programs to persons not otherwise eligible for general assistance; and (c) nothing in this section shall deny general assistance to a person otherwise eligible who is determined ineligible for a substitute federally aided program.

Subd. 3. **Residents of shelter facilities.** Notwithstanding the provisions of subdivisions 1 and 2, general assistance payments shall be made for maintenance costs and security costs which are related to providing 24-hour staff coverage at the facility incurred as a result of residence in a secure crisis shelter, a housing network, or other shelter facilities which provide shelter services to women and their children who are being or have been assaulted by their spouses, other male relatives, or other males with whom they are residing or have resided in the past.

These payments shall be made directly to the shelter facility from general assistance funds on behalf of women and their children who are receiving, or who are eligible to receive, aid to families with dependent children or general assistance.

In determining eligibility of women and children for payment of general assistance under this subdivision, the asset limitations of the aid to families with dependent children program shall be applied. Payments to shelter facilities shall not affect the eligibility of individuals who reside in shelter facilities for aid to families with dependent children or general assistance or payments made to individuals who reside in shelter facilities through aid to families with dependent children or general assistance, except when required by federal law or regulation.

Subd. 3a. **Shelter facility's right to appeal.** A facility providing shelter for women and their children may appeal a decision of a county agency arising from a request for payment pursuant to subdivision 3. To appeal, the shelter facility shall submit a written appeal request within 30 days of receiving notice of the commissioner's refusal to issue payment pursuant to section 256.01, subdivision 2, paragraph (16). The appeal shall be heard by an administrative law judge according to sections 14.48 to 14.62, except that the report of the administrative law judge is binding on all parties. Within 15 days of receipt of a written appeal request from a shelter facility, the county agency shall file a request for assignment of a judge together with a notice of and order for hearing proposed to be issued. The record in the contested case proceeding shall not include any evidence, including records and documents, developed by the commissioner in the commissioner's review, pursuant to section 256.01, subdivision 2, paragraph (16).

Subd. 4. **Consent to review records.** No person shall be eligible for general assistance medical care unless the person has authorized the commissioner of human services in writing to examine all personal medical records developed while receiving general assistance for the purpose of investigating whether or not a vendor has submitted a claim for reimbursement, a cost report or a rate application which the vendor knows to be false in whole or in part, or in order to determine whether or not the medical care provided was medically necessary. The vendor of medical care shall receive notification from the commissioner at least 24 hours

before the commissioner gains access to such records. A vendor of medical care shall require presentation of this authorization before the state agency can obtain access to such records unless the vendor already has received written authorization. Notwithstanding any other law to the contrary, a vendor of medical care shall not be subject to any civil or criminal liability for providing access to medical records to the commissioner pursuant to this subdivision.

Subd. 5. Transfers of property. The equity value of real and personal property transferred without reasonable compensation within 12 months preceding the date of application for general assistance must be included in determining the resources of an assistance unit in the same manner as in the aid to families with dependent children program under chapter 256.

Subd. 6. Assistance for persons without a verified residence. (a) For applicants or recipients of general assistance or emergency general assistance who do not have a verified residence address, the county agency may provide assistance using one or more of the following methods:

(1) the county 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 county agency may divide the monthly assistance standard into weekly payments, whether in cash or by voucher or vendor payment. Nothing in this clause prevents the county agency from issuing voucher or vendor payments for emergency general assistance in an amount less than the standards of assistance;

(3) the county 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; and

(4) for the purposes of clauses (2) and (3), the county agency may divide the monthly assistance standard as follows: \$50 per week for each of the first three weeks, and the remainder for the fourth week.

(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) Notwithstanding the provisions of section 256D.06, subdivision 1, if the county agency elects to provide assistance on a weekly payment basis, the agency may not provide assistance for a period during which no need is claimed by the individual unless the individual has good cause for failing to claim need. 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 that is withheld because the individual failed to claim need without good cause.

(d) The county agency may not issue assistance on a weekly basis to an applicant or recipient who has professionally 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.

Subd. 7. Ineligibility for general assistance. No person shall be eligible for general assistance during a period of disqualification because of sanctions, from any federally aided assistance program; or if the person could be considered an essential person under section 256.74, subdivision 1.

Subd. 8. Persons ineligible. (a) Beginning October 1, 1993, an undocumented alien or a nonimmigrant is ineligible for general assistance benefits. For purposes of this subdivision, a nonimmigrant is an individual in one or more of the classes listed in United States Code, title 8, section 1101(a)(15), and an undocumented alien is an individual who resides in the United States without the approval or acquiescence of the Immigration and Naturalization Service.

(b) This subdivision does not apply to a child under age 18, to a Cuban or Haitian entrant as defined in Public Law Number 96-422, section 501(e)(1) or (2)(a), or to an alien who is aged, blind, or disabled as defined in United States Code, title 42, section 1382c(a)(1).

History: 1973 c 650 art 21 s 5; 1974 c 297 s 2; 1977 c 428 s 7; 1980 c 349 s 10; 1980 c 544 s 1; 1981 c 360 art 2 s 36,54; 1Sp1981 c 4 art 4 s 22,23; 1982 c 633 s 8,9; 1983 c 312 art 1 s 27; 1984 c 654 art 5 s 58; 1Sp1985 c 9 art 2 s 59; 1Sp1985 c 14 art 9 s 75; 1986 c 444; 1987 c 270 s 2; 1987 c 384 art 3 s 5; 1987 c 403 art 2 s 106; art 3 s 31; 1989 c 282 art 5 s 50,51; 1990 c 568 art 4 s 84; 1990 c 611 s 3; 1991 c 255 s 19; 1991 c 292 art 5 s 32-35; 1992 c 513 art 8 s 18; 1Sp1993 c 1 art 6 s 30; 1995 c 178 art 2 s 30; art 6 s 1,17; 1995 c 207 art 5 s 7; 1996 c 465 art 3 s 32

256D.051 FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM.

Subdivision 1. Food stamp employment and training program. The commissioner shall implement a food stamp employment and training program in order to meet the food stamp employment and training participation requirements of the United States Department of Agriculture. Unless exempt under subdivision 3a, each adult recipient in the unit must participate in the food stamp employment and training program each month that the person is eligible for food stamps. The person's participation in food stamp employment and training services must begin no later than the first day of the calendar month following the determination of eligibility for food stamps. With the county agency's consent, and to the extent of available resources, the person may voluntarily continue to participate in food stamp employment and training services for up to three additional consecutive months immediately following termination of food stamp benefits in order to complete the provisions of the person's employability development plan.

Subd. 1a. Notices; conciliation conference; sanctions. (a) At the time the county agency notifies the household that it is eligible for food stamps, the county agency must inform all mandatory employment and training services participants as identified in subdivision 1 in the household that they must comply with all food stamp employment and training program requirements each month, including the requirement to attend an initial orientation to the food stamp employment and training program and that food stamp eligibility will end unless the participants comply with the requirements specified in the notice.

(b) A participant who fails without good cause to comply with food stamp employment and training program requirements of this section, including attendance at orientation, will lose food stamp eligibility for two months or until the county agency determines that the participant has complied with the program requirements, whichever is shorter. If the participant is not the head of household, the person shall be considered an ineligible household member for food stamp purposes. If the participant is the head of household, the entire household is ineligible for food stamps as provided in Code of Federal Regulations, title 7, section 273.7(g). "Good cause" means circumstances beyond the control of the participant, such as illness or injury, illness or injury of another household member requiring the participant's presence, a household emergency, or the inability to obtain child care for children between the ages of six and 12 or to obtain transportation needed in order for the participant to meet the food stamp employment and training program participation requirements.

