

Policy #1032
Attachment A
Fee Schedule – County Department Fees

Community Services Fees and Fee Schedules
Calendar Year 2023

- I. Fee Policy
- II. Service Eligibility
- III. Parental Fee Schedule (Social Service Income Eligibility and Fee Schedule)
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I. Fee Policy

Washington County Community Services utilizes a number of fee schedules for different services. Contained in this document are the major fee schedules used by Community Services. In addition, the County may charge other fees determined by the state or federal governments or other entities, including managed care organizations and insurance carriers. There may be other fee schedules used by contracted vendors, which are not included in this document. Copies of the applicable fee schedules listed below are contained in this section or are referenced by Minnesota Statute number. Washington County reserves the right to waive, reduce, or delay payment of the fee based on undue hardship or unusual circumstances. Washington County may revise existing fee schedules, or establish new fee schedules, as necessary. In addition, the County may charge a fee for providing trainings to providers, clients and/or community members. If a fee is charged, the amount will be clearly stated in the training notice or offering. The fee amount will pay for necessary presenter fees, supplies, use of facility and refreshments (if applicable), and any other reasonable costs associated with conducting the training. As noted above, the fee may be waived based on undue hardship or unusual circumstances.

II. Service Eligibility

Washington County residents may be eligible for those social services as determined by their individual service plan approved by the county. Washington County reserves the right to limit services to those mandated by applicable federal and state laws to the levels budgeted and approved in the Community Services Department by the Washington County Board of Commissioners. If a shortage of funding requires a reduction in planned levels of services, necessary reductions will be based on priorities set forth in state rule and/or statute, or by the County Board of Commissioners. The Community Services Department will not use funding for children or adults for any services where medical assistance or other third-party payment is available. If the child or adult is eligible for medical assistance or other third-party payment program (i.e., private insurance), that payment source must be utilized.

III. Parental Fee Schedule (Social Service Income Eligibility and Fee Schedule)

Washington County has elected to adopt the Minnesota Department of Human Services' fee schedule "Suggested Social Service Income Eligibility and Fee Schedule" for various services, including out-of-home placement services. (The state fee schedule below, or as updated by the Minnesota Department of Human Services).

This fee schedule is used to determine the amount of parental fee support for children who are in 24-hour out-of-home care who are not covered under M.S. 252.27 and 256B.14 and 245.481. This fee also applies for children in "36 to 72-hour holds" and respite who are not covered under M.S. 252.27 and 256B.14 and 245.481.

This fee schedule will also be used to determine the amount of parental fee support for child(ren)/family who are being provided evaluation, assessment, treatment, and other support services paid by the Community Services Department as a part of a documented case plan. If the services are covered by another approved county or state fee schedule that fee schedule will be used.

In no case will the fee charged exceed the actual cost of out-of-home care, evaluation, assessment, treatment, and other support services being provided to the eligible child/family and paid by the Community Services Department. In situations where the parental annual or monthly gross income exceeds the Social Services Income Eligibility and Fee Schedule, the county reserves the right to extend the fee schedule up to the schedule's maximum monthly fee amount.

A \$50 service fee may be assessed if payment has not been made timely on the account. A 4% monthly service charge may be assessed on judgment balances.

Minnesota Department of Human Services

Suggested social services income eligibility and fee schedule 2022

Family of 1

100% FPG = \$13,590

200% FPG = \$27,180

Annual Adjusted Gross			Monthly Adjusted Gross			Monthly Fee
Lower	-	Upper	Lower	-	Upper	
Limit		Limit	Limit		Limit	
\$0	-	\$27,180	\$0	-	\$2,265	\$0
\$27,181	-	\$32,814	\$2,266	-	\$2,735	\$10
\$32,815	-	\$38,448	\$2,736	-	\$3,204	\$18
\$38,449	-	\$44,082	\$3,205	-	\$3,674	\$27
\$44,083	-	\$49,716	\$3,675	-	\$4,143	\$38
\$49,717	-	\$55,350	\$4,144	-	\$4,613	\$52
\$55,351	-	\$60,984	\$4,614	-	\$5,082	\$68
\$60,985	-	\$66,618	\$5,083	-	\$5,552	\$85
\$66,619	-	\$72,252	\$5,553	-	\$6,021	\$105
\$72,253	-	\$77,886	\$6,022	-	\$6,491	\$127
\$77,887	-	\$83,520	\$6,492	-	\$6,960	\$151
\$83,521	-	\$89,154	\$6,961	-	\$7,430	\$177
\$89,155	-	\$94,788	\$7,431	-	\$7,899	\$205
\$94,789	-	\$100,422	\$7,900	-	\$8,369	\$235
\$100,423	-	\$106,056	\$8,370	-	\$8,838	\$267
\$106,057	-	\$111,690	\$8,839	-	\$9,308	\$302
\$111,691	-	\$117,324	\$9,309	-	\$9,777	\$338
\$117,325	-	\$122,958	\$9,778	-	\$10,247	\$376
\$122,959	-	\$128,592	\$10,248	-	\$10,716	\$417
\$128,593	-	\$134,226	\$10,717	-	\$11,186	\$460
\$134,227	-	\$139,860	\$11,187	-	\$11,655	\$504

