

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

In the Matter of Proposed Amendments
to Rules of the Department of Human
Services Governing Reimbursement for
Cost of Care of Patients and Residents
of State Facilities (Minnesota Rules,
parts 9515.1000 to 9515.2600)

STATEMENT OF NEED
AND REASONABLENESS

BACKGROUND AND STATUTORY AUTHORITY

Minnesota Rules, parts 9515.1000 to 9515.2600 govern reimbursement for the cost of care of patients or residents of state regional treatment centers or state nursing homes.

The proposed rule amendments addressed by this statement of need and reasonableness reflect 1987 amendments to Minnesota Statutes, section 246.50, 1986 amendments to section 246.23, an amendment to the Federal Social Security Act, and updating of numerical values affected by fiscal factors.

PARTS 9515.1000 to 9515.2600.

Laws of Minnesota 1987, chapter 403, article 2, section 46, in amending Minnesota Statutes, section 246.50, changed the term "state hospital" to "regional treatment center" (subdivision 3), added a definition of "state nursing home" (subdivision 3a), and changed the definition of "resident" to read, in part, "any mentally retarded person receiving care or treatment at a regional treatment center...and any person residing at or receiving care in a state nursing home..." (subdivision 4a).

It is necessary to adopt this new terminology in the rules to conform to the statutory definitions and usage. To do so, the term "state hospital" is changed to "state facility", which is defined as a "regional treatment center" or "state nursing home". It is reasonable to use the term "state facility" to provide a single term for referring to both the regional treatment centers and state nursing homes, and is consistent with the usage in Minnesota Statutes, section 246.50, subdivisions 5 and 7, which refer to "state facilities". Throughout these rules, the term "state hospital" is replaced with "state facility".

The rules currently refer to "patients" of state hospitals. It is necessary to add the statutory term "resident" wherever "patient" occurs to refer to all persons who receive services at the state facilities, and to be consistent with the statutory changes.

The above changes in terminology occur in the following rule parts:

- 9515.1000.
- 9515.1200, subparts 4, 8, 10, 13, 14, 15, 16 and 20.
- 9515.1300.
- 9515.1400.
- 9515.1500, item B.
- 9515.2200, headnote, and subparts 1, 2, 3, and 4.
- 9515.2300, headnote, and subpart 4 (introduction, and items C, D, K, L, and M).
- 9515.2400.
- 9515.2500, headnote, subparts 1, 2, 3 (items A, B, H, and L), 4, 5 (items A, B, and C), 6, and 7.
- 9515.2600, subparts 1, 3, 4, 5 (items C and D), 6, and 11.

Additional proposed changes are as follows:

PART 9515.1000 SCOPE AND STATUTORY AUTHORITY

This part defines the scope of these rules. Persons who are eligible to have their chemical dependency treatment paid for with funds from the Consolidated Chemical Dependency Treatment Fund (administered under Minnesota Statutes, chapter 254B and parts 9530.7000 to 9530.7030) are not subject to these rules. Therefore it is necessary to explicitly except those persons from these rule parts. Also see the explanation of the repeal of part 9515.1100, below.

PART 9515.1100 RIGHT TO STATE HOSPITAL SERVICES

It is necessary and reasonable to repeal this part to eliminate the conflict of the rule with statute. The rule, which states that "no person shall be denied state hospital services because of inability to pay the cost of care", is inconsistent with Minnesota Statutes, section 246.23, which provides, in part:

Except for emergency admissions under sections 253B.05 and 253B.11, or when authorized by the commissioner, a chemical dependency program must not admit a chemically dependent person unless the cost of services will be paid for by private money or nongovernmental third-party payments, the person has been placed by a county or a federally recognized tribal unit that is responsible for payment, or the regional treatment center obtains approval of the admission from the county financially responsible for the person.

PAKI 9515.1200 DEFINITIONS.

Subpart 15. It is necessary to alter the term "patient's financial file" to incorporate the new usage of the term "resident". It is reasonable to use the term "financial file" to preclude the need to repeatedly refer to "patients or residents".

Subpart 19a. It is necessary to create a new subpart to define the term "resident" to conform with Minnesota Statutes, section 246.50, subdivision 4a.

Subpart 22. As explained earlier, it is necessary to replace the term "state hospital" to conform with the new statutory terminology. It is reasonable to adopt the term "state facility", defined as a regional treatment center or state nursing home, as defined in Minnesota Statutes, section 246.50, subdivisions 3 and 3a. This usage is consistent with Minnesota Statutes, section 246.50, subdivisions 5 and 7, which used the term "state facility".

PART 9515.2200 SOURCES OF INCOME CONSIDERED.

Subpart 3. This subpart currently requires that a patient's net income be considered available to pay for the cost of care. A recent amendment to section 1611(e)(1)(E) of the Social Security Act (United States Code, title 42, section 1382(e)(1)(E)) requires that Supplemental Security Income (SSI) not be considered in determining ability to pay. It is necessary to amend part 9515.2200, subpart 3, to except SSI from net income to conform to the Federal law.

PART 9515.2300 NET INCOME OF PATIENT OR RESIDENT.

Subpart 4.

Item J. It is necessary to update this item with current dollar amounts. This item permits an allowance for roomer and boarder expenses to be deducted from the patient's gross income, for the purpose of computing the patient's ability to pay the cost of care. This item provides a method for adjusting the dollar amounts, specifically that the amounts of the allowances be "updated periodically by the percentage the legislature authorizes for public assistance grants." These updates, part of the Medical Assistance/General Assistance Medical Care income standards are periodically announced in the Department of Human Services Instructional Bulletins, the latest of which is #86-76A (appendix A). The amounts announced in #86-76A are based on the changes described in Instructional Bulletin #86-16E (appendix B).

It is reasonable to update the rule with the current dollar amounts to accurately inform the public of the most recent values. This amendment results in no substantive change.

PART 9515.2400 MONTHLY HOUSEHOLD LIVING ALLOWANCE SCHEDULE.

This part provides the amount of the household living allowance to be deducted from the patient's gross income, for the purpose of computing the patient's ability to pay the cost of care. The allowance values are

adjusted annually to reflect the change in the Consumer Price Index (CPI), in the manner provided by this part. These changes were most recently reported in Instructional Bulletin #86-76A (appendix A). It is necessary and reasonable to update the rule with the latest values to accurately inform the public of the current information. This amendment results in no substantive change.

PART 9515.2500 PROPERTY OF PATIENT OR RESIDENT


Subparts 2 and 3. These subparts use the archaic terminology, "shall be" to impose a mandatory requirement. It is necessary and reasonable to replace the term with the grammatically correct word, "is". These amendments result in no substantive change.

PART 9515.2600 RESPONSIBLE RELATIVE'S ABILITY TO PAY.

Subpart 8. This subpart, together with subpart 7, provides a formula for determining a responsible relative's ability to pay for a patient's cost of care. The table provides daily payment amounts dependent on household size and annual gross earnings. The table values are updated when changes occur in the per capita cost of care, in the manner provided by subpart 7, and are announced administratively. The values proposed by these rule amendments merely reflect the current values. It is necessary and reasonable to update the table with the latest values to accurately inform the public of the current information. This amendment results in no substantive change.

DATE:

12/21/87


SANDRA S. GARDEBRING
Commissioner