(c) The county agency shall mail or hand deliver a notice to the participant not later than five days after determining that the participant has failed without good cause to comply with food stamp employment and training program requirements which specifies the requirements that were not complied with, the factual basis for the determination of noncompliance, the right to reinstate eligibility upon a showing of good cause or the failure to meet the requirements, must ask the reason for the noncompliance, and must identify the participant's appeal rights. The notice must request that the participant inform the county agency if the participant believes that good cause existed for the failure to comply, must offer the participant a conciliation conference as provided in paragraph (d), and must state that the county agency intends to terminate eligibility for food stamp benefits due to failure to comply with food stamp employment and training program requirements.

(d) The county agency must offer a conciliation conference to participants who have failed to comply with food stamp employment and training program requirements. The purpose of the conference is to determine the cause for noncompliance, to attempt to resolve the

problem causing the noncompliance so that all requirements are complied with, and to determine if good cause for noncompliance was present. The conciliation period shall run for ten working days from the date of the notice required in paragraph (c). Information about how to request a conciliation conference must be specified in the notice required in paragraph (c). If the county agency determines that the participant, during the conciliation period, complied with all food stamp employment and training program requirements that the recipient was required to comply with prior to and during the conciliation period, or if the county agency determines that good cause for failing to comply with the requirements was present, a sanction on the participant's or household's food stamp eligibility shall not be imposed.

(e) If the county agency determines that the participant did not comply during the conciliation period with all food stamp employment and training program requirements that were in effect prior to and during the conciliation period, and if the county agency determines that good cause was not present, the county must provide a ten-day notice of termination of food stamp benefits. The termination notice must be issued following the last day of the conciliation period. The amount of food stamps that are withheld from the household and determination of the impact of the sanction on other household members is governed by Code of Federal Regulations, title 7, section 273.7.

(f) The participant may appeal the termination of food stamp benefits under the provisions of section 256.045.

Subd. 1b. [Repealed, 1991 c 292 art 5 s 82]

Subd. 2. **County agency duties.** (a) The county agency shall provide to food stamp recipients a food stamp employment and training program. The program must include:

- (1) orientation to the food stamp employment and training program;
- (2) an individualized employability assessment and an individualized employability development plan that includes assessment of literacy, ability to communicate in the English language, educational and employment history, and that estimates the length of time it will take the participant to obtain employment. The employability assessment and development plan must be completed in consultation with the participant, must assess the participant's assets, barriers, and strengths, and must identify steps necessary to overcome barriers to employment. A copy of the employability development plan must be provided to the registrant;
- (3) referral to available accredited remedial or skills training programs designed to address participant's barriers to employment;
- (4) referral to available programs that provide subsidized or unsubsidized employment as necessary;
- (5) a job search program, including job seeking skills training; and
- (6) other activities, to the extent of available resources designed by the county agency to prepare the participant for permanent employment.

In order to allow time for job search, the county agency may not require an individual to participate in the food stamp employment and training program for more than 32 hours a week. The county agency shall require an individual to spend at least eight hours a week in job search or other food stamp employment and training program activities.

(b) The county agency shall prepare an annual plan for the operation of its food stamp employment and training program. The plan must be submitted to and approved by the commissioner of economic security. The plan must include:

- (1) a description of the services to be offered by the county 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 ensure that the county agency's employment and training service provider provides each recipient with an orientation, employability assessment, and employability development plan as specified in paragraph (a), clauses (1) and (2), within 30 days of the recipient's eligibility for assistance.

Subd. 2a. **Duties of commissioner.** In addition to any other duties imposed by law, the commissioner shall:

(1) based on this section and section 256D.052 and Code of Federal Regulations, title 7, section 273.7, supervise the administration of food stamp employment and training services to county agencies;

(2) disburse money appropriated for food stamp employment and training services to county agencies based upon the county's costs as specified in section 256D.06;

(3) 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 food stamp employment and training services; and

(4) 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 this section and section 256D.052.

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

Subd. 3a. Persons required to register for and participate in the food stamp employment and training program. (a) To the extent required under Code of Federal Regulations, title 7, section 273.7(a), each applicant for and recipient of food stamps is required to register for work as a condition of eligibility for food stamp benefits. Applicants and recipients are registered by signing an application or annual reapplication for food stamps, and must be informed that they are registering for work by signing the form.

(b) The commissioner shall determine, within federal requirements, persons required to participate in the Food Stamp Employment and Training (FSET) program.

(c) The following food stamp recipients are exempt from mandatory participation in food stamp employment and training services:

(1) recipients of benefits under the AFDC program, Minnesota supplemental aid program, or the general assistance program, except that an adult who receives general assistance under section 256D.05, subdivision 1, paragraph (b), is not exempt unless that person qualifies under one of the remaining exemption provisions in this paragraph;

(2) a child;

(3) a recipient over age 55;

(4) a recipient who has a mental or physical illness, injury, or incapacity which is expected to continue for at least 30 days and which impairs the recipient's ability to obtain or retain employment as evidenced by professional certification or the receipt of temporary or permanent disability benefits issued by a private or government source;

(5) a parent or other household member responsible for the care of either a dependent child in the household who is under age six or a person in the household who is professionally certified as having a physical or mental illness, injury, or incapacity. Only one parent or other household member may claim exemption under this provision;

(6) a recipient receiving unemployment compensation or who has applied for unemployment compensation and has been required to register for work with the department of economic security as part of the unemployment compensation application process;

(7) a recipient participating each week in a drug addiction or alcohol abuse treatment and rehabilitation program, provided the operators of the treatment and rehabilitation program, in consultation with the county agency, recommend that the recipient not participate in the food stamp employment and training program;

(8) a recipient employed or self-employed for 30 or more hours per week at employment paying at least minimum wage, or who earns wages from employment equal to or exceeding 30 hours multiplied by the federal minimum wage; or

(9) a student enrolled at least half time in any school, training program, or institution of higher education. When determining if a student meets this criteria, the school's, program's or institution's criteria for being enrolled half time shall be used.

Subd. 3b. Orientation. The county agency or its employment and training service provider must provide an orientation to food stamp employment and training services to each nonexempt food stamp recipient within 30 days of the date that food stamp eligibility is determined. The orientation must inform the participant of the requirement to participate in services, the date, time, and address to report to for services, the name and telephone number of the food stamp employment and training service provider, the consequences for failure without good cause to comply, the services and support services available through food stamp employment and training services and other providers of similar services, and must encourage the participant to view the food stamp program as a temporary means of supplementing the family's food needs until the family achieves self-sufficiency through employment. The orientation may be provided through audio-visual methods, but the participant must have the opportunity for face-to-face interaction with county agency staff.

Subd. 3c. [Repealed, 1991 c 292 art 5 s 82]

Subd. 4. [Repealed, 1987 c 403 art 2 s 164]

Subd. 5. [Repealed, 1987 c 403 art 2 s 164]

Subd. 6. Service costs. Within the limits of available resources, the commissioner shall reimburse county agency expenditures for providing food stamp employment and training services including direct participation expenses and administrative costs. State food stamp employment and training funds shall be used only to pay the county agency's and food stamp employment and training service provider's actual costs of providing participant support services, direct program services, and program administrative costs for persons who participate in such employment and training services. The average annual reimbursable cost for providing food stamp employment and training services to a recipient for whom an individualized employability development plan is not completed must not exceed \$60 for the food stamp employment and training services, and \$340 for necessary recipient support services such as transportation or child care needed to participate in food stamp employment and training program. If an individualized employability development plan has been completed, the average annual reimbursable cost for providing food stamp employment and training services must not exceed \$400 for all services and costs necessary to implement the plan, including the costs of training, employment search assistance, placement, work experience, on-the-job training, other appropriate activities, the administrative and program costs incurred in providing these services, and necessary recipient support services such as tools, clothing, and transportation needed to participate in food stamp employment and training services. The county agency may expend additional county funds over and above the dollar limits of this subdivision without state reimbursement.