Minnesota Department of Human Services

Suggested social services income eligibility and fee schedule 2022

Family of 2

100% FPG = \$18,310

200% FPG = \$36,620

Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	\$36,620	\$0	\$3,052	\$0
\$36,621	\$42,254	\$3,053	\$3,522	\$10
\$42,255	\$47,888	\$3,523	\$3,991	\$18
\$47,889	\$53,522	\$3,992	\$4,461	\$27
\$53,523	\$59,156	\$4,462	\$4,930	\$38
\$59,157	\$64,790	\$4,931	\$5,400	\$52
\$64,791	\$70,424	\$5,401	\$5,869	\$68
\$70,425	\$76,058	\$5,870	\$6,339	\$85
\$76,059	\$81,692	\$6,340	\$6,808	\$105
\$81,693	\$87,326	\$6,809	\$7,278	\$127
\$87,327	\$92,960	\$7,279	\$7,747	\$151
\$92,961	\$98,594	\$7,748	\$8,217	\$177
\$98,595	\$104,228	\$8,218	\$8,686	\$205
\$104,229	\$109,862	\$8,687	\$9,156	\$235
\$109,863	\$115,496	\$9,157	\$9,625	\$267
\$115,497	\$121,130	\$9,626	\$10,095	\$302
\$121,131	\$126,764	\$10,096	\$10,564	\$338
\$126,765	\$132,398	\$10,565	\$11,034	\$376
\$132,399	\$138,032	\$11,035	\$11,503	\$417
\$138,033	\$143,666	\$11,504	\$11,973	\$460
\$143,667	\$149,300	\$11,974	\$12,442	\$504
\$149,301	\$154,934	\$12,443	\$12,912	\$551

Minnesota Department of Human Services

Suggested social services income eligibility and fee schedule 2022

Family of 3

100% FPG = \$23,030

200% FPG = \$46,060

Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	\$46,060	\$0	\$3,839	\$0
\$46,061	\$51,694	\$3,840	\$4,308	\$10
\$51,695	\$57,328	\$4,309	\$4,778	\$18
\$57,329	\$62,962	\$4,779	\$5,247	\$27
\$62,963	\$68,596	\$5,248	\$5,717	\$38
\$68,597	\$74,230	\$5,718	\$6,186	\$52
\$74,231	\$79,864	\$6,187	\$6,656	\$68
\$79,865	\$85,498	\$6,657	\$7,125	\$85
\$85,499	\$91,132	\$7,126	\$7,595	\$105
\$91,133	\$96,766	\$7,596	\$8,064	\$127
\$96,767	\$102,400	\$8,065	\$8,534	\$151
\$102,401	\$108,034	\$8,535	\$9,003	\$177
\$108,035	\$113,668	\$9,004	\$9,473	\$205
\$113,669	\$119,302	\$9,474	\$9,942	\$235
\$119,303	\$124,936	\$9,943	\$10,412	\$267
\$124,937	\$130,570	\$10,413	\$10,881	\$302
\$130,571	\$136,204	\$10,882	\$11,351	\$338
\$136,205	\$141,838	\$11,352	\$11,820	\$376
\$141,839	\$147,472	\$11,821	\$12,290	\$417
\$147,473	\$153,106	\$12,291	\$12,759	\$460
\$153,107	\$158,740	\$12,760	\$13,229	\$504
\$158,741	\$164,374	\$13,230	\$13,698	\$551
\$164,375	\$170,008	\$13,699	\$14,168	\$600
\$170,009	\$175,642	\$14,169	\$14,637	\$651

