

246.51 PAYMENT FOR CARE AND TREATMENT; DETERMINATION.

Subdivision 1. [Repealed, 2009 c 79 art 3 s 19]

Subd. 1a. **Clients in state-operated community-based programs; determination.** The commissioner shall determine available health plan coverage from a health plan company for services provided to clients admitted to a state-operated community-based program. If the health plan coverage requires a co-pay or deductible, or if there is no available health plan coverage, the commissioner shall determine or redetermine what part of the noncovered cost of care, if any, the client is able to pay. If the client is unable to pay the uncovered cost of care, the commissioner shall determine the client's relatives' ability to pay. The client and relatives shall provide to the commissioner documents and proof necessary to determine the client's and relatives' ability to pay. Failure to provide the commissioner with sufficient information to determine ability to pay may make the client or relatives liable for the full cost of care until the time when sufficient information is provided. If it is determined that the responsible party does not have the ability to pay, the commissioner shall waive payment of the portion that exceeds ability to pay under the determination.

Subd. 1b. **Clients served by regional treatment centers or nursing homes; determination.** The commissioner shall determine or redetermine, if necessary, what part of the cost of care, if any, a client served in regional treatment centers or nursing homes operated by state-operated services is able to pay. If the client is unable to pay the full cost of care, the commissioner shall determine if the client's relatives have the ability to pay. The client and relatives shall provide to the commissioner documents and proof necessary to determine the client's and relatives' ability to pay. Failure to provide the commissioner with sufficient information to determine ability to pay may make the client or relatives liable for the full cost of care until the time when sufficient information is provided. No parent shall be liable for the cost of care given a client at a regional treatment center after the client has reached the age of 18 years.

Subd. 2. **Rules.** The commissioner shall adopt, pursuant to the Administrative Procedure Act, rules establishing uniform standards for determination of client liability and relative, guardian or conservator responsibility for care provided at state facilities. The standards may differ for mental illness, substance use disorder, or developmental disability. The standards established in rules adopted under chapter 254B shall determine the amount of client and relative responsibility when a portion of the client's cost of care has been paid under chapter 254B. These rules shall have the force and effect of law.

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

History: 1959 c 578 s 2; 1969 c 399 s 1; 1971 c 637 s 5; 1973 c 35 s 46; 1973 c 138 s 1; 1973 c 235 s 2; 1973 c 725 s 45; 1977 c 331 s 1; 1982 c 641 art 1 s 6; 1986 c 394 s 5; 1987 c 299 s 1; 1987 c 384 art 1 s 20; 1987 c 403 art 2 s 51; 1989 c 282 art 2 s 90,218; 2003 c 112 art 2 s 50; 2005 c 56 s 1; 2009 c 79 art 3 s 4,5; 2009 c 101 art 2 s 109; 2013 c 59 art 3 s 1; 2022 c 98 art 4 s 51