Subd. 6a. [Repealed, 1Sp1989 c 1 art 16 s 20 subd 3]

Subd. 6b. Federal reimbursement. Federal financial participation from the United States Department of Agriculture for food stamp employment and training 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 food stamp employment and training program. Federal financial participation for the nonstate portion of food stamp employment and training costs must be paid to the county agency that incurred the costs.

Subd. 7. Registrant status. A registrant under this section is not an employee for the purposes of workers' compensation, unemployment insurance compensation, retirement, or civil service laws, and shall not perform work ordinarily performed by a regular public employee.

Subd. 8. Voluntary quit. A person who is required to participate in food stamp employment and training services is not eligible for food stamps if, without good cause, the person refuses a legitimate offer of, or quits, suitable employment within 60 days before the date of application. A person who is required to participate in food stamp employment and training services and, without good cause, voluntarily quits suitable employment or refuses a legitimate offer of suitable employment while receiving food stamps shall be terminated from the food stamp program as specified in subdivision 1a.

Subd. 9. **Subcontractors.** A county agency may, at its option, subcontract any or all of the duties under this section to a public or private entity approved by the commissioner of economic security.

Subd. 10. [Repealed, 1995 c 178 art 6 s 18]

Subd. 11. [Repealed, 1987 c 403 art 2 s 164]

Subd. 12. [Repealed, 1987 c 403 art 2 s 164]

Subd. 13. [Repealed, 1995 c 178 art 6 s 18]

Subd. 14. [Repealed, 1995 c 178 art 6 s 18]

Subd. 15. [Repealed, 1995 c 178 art 6 s 18]

Subd. 16. [Repealed, 1991 c 292 art 5 s 82]

Subd. 17. **Start work grants.** Within the limit of available appropriations, the county agency may make grants necessary to enable food stamp employment training program participants 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 participant. The commissioner shall allocate money appropriated for start work grants to counties based on each county's food stamp employment and training program caseload in the 12 months ending in March for each following state fiscal year and may reallocate any unspent amounts.

History: 1Sp1985 c 9 art 2 s 60; 1Sp1985 c 14 art 9 s 75; 1986 c 444; 1987 c 403 art 3 s 33-37; 1989 c 282 art 5 s 52-65, 133; 1Sp1989 c 1 art 16 s 12, 22; 1990 c 568 art 4 s 26-30, 84; 1991 c 292 art 5 s 36-42; 1992 c 513 art 8 s 19, 20; 1Sp1993 c 1 art 6 s 31, 32; 1Sp1993 c 6 s 15; 1994 c 483 s 1; 1995 c 178 art 6 s 2-13, 17; 1996 c 465 art 3 s 33, 34

256D.0511 LUMP-SUM PAYMENTS.

Subdivision 1. **Ineligibility.** Applicants for general assistance who are ineligible for AFDC due to a nonrecurring lump-sum payment or recipients of general assistance are ineligible for general assistance benefits for the period described below unless the person demonstrates that the lump-sum payment was used for basic needs.

Subd. 2. **Budgeting lump sums.** Nonrecurring lump-sum income received by a recipient of general assistance must be budgeted in the normal retrospective cycle. Nonrecurring lump-sum income received by an applicant for general assistance who is ineligible for AFDC due to a nonrecurring lump-sum payment is prospectively budgeted.

Subd. 3. **Period of ineligibility.** The period of ineligibility determined under the AFDC program shall be used when computing eligibility for applicants for general assistance who are ineligible for AFDC due to receipt of a nonrecurring lump-sum payment. Recipients of general assistance who receive nonrecurring lump-sum income shall have their period of ineligibility determined using the AFDC policy defined in section 256.74, subdivision 1.

Subd. 4. **Shortening a period of ineligibility.** Applicants for general assistance who are ineligible for AFDC due to receipt of a lump sum must cooperate in determining if the AFDC period of ineligibility can be shortened under section 256.74, subdivision 1, as a condition of eligibility for general assistance. For applicants and recipients of general assistance, the period of ineligibility must be shortened when the assistance unit provides documentation that part or all of the lump-sum income has been expended for basic needs as defined in subdivision 5.

Subd. 5. **Definitions.** As used in this section, the following words have the meanings given:

(1) "assistance unit," for purposes of applying the lump-sum provision, is defined as all persons whose needs are taken into account in determining eligibility and the amount of assistance payment; and

(2) "basic needs" are defined as the minimum personal requirements of subsistence and are restricted to:

(i) food;

- (ii) clothing;
- (iii) shelter;
- (iv) utilities;
- (v) other items of which the loss or lack of is determined by the county agency to pose a direct immediate threat to the physical health or safety of a member of the assistance unit;
- (vi) education, training, and work expenses necessary to become economically self-sufficient; and
- (vii) medical expenses.

History: 1995 c 178 art 2 s 31; art 6 s 17

256D.052 LITERACY TRAINING FOR RECIPIENTS.

Subdivision 1. [Repealed, 1995 c 178 art 6 s 18]

Subd. 2. [Repealed, 1995 c 178 art 6 s 18]

Subd. 3. **Participant literacy transportation costs.** Within the limits of the state appropriation the county agency must provide transportation to enable food stamp employment and training participants to participate in literacy training under this section. The state shall reimburse county agencies for the costs of providing transportation under this section up to the amount of the state appropriation. Counties must make every effort to ensure that child care is available as needed by recipients who are pursuing literacy training.

Subd. 4. [Repealed, 1995 c 178 art 6 s 18]

Subd. 5. [Repealed, 1989 c 282 art 5 s 133 subd 3; 1Sp1989 c 1 art 16 s 20]

Subd. 6. [Repealed, 1989 c 282 art 5 s 133 subd 3; 1Sp1989 c 1 art 16 s 20]

Subd. 7. [Repealed, 1989 c 282 art 5 s 133 subd 3; 1Sp1989 c 1 art 16 s 20]

History: 1987 c 403 art 3 s 32; 1989 c 246 s 2; 1989 c 282 art 5 s 66–69; 1990 c 568 art 4 s 31,84; 1991 c 292 art 5 s 43,44; 1995 c 178 art 6 s 14

256D.055 COUNTY DESIGN; WORK FOCUSED PROGRAM.

The commissioner of human services shall issue a request for proposals from counties to submit a plan for developing and implementing a county-designed program. The plan shall be for first-time applicants for aid to families with dependent children (AFDC) and family general assistance (FGA) and must emphasize the importance of becoming employed and oriented into the work force in order to become self-sufficient. The plan must target public assistance applicants who are most likely to become self-sufficient quickly with short-term assistance or services such as child care, child support enforcement, or employment and training services.

The plan may include vendor payments, mandatory job search, refocusing existing county or provider efforts, or other program features. The commissioner may approve a county plan which allows a county to use other program funding for the county work focus program in a more flexible manner. Nothing in this section shall allow payments made to the public assistance applicant to be less than the amount the applicant would have received if the program had not been implemented, or reduce or eliminate a category of eligible participants from the program without legislative approval.