Minnesota Department of Human Services

Suggested social services income eligibility and fee schedule 2022

Family of 4

100% FPG = \$27,750

200% FPG = \$55,500

Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	\$55,500	\$0	\$4,625	\$0
\$55,501	\$61,134	\$4,626	\$5,095	\$10
\$61,135	\$66,768	\$5,096	\$5,564	\$18
\$66,769	\$72,402	\$5,565	\$6,034	\$27
\$72,403	\$78,036	\$6,035	\$6,503	\$38
\$78,037	\$83,670	\$6,504	\$6,973	\$52
\$83,671	\$89,304	\$6,974	\$7,442	\$68
\$89,305	\$94,938	\$7,443	\$7,912	\$85
\$94,939	\$100,572	\$7,913	\$8,381	\$105
\$100,573	\$106,206	\$8,382	\$8,851	\$127
\$106,207	\$111,840	\$8,852	\$9,320	\$151
\$111,841	\$117,474	\$9,321	\$9,790	\$177
\$117,475	\$123,108	\$9,791	\$10,259	\$205
\$123,109	\$128,742	\$10,260	\$10,729	\$235
\$128,743	\$134,376	\$10,730	\$11,198	\$267
\$134,377	\$140,010	\$11,199	\$11,668	\$302
\$140,011	\$145,644	\$11,669	\$12,137	\$338
\$145,645	\$151,278	\$12,138	\$12,607	\$376
\$151,279	\$156,912	\$12,608	\$13,076	\$417
\$156,913	\$162,546	\$13,077	\$13,546	\$460
\$162,547	\$168,180	\$13,547	\$14,015	\$504
\$168,181	\$173,814	\$14,016	\$14,485	\$551
\$173,815	\$179,448	\$14,486	\$14,954	\$600
\$179,449	\$185,082	\$14,955	\$15,424	\$651
\$185,083	\$190,716	\$15,425	\$15,893	\$704

Minnesota Department of Human Services

Suggested social services income eligibility and fee schedule 2022

Family of 5

100% FPG = \$32,470

200% FPG = \$64,940

Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	\$64,940	\$0	\$5,412	\$0
\$64,941	\$70,574	\$5,413	\$5,882	\$10
\$70,575	\$76,208	\$5,883	\$6,351	\$18
\$76,209	\$81,842	\$6,352	\$6,821	\$27
\$81,843	\$87,476	\$6,822	\$7,290	\$38
\$87,477	\$93,110	\$7,291	\$7,760	\$52
\$93,111	\$98,744	\$7,761	\$8,229	\$68
\$98,745	\$104,378	\$8,230	\$8,699	\$85
\$104,379	\$110,012	\$8,700	\$9,168	\$105
\$110,013	\$115,646	\$9,169	\$9,638	\$127
\$115,647	\$121,280	\$9,639	\$10,107	\$151
\$121,281	\$126,914	\$10,108	\$10,577	\$177
\$126,915	\$132,548	\$10,578	\$11,046	\$205
\$132,549	\$138,182	\$11,047	\$11,516	\$235
\$138,183	\$143,816	\$11,517	\$11,985	\$267
\$143,817	\$149,450	\$11,986	\$12,455	\$302
\$149,451	\$155,084	\$12,456	\$12,924	\$338
\$155,085	\$160,718	\$12,925	\$13,394	\$376
\$160,719	\$166,352	\$13,395	\$13,863	\$417
\$166,353	\$171,986	\$13,864	\$14,333	\$460
\$171,987	\$177,620	\$14,334	\$14,802	\$504
\$177,621	\$183,254	\$14,803	\$15,272	\$551
\$183,255	\$188,888	\$15,273	\$15,741	\$600
\$188,889	\$194,522	\$15,742	\$16,211	\$651
\$194,523	\$200,156	\$16,212	\$16,680	\$704
\$200,157	\$205,790	\$16,681	\$17,150	\$759