The commissioner shall not approve a county plan that would have an adverse impact on the Minnesota family investment plan demonstration. If the plan is approved by the commissioner, the county may implement the plan. If the plan is approved by the commissioner, but a federal waiver is necessary to implement the plan, the commissioner shall apply for the necessary federal waivers.

History: 1995 c 178 art 2 s 32; 1996 c 465 art 3 s 35

256D.06 AMOUNT OF ASSISTANCE.

Subdivision 1. General assistance 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 for general assistance. In determining eligibility for and the

amount of assistance for an individual or married couple, the county agency shall disregard the first \$50 of earned income per month.

Subd. 1a. [Repealed, 1983 c 312 art 8 s 17]

Subd. 1b. **Earned income savings account.** In addition to the \$50 disregard required under subdivision 1, the county agency shall disregard an additional earned income up to a maximum of \$150 per month for: (1) persons residing in facilities licensed under Minnesota Rules, parts 9520.0500 to 9520.0690 and 9530.2500 to 9530.4000, and for whom discharge and work are part of a treatment plan; (2) persons living in supervised apartments with services funded under Minnesota Rules, parts 9535.0100 to 9535.1600, and for whom discharge and work are part of a treatment plan; and (3) persons residing in group residential housing, as that term is defined in section 256I.03, subdivision 3, for whom the county agency has approved a discharge plan which includes work. The additional amount disregarded must be placed in a separate savings account by the eligible individual, to be used upon discharge from the residential facility into the community. For individuals residing in a chemical dependency program licensed under Minnesota Rules, part 9530.4100, subpart 22, item D, withdrawals from the savings account require the signature of the individual and for those individuals with an authorized representative payee, the signature of the payee. A maximum of \$1,000, including interest, of the money in the savings account must be excluded from the resource limits established by section 256D.08, subdivision 1, clause (1). Amounts in that account in excess of \$1,000 must be applied to the resident's cost of care. If excluded money is removed from the savings account by the eligible individual at any time before the individual is discharged from the facility into the community, the money is income to the individual in the month of receipt and a resource in subsequent months. If an eligible individual moves from a community facility to an inpatient hospital setting, the separate savings account is an excluded asset for up to 18 months. During that time, amounts that accumulate in excess of the \$1,000 savings limit must be applied to the patient's cost of care. If the patient continues to be hospitalized at the conclusion of the 18-month period, the entire account must be applied to the patient's cost of care.

Subd. 1c. [Repealed, 1990 c 568 art 4 s 85]

Subd. 2. Notwithstanding the provisions of subdivision 1, a grant of general assistance shall be made to an eligible individual, married couple, or family for an emergency need, as defined in rules promulgated by the commissioner, where the recipient requests temporary assistance not exceeding 30 days if an emergency situation appears to exist and the individual is ineligible for the program of emergency assistance under aid to families with dependent children and is not a recipient of aid to families with dependent children at the time of application hereunder. If an applicant or recipient relates facts to the county agency which may be sufficient to constitute an emergency situation, the county agency shall advise the person of the procedure for applying for assistance pursuant to this subdivision.

Subd. 3. [Repealed, 1989 c 282 art 5 s 133; 1Sp1989 c 1 art 16 s 20]

Subd. 4. [Repealed, 1989 c 282 art 5 s 133; 1Sp1989 c 1 art 16 s 20]

Subd. 5. Any applicant, otherwise eligible for general assistance and possibly eligible for maintenance benefits from any other source shall (a) make application for those benefits within 30 days of the general assistance application; and (b) execute an interim assistance authorization agreement on a form as directed by the commissioner. If found eligible for benefits from other sources, and a payment received from another source relates to the period during which general assistance was also being received, the recipient shall be required to reimburse the county agency for the interim assistance paid. Reimbursement shall not exceed the amount of general assistance paid during the time period to which the other maintenance benefits apply and shall not exceed the state standard applicable to that time period. The commissioner shall adopt rules authorizing county agencies or other client representatives to retain from the amount recovered under an interim assistance agreement 25 percent plus actual reasonable fees, costs, and disbursements of appeals and litigation, of providing special assistance to the recipient in processing the recipient's claim for maintenance benefits from another source. The money retained under this section shall be from the state share of the recovery. The commissioner or the county agency may contract with qualified persons to provide the special assistance. The rules adopted by the commissioner shall include the

methods by which county agencies shall identify, refer, and assist recipients who may be eligible for benefits under federal programs for the disabled. This subdivision does not require repayment of per diem payments made to shelters for battered women pursuant to section 256D.05, subdivision 3.

Subd. 6. [Repealed, 1989 c 282 art 5 s 133; 1Sp1989 c 1 art 16 s 20]

Subd. 7. **SSI conversions and back claims.** (a) **SSI conversions.** The commissioner of human services shall contract with agencies or organizations capable of ensuring that clients who are presently receiving assistance under sections 256D.01 to 256D.21, and who may be eligible for benefits under the federal Supplemental Security Income program, apply and, when eligible, are converted to the federal income assistance program and made eligible for health care benefits under the medical assistance program. The commissioner shall ensure that money owing to the state under interim assistance agreements is collected.

(b) **Back claims for federal health care benefits.** The commissioner shall also directly or through contract implement procedures for collecting federal Medicare and medical assistance funds for which clients converted to SSI are retroactively eligible.

(c) **Additional requirements.** The commissioner shall begin contracting with agencies to ensure implementation of this section within 14 days after April 29, 1992. County contracts with providers for residential services shall include the requirement that providers screen residents who may be eligible for federal benefits and provide that information to the local agency. The commissioner shall modify the MAXIS computer system to provide information on clients who have been on general assistance for two years or longer. The list of clients shall be provided to local services for screening under this section.

(d) **Report.** The commissioner shall report to the legislature by January 15, 1993, on the implementation of this section. The report shall contain information on the following:

- (1) the number of clients converted from general assistance to SSI, by county;
- (2) information on the organizations involved;
- (3) the amount of money collected through interim assistance agreements;
- (4) the amount of money collected in federal Medicare or Medicaid funds;
- (5) problems encountered in processing conversions and back claims; and
- (6) recommended changes to enhance recoveries and maximize the receipt of federal money in the most efficient way possible.

Subd. 8. **Recovery of ATM errors.** For recipients receiving benefits via electronic benefit transfer, if the recipient is overpaid as a result of an automated teller machine (ATM) dispensing funds in error to the recipient, the agency may recover the ATM error by immediately withdrawing funds from the recipient's electronic benefit transfer account, up to the amount of the error.

History: 1973 c 650 art 21 s 6; 1977 c 301 s 4; 1980 c 536 s 12,13; 1980 c 614 s 131; 1981 c 360 art 2 s 37,38; 1983 c 312 art 8 s 7; 1984 c 640 s 32; 1984 c 641 s 25; 1984 c 654 art 5 s 31; 1985 c 252 s 25; 1987 c 403 art 3 s 38-40; 1988 c 689 art 2 s 189-191; 1990 c 568 art 4 s 32,84; 1991 c 292 art 4 s 70; 1992 c 406 s 1; 1992 c 513 art 8 s 21,22; 1994 c 465 art 1 s 30; 1995 c 233 art 2 s 56; 1996 c 465 art 3 s 36

256D.065 GENERAL ASSISTANCE PAYMENTS FOR NEW RESIDENTS.

Notwithstanding any other provisions of sections 256D.01 to 256D.21, otherwise eligible applicants without minor children, who have been residing in the state less than six months, shall be granted general assistance payments in an amount that, when added to the nonexempt income actually available to the applicant, shall equal 60 percent of the amount that the applicant would be eligible to receive under section 256D.06, subdivision 1. A person may receive benefits in excess of this amount, equal to the lesser of the benefits actually received in the last state of residence or the maximum benefits allowable under section 256D.06, subdivision 1. To receive the higher benefit amount, the person must provide verification of the amount of assistance received in the last state of residence. Nonexempt income is the income considered available under Minnesota Rules, parts 9500.1200 to 9500.1270.

History: 1991 c 292 art 5 s 45; 1995 c 178 art 6 s 17

256D.07 TIME OF PAYMENT OF ASSISTANCE.

An applicant for general assistance or general assistance medical care authorized by section 256D.03, subdivision 3, shall be deemed eligible if the application and the verification of the statement on that application demonstrate that the applicant is within the eligibility criteria established by sections 256D.01 to 256D.21 and any applicable rules of the commissioner. Any person requesting general assistance or general assistance medical care shall be permitted by the county agency to make an application for assistance as soon as administratively possible and in no event later than the fourth day following the date on which assistance is first requested, and no county agency shall require that a person requesting assistance appear at the offices of the county agency more than once prior to the date on which the person is permitted to make the application. The application shall be in writing in the manner and upon the form prescribed by the commissioner and attested to by the oath of the applicant or in lieu thereof shall contain the following declaration which shall be signed by the applicant: "I declare that this application has been examined by me and to the best of my knowledge and belief is a true and correct statement of every material point." On the date that general assistance is first requested, the county agency shall inquire and determine whether the person requesting assistance is in immediate need of food, shelter, clothing, assistance for necessary transportation, or other emergency assistance pursuant to section 256D.06, subdivision 2. A person in need of emergency assistance shall be granted emergency assistance immediately, and necessary emergency assistance shall continue for up to 30 days following the date of application. A determination of an applicant's eligibility for general assistance shall be made by the county agency as soon as the required verifications are received by the county agency and in no event later than 30 days following the date that the application is made. Any verifications required of the applicant shall be reasonable, and the commissioner shall by rule establish reasonable verifications. General assistance shall be granted to an eligible applicant without the necessity of first securing action by the board of the county agency. The first month's grant must be computed to cover the time period starting with the date a signed application form is received by the county agency or from the date that the applicant meets all eligibility factors, whichever occurs later.

If upon verification and due investigation it appears that the applicant provided false information and the false information materially affected the applicant's eligibility for general assistance or general assistance medical care provided pursuant to section 256D.03, subdivision 3, or the amount of the applicant's general assistance grant, the county agency may refer the matter to the county attorney. The county attorney may commence a criminal prosecution or a civil action for the recovery of any general assistance wrongfully received, or both.

History: 1973 c 650 art 21 s 7; 1979 c 237 s 1; 1980 c 536 s 14; 1981 c 40 s 1; 1986 c 444; 1988 c 689 art 2 s 192; 1990 c 568 art 4 s 84; 1991 c 292 art 5 s 46

256D.08 EXCLUSION FROM RESOURCES.

Subdivision 1. In determining eligibility of a family, married couple, or individual there shall be excluded the following resources:

(1) Real or personal property or liquid assets which do not exceed those permitted under the federally aided assistance program known as aid to families with dependent children; and

(2) Other property which has been determined, in accordance with and subject to limitations contained in rules promulgated by the commissioner, to be essential to the family or individual as a means of self-support or self-care or which is producing income that is being used for the support of the individual or family. The commissioner shall further provide by rule the conditions for those situations in which property not excluded under this subdivision may be retained by the family or individual where there is a reasonable probability that in the foreseeable future the property will be used for the self-support of the individual or family; and

(3) Payments, made pursuant to litigation and subsequent appropriation by the United States Congress, of funds to compensate members of Indian tribes for the taking of tribal land by the federal government.

Subd. 2. Notwithstanding any other provision of sections 256D.01 to 256D.21, the commissioner shall provide by rule for the exclusion of property from the determination of

eligibility for general assistance when it appears likely that the need for general assistance will not exceed 30 days or an undue hardship would be imposed on an individual or family by the forced disposal of the property.

History: 1973 c 650 art 21 s 8; 1979 c 250 s 2; 1980 c 536 s 15,16; 1987 c 403 art 3 s 41

256D.09 FORM OF PAYMENT; REQUIRING CHEMICAL HEALTH ASSESSMENT PAYMENTS; RECOVERY OF OVERPAYMENTS.

Subdivision 1. Presumptive eligibility; payments. Until the county agency has determined the initial eligibility of the applicant in accordance with section 256D.07, grants for emergency general assistance must be in the form of vouchers or vendor payments unless the county agency determines that a cash grant will best resolve the applicant's need for emergency assistance. Thereafter, grants of general assistance must be paid in cash, by electronic benefit transfer, or by direct deposit into the recipient's account in a financial institution, on the first day of the month, except as allowed in this section.

Subd. 2. Notwithstanding the provisions of subdivision 1, the commissioner shall provide by rule for situations in which vouchers or vendor payments may be issued by county agencies because of the inability of the recipient to manage a general assistance grant for personal or family benefit.

Subd. 2a. Vendor payments for drug dependent persons. If, at the time of application or at any other time, there is a reasonable basis for questioning whether a person applying for or receiving financial assistance is drug dependent, as defined in section 254A.02, subdivision 5, the person shall be referred for a chemical health assessment, and only emergency assistance payments or general assistance vendor payments may be provided until the assessment is complete and the results of the assessment made available to the county agency. A reasonable basis for referring an individual for an assessment exists when:

- (1) the person has required detoxification two or more times in the past 12 months;
- (2) the person appears intoxicated at the county agency as indicated by two or more of the following:
 - (i) the odor of alcohol;
 - (ii) slurred speech;
 - (iii) disconjugate gaze;
 - (iv) impaired balance;
 - (v) difficulty remaining awake;
 - (vi) consumption of alcohol;
 - (vii) responding to sights or sounds that are not actually present;
 - (viii) extreme restlessness, fast speech, or unusual belligerence;
- (3) the person has been involuntarily committed for drug dependency at least once in the past 12 months; or
- (4) the person has received treatment, including domiciliary care, for drug abuse or dependency at least twice in the past 12 months.

The assessment and determination of drug dependency, if any, must be made by an assessor qualified under Minnesota Rules, part 9530.6615, subpart 2, to perform an assessment of chemical use. The county shall only provide emergency general assistance or vendor payments to an otherwise eligible applicant or recipient who is determined to be drug dependent, except up to 15 percent of the grant amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision 1, the commissioner of human services shall also require county agencies to provide assistance only in the form of vendor payments to all eligible recipients who assert chemical dependency as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a), clauses (1) and (6).

The determination of drug dependency shall be reviewed at least every 12 months. If the county determines a recipient is no longer drug dependent, the county may cease vendor payments and provide the recipient payments in cash.

Subd. 3. [Repealed, 1992 c 513 art 8 s 59]

Subd. 4. [Repealed, 1991 c 292 art 5 s 82]

Subd. 5. **Vendor payments to landlords.** The affected county may require that assistance paid under the emergency general assistance program in the form of a rental unit damage deposit, less any amount retained by the landlord to remedy a tenant's default in payment of rent or other funds due to the landlord pursuant to a rental agreement, or to restore the premises to the condition at the commencement of the tenancy, ordinary wear and tear excepted, be returned to the county when the individual vacates the premises or paid to the recipient's new landlord as a vendor payment. The vendor payment of returned funds shall not be considered a new use of emergency assistance.