Minnesota Department of Human Services

Suggested social services income eligibility and fee schedule 2022

Family of 6

100% FPG = \$37,190

200% FPG = \$74,380

Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	\$74,380	\$0	\$6,199	\$0
\$74,381	\$80,014	\$6,200	\$6,668	\$10
\$80,015	\$85,648	\$6,669	\$7,138	\$18
\$85,649	\$91,282	\$7,139	\$7,607	\$27
\$91,283	\$96,916	\$7,608	\$8,077	\$38
\$96,917	\$102,550	\$8,078	\$8,546	\$52
\$102,551	\$108,184	\$8,547	\$9,016	\$68
\$108,185	\$113,818	\$9,017	\$9,485	\$85
\$113,819	\$119,452	\$9,486	\$9,955	\$105
\$119,453	\$125,086	\$9,956	\$10,424	\$127
\$125,087	\$130,720	\$10,425	\$10,894	\$151
\$130,721	\$136,354	\$10,895	\$11,363	\$177
\$136,355	\$141,988	\$11,364	\$11,833	\$205
\$141,989	\$147,622	\$11,834	\$12,302	\$235
\$147,623	\$153,256	\$12,303	\$12,772	\$267
\$153,257	\$158,890	\$12,773	\$13,241	\$302
\$158,891	\$164,524	\$13,242	\$13,711	\$338
\$164,525	\$170,158	\$13,712	\$14,180	\$376
\$170,159	\$175,792	\$14,181	\$14,650	\$417
\$175,793	\$181,426	\$14,651	\$15,119	\$460
\$181,427	\$187,060	\$15,120	\$15,589	\$504
\$187,061	\$192,694	\$15,590	\$16,058	\$551
\$192,695	\$198,328	\$16,059	\$16,528	\$600
\$198,329	\$203,962	\$16,529	\$16,997	\$651
\$203,963	\$209,596	\$16,998	\$17,467	\$704
\$209,597	\$215,230	\$17,468	\$17,936	\$759
\$215,231	\$220,864	\$17,937	\$18,406	\$816

Minnesota Department of Human Services

Suggested social services income eligibility and fee schedule 2022

Family of 7

100% FPG = \$41,910

200% FPG = \$83,820

Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	\$83,820	\$0	\$6,985	\$0
\$83,821	\$89,454	\$6,986	\$7,455	\$10
\$89,455	\$95,088	\$7,456	\$7,924	\$18
\$95,089	\$100,722	\$7,925	\$8,394	\$27
\$100,723	\$106,356	\$8,395	\$8,863	\$38
\$106,357	\$111,990	\$8,864	\$9,333	\$52
\$111,991	\$117,624	\$9,334	\$9,802	\$68
\$117,625	\$123,258	\$9,803	\$10,272	\$85
\$123,259	\$128,892	\$10,273	\$10,741	\$105
\$128,893	\$134,526	\$10,742	\$11,211	\$127
\$134,527	\$140,160	\$11,212	\$11,680	\$151
\$140,161	\$145,794	\$11,681	\$12,150	\$177
\$145,795	\$151,428	\$12,151	\$12,619	\$205
\$151,429	\$157,062	\$12,620	\$13,089	\$235
\$157,063	\$162,696	\$13,090	\$13,558	\$267
\$162,697	\$168,330	\$13,559	\$14,028	\$302
\$168,331	\$173,964	\$14,029	\$14,497	\$338
\$173,965	\$179,598	\$14,498	\$14,967	\$376
\$179,599	\$185,232	\$14,968	\$15,436	\$417
\$185,233	\$190,866	\$15,437	\$15,906	\$460
\$190,867	\$196,500	\$15,907	\$16,375	\$504
\$196,501	\$202,134	\$16,376	\$16,845	\$551
\$202,135	\$207,768	\$16,846	\$17,314	\$600
\$207,769	\$213,402	\$17,315	\$17,784	\$651
\$213,403	\$219,036	\$17,785	\$18,253	\$704
\$219,037	\$224,670	\$18,254	\$18,723	\$759
\$224,671	\$230,304	\$18,724	\$19,192	\$816
\$230,305	\$235,938	\$19,193	\$19,662	\$876