Subd. 6. **Recovery of overpayments.** (a) If an amount of general assistance or family general assistance is paid to a recipient in excess of the payment due, it shall be recoverable by the county agency. The agency shall give written notice to the recipient of its intention to recover the overpayment.

(b) When an overpayment occurs, the county agency shall recover the overpayment from a current recipient by reducing the amount of aid payable to the assistance unit of which the recipient is a member, for one or more monthly assistance payments, until the overpayment is repaid. All county agencies in the state shall reduce the assistance payment by three percent of the assistance unit's standard of need or the amount of the monthly payment, whichever is less, for all overpayments whether or not the overpayment is due solely to agency error. The amount of this reduction is ten percent, if the overpayment is due solely to having wrongfully obtained assistance, whether based on:

- (1) a court order;
- (2) the finding of an administrative fraud disqualification hearing or the waiver of such a hearing; or
- (3) a confession or judgment containing an admission of an intentional program violation.

(c) In cases when there is both an overpayment and underpayment, the county agency shall offset one against the other in correcting the payment.

(d) Overpayments may also be voluntarily repaid, in part or in full, by the individual, in addition to the aid reductions provided in this subdivision, until the total amount of the overpayment is repaid.

(e) The county agency shall make reasonable efforts to recover overpayments to persons no longer on assistance under standards adopted in rule by the commissioner of human services. The county agency need not attempt to recover overpayments of less than \$35 paid to an individual no longer on assistance if the individual does not receive assistance again within three years, unless the individual has been convicted of violating section 256.98.

History: 1973 c 650 art 21 s 9; 1980 c 536 s 17; 1981 c 40 s 2; 1983 c 312 art 8 s 8,9; 1984 c 640 s 32; 1Sp1985 c 9 art 2 s 61,62; 1Sp1985 c 14 art 9 s 30; 1986 c 444; 1988 c 506 s 1; 1990 c 568 art 4 s 33,84; 1995 c 178 art 2 s 33-35; art 6 s 17; 1995 c 233 art 2 s 56; 1996 c 465 art 3 s 37

256D.091 [Repealed, 1995 c 178 art 6 s 18]

256D.10 HEARINGS PRIOR TO REDUCTION; TERMINATION; SUSPENSION OF GENERAL ASSISTANCE GRANTS.

No grant of general assistance except one made pursuant to section 256D.06, subdivision 2; or 256D.08, subdivision 2, shall be reduced, terminated, or suspended unless the recipient receives notice and is afforded an opportunity to be heard prior to any action by the county agency.

Nothing herein shall deprive a recipient of the right to full administrative and judicial review of an order or determination of a county agency as provided for in section 256.045 subsequent to any action taken by a county agency after a prior hearing.

History: 1973 c 650 art 21 s 10; 1980 c 509 s 103; 1980 c 536 s 18; 1986 c 444; 1990 c 568 art 4 s 84; 1991 c 292 art 5 s 47; 1996 c 465 art 3 s 38

256D.101 [Repealed, 1995 c 178 art 6 s 18]

256D.11 [Repealed, 1981 c 360 art 2 s 52]

256D.111 [Repealed, 1995 c 178 art 6 s 18]

256D.112 [Repealed, 1983 c 312 art 8 s 18; 1Sp1985 c 14 art 9 s 78 subd 1]

256D.113 [Repealed, 1995 c 178 art 6 s 18]

256D.12 [Repealed, 1976 c 131 s 2]

256D.13 MANDAMUS TO COMPEL PAYMENT OF GENERAL ASSISTANCE.

Subdivision 1. Notwithstanding the provisions of section 256.045 providing for administrative and judicial review of county agency determinations, a person denied general assistance by the county agency may apply to the district court of the county in which the person's application was filed and the district court shall order the payment of general assistance if the person establishes:

(1) The substantial likelihood of eligibility for and entitlement to general assistance, and

(2) The person or family will suffer irreparable injury if general assistance is not granted without delay.

Subd. 2. The denial by a district court of a writ of mandamus shall not affect the right or scope of administrative or judicial review as set forth in section 256.045.

History: 1973 c 650 art 21 s 13; 1980 c 509 s 104; 1980 c 536 s 27; 1986 c 444; 1990 c 568 art 4 s 84

256D.14 VIOLATIONS.

Whoever obtains or attempts to obtain, or aids or abets any person to obtain by means of a willfully false statement or representation, or by the intentional withholding or concealment of a material fact, or by impersonation, or other fraudulent device:

(1) Assistance to which the person is not entitled; or

(2) Assistance greater than that to which the person is reasonably entitled;

shall be considered to have violated section 256.98, and shall be subject to both the criminal and civil penalties provided therein.

History: 1973 c 650 art 21 s 14; 1981 c 360 art 2 s 39; 1986 c 444

256D.15 RELATIVE'S RESPONSIBILITY.

The financial responsibility of a relative for an applicant for or recipient of general assistance shall not extend beyond the relationship of a spouse or a parent of an adult child who resides with the parent, or the parent of a minor child regardless of where the minor child resides, or a family member who resides with the applicant or recipient.

History: 1973 c 650 art 21 s 15; 1984 c 654 art 5 s 37; 1987 c 403 art 3 s 43; 1995 c 178 art 6 s 17

256D.16 GENERAL ASSISTANCE TO BE ALLOWED AS CLAIM IN PROBATE COURT.

On the death of any person who received any general assistance under sections 256D.01 to 256D.21, or on the death of the survivor of a married couple, either or both of whom received general assistance, the total amount paid as general assistance to either or both, without interest, shall be allowed as a claim against the estate of such person or persons by the court having jurisdiction to probate the estate.

History: 1973 c 650 art 21 s 16; 1980 c 536 s 28

256D.17 DATA PROCESSING PROCEDURES.

The county agency shall, to the extent permitted by federal law or regulation, in addition to any other necessary records and procedures, provide for the inclusion of all general assis-

tance records in any data processing system established for the medical assistance program, in accordance with procedures established by the commissioner.

History: 1973 c 650 art 21 s 17; 1990 c 568 art 4 s 84

256D.18 [Repealed, 1987 c 363 s 14]

256D.19 ABOLITION OF TOWNSHIP SYSTEM OF POOR RELIEF.

Subdivision 1. The town system for caring for the poor in each of the counties in which it is in effect is hereby abolished. The local social services agency of each county shall administer general assistance under the provisions of Laws 1973, chapter 650, article 21.

Subd. 2. All local social services agencies affected by Laws 1973, chapter 650, article 21 are hereby authorized to take over for the county as of January 1, 1974, the ownership of all case records relating to the administration of poor relief.

History: 1973 c 650 art 21 s 19; 1994 c 631 s 31

256D.20 TRANSFER OF TOWN EMPLOYEES.

Subdivision 1. The term "merit system" as used herein shall mean the rules for a merit system of personnel administration for employees of local social services agencies adopted by the commissioner of human services in accordance with the provisions of section 393.07, including the merit system established for Hennepin county pursuant to Laws 1965, chapter 855, as amended, the federal social security article as amended, and merit system standards and regulations issued by the federal Social Security Board and the United States Children's Bureau.

Subd. 2. All employees of any municipality or town who are engaged full time in poor relief work therein on January 1, 1974 shall be retained as employees of the county and placed under the jurisdiction of its local social services agency.

All transferred employees shall be blanketed into the merit system with comparable status, classification, longevity, and seniority, and subject to the administrative requirements of the local social services agency. Employees with permanent status under any civil service provision on January 1, 1974, shall be granted permanent status under the merit system at comparable classifications and in accordance with work assignments made under the authority of the local social services agency as provided by the merit system rules.