Minnesota Department of Human Services

Suggested social services income eligibility and fee schedule 2022

Family of 8

100% FPG = \$46,630

200% FPG = \$93,260

Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	\$93,260	\$0	\$7,772	\$0
\$93,261	\$98,894	\$7,773	\$8,242	\$10
\$98,895	\$104,528	\$8,243	\$8,711	\$18
\$104,529	\$110,162	\$8,712	\$9,181	\$27
\$110,163	\$115,796	\$9,182	\$9,650	\$38
\$115,797	\$121,430	\$9,651	\$10,120	\$52
\$121,431	\$127,064	\$10,121	\$10,589	\$68
\$127,065	\$132,698	\$10,590	\$11,059	\$85
\$132,699	\$138,332	\$11,060	\$11,528	\$105
\$138,333	\$143,966	\$11,529	\$11,998	\$127
\$143,967	\$149,600	\$11,999	\$12,467	\$151
\$149,601	\$155,234	\$12,468	\$12,937	\$177
\$155,235	\$160,868	\$12,938	\$13,406	\$205
\$160,869	\$166,502	\$13,407	\$13,876	\$235
\$166,503	\$172,136	\$13,877	\$14,345	\$267
\$172,137	\$177,770	\$14,346	\$14,815	\$302
\$177,771	\$183,404	\$14,816	\$15,284	\$338
\$183,405	\$189,038	\$15,285	\$15,754	\$376
\$189,039	\$194,672	\$15,755	\$16,223	\$417
\$194,673	\$200,306	\$16,224	\$16,693	\$460
\$200,307	\$205,940	\$16,694	\$17,162	\$504
\$205,941	\$211,574	\$17,163	\$17,632	\$551
\$211,575	\$217,208	\$17,633	\$18,101	\$600
\$217,209	\$222,842	\$18,102	\$18,571	\$651
\$222,843	\$228,476	\$18,572	\$19,040	\$704
\$228,477	\$234,110	\$19,041	\$19,510	\$759
\$234,111	\$239,744	\$19,511	\$19,979	\$816
\$239,745	\$245,378	\$19,980	\$20,449	\$876
\$245,379	\$251,012	\$20,450	\$20,918	\$937

Minnesota Department of Human Services

Suggested social services income eligibility and fee schedule 2022

Family of 9

100% FPG = \$51,350

200% FPG = \$102,700

Annual Adjusted Gross			Monthly Adjusted Gross			Monthly Fee
Lower Limit	-	Upper Limit	Lower Limit	-	Upper Limit	
\$0	-	\$102,700	\$0	-	\$8,559	\$0
\$102,701	-	\$108,334	\$8,560	-	\$9,028	\$10
\$108,335	-	\$113,968	\$9,029	-	\$9,498	\$18
\$113,969	-	\$119,602	\$9,499	-	\$9,967	\$27
\$119,603	-	\$125,236	\$9,968	-	\$10,437	\$38
\$125,237	-	\$130,870	\$10,438	-	\$10,906	\$52
\$130,871	-	\$136,504	\$10,907	-	\$11,376	\$68
\$136,505	-	\$142,138	\$11,377	-	\$11,845	\$85
\$142,139	-	\$147,772	\$11,846	-	\$12,315	\$105
\$147,773	-	\$153,406	\$12,316	-	\$12,784	\$127
\$153,407	-	\$159,040	\$12,785	-	\$13,254	\$151
\$159,041	-	\$164,674	\$13,255	-	\$13,723	\$177
\$164,675	-	\$170,308	\$13,724	-	\$14,193	\$205
\$170,309	-	\$175,942	\$14,194	-	\$14,662	\$235
\$175,943	-	\$181,576	\$14,663	-	\$15,132	\$267
\$181,577	-	\$187,210	\$15,133	-	\$15,601	\$302
\$187,211	-	\$192,844	\$15,602	-	\$16,071	\$338
\$192,845	-	\$198,478	\$16,072	-	\$16,540	\$376
\$198,479	-	\$204,112	\$16,541	-	\$17,010	\$417
\$204,113	-	\$209,746	\$17,011	-	\$17,479	\$460
\$209,747	-	\$215,380	\$17,480	-	\$17,949	\$504
\$215,381	-	\$221,014	\$17,950	-	\$18,418	\$551
\$221,015	-	\$226,648	\$18,419	-	\$18,888	\$600
\$226,649	-	\$232,282	\$18,889	-	\$19,357	\$651
\$232,283	-	\$237,916	\$19,358	-	\$19,827	\$704
\$237,917	-	\$243,550	\$19,828	-	\$20,296	\$759
\$243,551	-	\$249,184	\$20,297	-	\$20,766	\$816
\$249,185	-	\$254,818	\$20,767	-	\$21,235	\$876
\$254,819	-	\$260,452	\$21,236	-	\$21,705	\$937
\$260,453	-	\$266,086	\$21,706	-	\$22,174	\$1,000