The determination of proper job allocation shall be the responsibility of the personnel officer or director as provided under merit system rules applicable to the county involved with the right of appeal of allocation to the merit system council or personnel board by any employee affected by this transfer.

All transferred employees shall receive salaries for the classification to which they are allocated in accordance with the schedule in effect for local social services agency employees and at a salary step which they normally would have received had they been employed by the local social services agency for the same period of service they had previously served under the civil service provisions of any municipality or town; provided, however, that no salary shall be reduced as a result of the transfer.

All accumulated sick leave of transferred employees in the amount of 60 days or less shall be transferred to the records of the local social services agency and such accumulated sick leave shall be the legal liability of the local social services agency. All accumulated sick leave in excess of 60 days shall be paid in cash to transferred employees by the municipality or town by which they were employed prior to their transfer, at the time of transfer. In lieu of the cash payment, the municipality or town shall, at the option of the employee concerned, allow a leave of absence with pay, prior to transfer, for all or part of the accumulated sick leave.

Subd. 3. Employees of municipalities and towns engaged in the work of administering poor relief who are not covered by civil service provisions shall be blanketed into the merit system subject to a qualifying examination. Employees with one year or more service shall be subject to a qualifying examination and those with less than one year's service shall be subject to an open competitive examination.

Subd. 4. All vacation leave of employees referred to in subdivision 2, accumulated prior to their transfer to county employment shall be paid in cash to them by the municipality or

town by which they were employed prior to their transfer, and at the time of their transfer. In lieu of the cash payment, the municipality or town shall, at the option of the employee concerned, allow a leave of absence with pay, prior to such transfer, for all or part of the accumulated vacation time.

History: 1973 c 650 art 21 s 20; 1984 c 654 art 5 s 58; 1994 c 631 s 31

256D.21 CONTINUATION OF RETIREMENT SYSTEM FOR FORMER MINNEAPOLIS EMPLOYEES.

Subdivision 1. Each employee of the city of Minneapolis who is transferred to and employed by the county under the provisions of section 256D.20 and who is a contributing member of a retirement system organized under the provisions of chapter 422A, shall continue to be a member of that system and entitled to all of the benefits conferred thereby and subject to all the restrictions of chapter 422A, unless the member applies to cancel membership within six months after January 1, 1974.

Subd. 2. The cost to the public of that portion of the retirement allowances or other benefits accrued while any such employee was in the service of the city of Minneapolis shall remain an obligation of the city and a tax shall be levied and collected by it to discharge its obligation as provided by chapter 422A.

Subd. 3. The cost to the public of the retirement allowances or other benefits accruing to employees so transferred to and employed by the county shall be the obligation of and paid by the county at such time as the retirement board shall fix and determine in accordance with chapter 422A. The county shall pay to the municipal retirement fund an amount certified to the county auditor of the county by the retirement board as the cost of the retirement allowances and other benefits accruing and owing to such county employees. The cost to the public of the retirement allowances as herein provided shall be paid from the county revenue fund by the county auditor upon receipt of certification from the retirement board as herein provided, and the county board is authorized to levy and collect such taxes as may be necessary to pay such costs.

History: 1973 c 650 art 21 s 21; 1976 c 239 s 82; 1986 c 444

256D.22 [Repealed, 1988 c 719 art 8 s 33]

256D.23 TEMPORARY COUNTY ASSISTANCE PROGRAM.

Subdivision 1. **Program established.** Minnesota residents who meet the income and resource standards of section 256D.01, subdivision 1a, but do not qualify for cash benefits under sections 256D.01 to 256D.22, may qualify for a county payment under this section.

Subd. 2. **Payment amount, duration, and method.** (a) A county may make a payment of up to \$203 for a single individual and up to \$260 for a married couple under the terms of this subdivision.

(b) Payments to an individual or married couple may only be made once in a calendar year. If the applicant qualifies for a payment as a result of an emergency, as defined by the county, the payment shall be made within ten working days of the date of application. If the applicant does not qualify under the county definition of emergency, the payment shall be made at the beginning of the second month following the month of application, and the applicant must receive the payment in person at the local agency office.

(c) Payments may be made in the form of cash or as vendor payments for rent and utilities. If vendor payments are made, they shall be equal to \$203 for a single individual or \$260 for a married couple, or the actual amount of rent and utilities, whichever is less.

(d) Each county must develop policies and procedures as necessary to implement this section.

(e) Payments under this section are not an entitlement. No county is required to make a payment in excess of the amount available to the county under subdivision 3.

Subd. 3. **State allocation to counties.** The commissioner shall allocate to each county on an annual basis the amount specifically appropriated for payments under this section. The allocation shall be based on each county's proportionate share of state fiscal year 1994 work readiness expenditures.

History: 1995 c 178 art 6 s 15

MINNESOTA SUPPLEMENTAL AID ACT

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 or an eligible applicant married couple or recipient married couple who live together.

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.

Subd. 5. **"Commissioner"** means the commissioner of human services or a designee.

Subd. 6. **"Department"** means the department of human services.

Subd. 7. **"County agency"** means the local social services agencies in the several counties of the state except that it may also include any multicounty local social services agencies 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.

Subd. 9. **Homestead.** "Homestead" means a shelter in which the individual or the spouse with whom the individual lives has an ownership interest, and that is the principal residence of the individual, spouse, or the individual's minor or disabled child. The home may be either real or personal property, fixed or mobile, and located on land or water. The home includes all the land that appertains to it and buildings located on that land.

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; except benefits of the recipient, such as those administered by the Social Security Administration, that are paid to a representative payee, and are spent on behalf of the applicant or recipient, are not in-kind income, but are considered available income of the applicant or recipient.

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, reemployment insurance, 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. [Repealed, 1995 c 207 art 5 s 40]

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. [Repealed, 1995 c 207 art 5 s 40]

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: 1974 c 487 s 1; 1984 c 654 art 5 s 58; 1985 c 248 s 70; 1986 c 444; 1988 c 689 art 2 s 193; 1989 c 282 art 5 s 74-93; 1990 c 426 art 2 s 1; 1992 c 513 art 8 s 24; 1Sp1993 c 1 art 8 s 4; 1994 c 488 s 8; 1994 c 631 s 31

256D.36 STATE PARTICIPATION.

Subdivision 1. State participation. The state share of aid paid shall be 85 percent and the county share shall be 15 percent. Benefits shall be issued to recipients by the state or county and funded according to section 256.025, subdivision 3, subject to provisions of section 256.017.

Beginning July 1, 1991, the state will reimburse counties according to the payment schedule in section 256.025 for the county share of county agency expenditures for financial benefits to individuals under this subdivision from January 1, 1991, on. Payment to counties under this subdivision is subject to the provisions of section 256.017.

Subd. 1a. [Repealed, 1995 c 207 art 5 s 40]

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

History: 1974 c 487 s 2; 1979 c 303 art 2 s 3; 1980 c 607 art 2 s 4; 1986 c 444; 1988 c 719 art 8 s 21; 1989 c 282 art 5 s 94,95; 1Sp1989 c 1 art 16 s 13; 1990 c 426 art 2 s 1; 1990 c 568 art 4 s 84; 1991 c 292 art 5 s 51; 1995 c 207 art 5 s 8

256D.37 [Repealed, 1995 c 207 art 5 s 40]

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, or (2) an alien eligible to receive benefits from the supplemental security income program.

History: 1989 c 282 art 5 s 97; 1995 c 207 art 5 s 9

256D.39 [Repealed, 1989 c 282 art 5 s 133]**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.40 [Repealed, 1976 c 131 s 2]**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. 1a. Exemption. Recipients who maintain supplemental security income eligibility are exempt from the reporting requirements of subdivision 1, except that the policies and procedures of transfers of assets are those used by the medical assistance program under section 256B.0595.

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 who do not receive SSI because of excess income must complete a monthly report form if they have earned income, if they have income deemed to them from a financially responsible relative with whom the recipient resides, or if they have income deemed to them by a sponsor. 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; 1995 c 207 art 5 s 10; 1995 c 248 art 17 s 5

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 receiving supplemental security benefits under Title XVI on the basis of age, blindness, or disability (or would be eligible for such benefits except for excess income) is eligible for a payment under the Minnesota supplemental aid program, if the person's net income is less than the standards in section 256D.44. Persons who are not receiving supplemental security income benefits under Title XVI of the Social Security Act or disability insurance benefits under Title II of the Social Security Act due to exhausting time limited benefits are not eligible to receive benefits under the MSA program. Persons who are not receiving social security or other maintenance benefits for failure to meet or comply with the social security or other maintenance program requirements are not eligible to receive benefits under the MSA program. Persons who are found ineligible for supplemental security income because of excess income, but whose income 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. [Repealed, 1995 c 207 art 5 s 40; 1995 c 248 art 17 s 7]

Subd. 4. Cooperation. To be eligible for the Minnesota supplemental aid program, applicants and recipients must cooperate with the state and local agency to identify potentially liable third-party payors and assist the state in obtaining third-party payments. Cooperation includes identifying any third party who may be liable for benefits provided under this chapter to the applicant, recipient, or any other family member for whom application is made, and providing relevant information to assist the state in pursuing a potentially liable third party.

History: 1989 c 282 art 5 s 101; 1990 c 568 art 3 s 90; 1995 c 207 art 5 s 11; art 6 s 107

256D.43 [Repealed, 1989 c 282 art 5 s 133]**256D.435 INCOME.**

Subdivision 1. Income. For persons receiving supplemental security income benefits, the countable income used to determine eligibility and benefits for Minnesota supplemental aid is the gross amount of the Federal Benefit Rate (FBR) after allowing for the general income disregard in subdivision 5. For persons who have been denied a supplemental security income benefit due to excess income, and have had their blindness or disability determined through the state medical review team, the countable income is the gross amount of earned and unearned income, minus the exclusions and disregards listed in subdivisions 4a, 5, and 6.

Subd. 2. [Repealed, 1995 c 207 art 5 s 40]

Subd. 3. Application for federally funded benefits. Persons who live with the applicant or recipient, who have unmet needs and for whom the applicant or recipient has financial responsibility, must apply for and, if eligible, accept AFDC and other federally funded benefits.

Subd. 4. Allocation and deeming of income. The county agency shall apply the supplemental security income rules regarding financial responsibility when determining the amount of income to allocate or deem.

Subd. 4a. Exclusions. The income exclusions used to determine eligibility for Minnesota supplemental aid are those used to determine benefits for supplemental security income.

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

Subd. 6. Earned income disregards. The earned income disregards used to determine eligibility for Minnesota supplemental aid are those used to determine benefits for supplemental security income.

Subd. 7. [Repealed, 1995 c 207 art 5 s 40]

Subd. 8. [Repealed, 1995 c 207 art 5 s 40]

Subd. 9. [Repealed, 1995 c 207 art 5 s 40]

Subd. 10. [Repealed, 1995 c 207 art 5 s 40]

History: 1989 c 282 art 5 s 102; 1990 c 568 art 4 s 84; 1995 c 207 art 5 s 12–17

256D.44 STANDARDS OF ASSISTANCE.

Subdivision 1. Use of standards; increases. The state standards of assistance for basic needs, plus special need items establish the total amount of need for an applicant for or recipient of Minnesota supplemental aid, 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 persons eligible for medical assistance waivers or at risk of placement in a group residential housing facility. The state standard of assistance for a person who is eligible for a medical assistance home and community-based services waiver or a person who has been determined by the local agency to meet the plan requirements for placement in a group residential housing facility under section 256I.04, subdivision 1a, is the standard established in subdivision 3, paragraph (a) or (b).

Subd. 3. Standard of assistance for basic needs. Except as provided in subdivision 4, the monthly state standard of assistance for basic needs is as follows:

(a) If an applicant or recipient does not reside with another person or persons, the state standard of assistance is \$519.

(b) If an applicant married couple or recipient married couple who live together, does not reside with others, the state standard of assistance is \$778.

(c) If an applicant or recipient resides with another person or persons, the state standard of assistance is \$395.

(d) If an applicant married couple or recipient married couple who live together, resides with others, the state standard of assistance is \$519.

(e) Married couples, living together who do not reside with others and were receiving MSA prior to January 1, 1994, and whose eligibility has not been terminated a full calendar month, the state standard of assistance is \$793.

(f) Married couples living together who reside with others and were receiving MSA prior to January 1, 1994, and whose eligibility has not been terminated a full calendar month, the state standard of assistance is \$782.

(g) For an individual who is a resident of a nursing home, a regional treatment center or a group residential housing facility, the state standard of assistance is the personal needs allowance for medical assistance recipients under section 256B.35.

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 group residential housing 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. In addition to the state standards of assistance established in subdivisions 1 to 4, payments are allowed for the following special needs of recipients of Minnesota supplemental aid who are not residents of a nursing home, a regional treatment center, or a group residential housing facility:

(a) The county 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.

(e) A fee of ten percent of the recipient's gross income or \$25, whichever is less, is allowed for representative payee services provided by an agency that meets the requirements under SSI regulations to charge a fee for representative payee services. This special need is available to all recipients of Minnesota supplemental aid regardless of their living arrangement.

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

Subd. 7. [Repealed, 1995 c 207 art 5 s 40]

History: 1989 c 282 art 5 s 103; 1990 c 568 art 4 s 84; 1991 c 292 art 7 s 21; 1Sp1993 c 1 art 8 s 5,6; 1994 c 465 art 1 s 31; 1995 c 207 art 5 s 18–23; 1995 c 263 s 4

256D.45 PAYMENT PERIOD.

Subdivision 1. Budgeting. The payment period and budgeting cycle for Minnesota supplemental aid are those of the supplemental security income program.

Subd. 2. Gross income test. The county 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; 1990 c 568 art 4 s 84; 1995 c 207 art 5 s 24

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. For the purposes of this section, the term "recipient" includes persons for whom a group residential housing benefit is being paid under sections 256I.01 to 256I.06.

Subd. 2. Income and resource test. All income and resources available to the recipient 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 (excluding Minnesota supplemental aid issued for current month's need) 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; 1995 c 207 art 5 s 25,26

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 county agency. Vendor payments must not be issued by the county 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; 1990 c 568 art 4 s 84

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; (5) lost or stolen checks; or (6) use of emergency Minnesota supplemental aid more than twice in a calendar year. 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; 1995 c 207 art 5 s 27

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 and recovery of ATM errors. When the county agency determines that an overpayment of the recipient's monthly payment of Min-

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. For recipients receiving benefits via electronic benefit transfer, if the overpayment is a result of an automated teller machine (ATM) dispensing funds in error to the recipient, the agency may recover the ATM error by immediately withdrawing funds from the recipient's electronic benefit transfer account, up to the amount of the error. 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; 1996 c 465 art 3 s 39

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 representation, 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 commissioner or 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; 1992 c 513 art 8 s 25