Minnesota Department of Human Services

Suggested social services income eligibility and fee schedule 2022

Family of 10

100% FPG = \$56,070

200% FPG = \$112,140

Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	\$112,140	\$0	\$9,345	\$0
\$112,141	\$117,774	\$9,346	\$9,815	\$10
\$117,775	\$123,408	\$9,816	\$10,284	\$18
\$123,409	\$129,042	\$10,285	\$10,754	\$27
\$129,043	\$134,676	\$10,755	\$11,223	\$38
\$134,677	\$140,310	\$11,224	\$11,693	\$52
\$140,311	\$145,944	\$11,694	\$12,162	\$68
\$145,945	\$151,578	\$12,163	\$12,632	\$85
\$151,579	\$157,212	\$12,633	\$13,101	\$105
\$157,213	\$162,846	\$13,102	\$13,571	\$127
\$162,847	\$168,480	\$13,572	\$14,040	\$151
\$168,481	\$174,114	\$14,041	\$14,510	\$177
\$174,115	\$179,748	\$14,511	\$14,979	\$205
\$179,749	\$185,382	\$14,980	\$15,449	\$235
\$185,383	\$191,016	\$15,450	\$15,918	\$267
\$191,017	\$196,650	\$15,919	\$16,388	\$302
\$196,651	\$202,284	\$16,389	\$16,857	\$338
\$202,285	\$207,918	\$16,858	\$17,327	\$376
\$207,919	\$213,552	\$17,328	\$17,796	\$417
\$213,553	\$219,186	\$17,797	\$18,266	\$460
\$219,187	\$224,820	\$18,267	\$18,735	\$504
\$224,821	\$230,454	\$18,736	\$19,205	\$551
\$230,455	\$236,088	\$19,206	\$19,674	\$600
\$236,089	\$241,722	\$19,675	\$20,144	\$651
\$241,723	\$247,356	\$20,145	\$20,613	\$704
\$247,357	\$252,990	\$20,614	\$21,083	\$759
\$252,991	\$258,624	\$21,084	\$21,552	\$816
\$258,625	\$264,258	\$21,553	\$22,022	\$876
\$264,259	\$269,892	\$22,023	\$22,491	\$937
\$269,893	\$275,526	\$22,492	\$22,961	\$1,000

IV. Fee Policy for Stepparent Adoption Studies

Families will be charged a sliding fee assessed according to the family size and the family's gross income (including the stepparent whose adoption is to be finalized) up to a maximum fee of \$400. The Social Services Fee Schedule will be used to make this determination of a one-time payment. Billing will be done at the completion of the stepparent adoption study.

V. Families in Need of Child Care

Basic Sliding Fee Child Care Income and Eligibility and Fee Schedule (State Fee Schedules) below or as updated by the Department of Human Services.

Two person household		
47% entrance level		\$37,581
67% exit level (at redetermination)		\$53,573
85% exit level (during eligibility period)		\$67,965
Gross income range		Biweekly copayment
From	To	
\$0	\$13,732	\$0
\$13,733	\$18,309	\$2
\$18,310	\$22,172	\$22
\$22,173	\$23,227	\$24
\$23,228	\$24,283	\$24
\$24,284	\$25,338	\$25
\$25,339	\$26,393	\$30
\$26,394	\$27,449	\$31
\$27,450	\$28,512	\$32
\$28,513	\$29,560	\$33
\$29,561	\$30,623	\$38
\$30,624	\$31,679	\$39
\$31,680	\$32,734	\$41
\$32,735	\$33,790	\$50
\$33,791	\$34,845	\$52
\$34,846	\$35,901	\$61
\$35,902	\$36,956	\$68
\$36,957	\$38,012	\$74
\$38,013	\$39,067	\$85
\$39,068	\$40,122	\$92
\$40,123	\$41,178	\$99
\$41,179	\$42,233	\$111
\$42,234	\$43,289	\$126
\$43,290	\$44,344	\$142
\$44,345	\$45,400	\$161
\$45,401	\$46,455	\$180
\$46,456	\$47,511	\$200
\$47,512	\$48,566	\$216
\$48,567	\$49,630	\$232
\$49,631	\$50,685	\$249
\$50,686	\$51,740	\$266
\$51,741	\$53,573	\$288
\$53,574	\$67,965	\$288

Three person household		
47% entrance level		\$46,423
67% exit level (at redetermination)		\$66,178
85% exit level (during eligibility period)		\$83,957
Gross income range		Biweekly copayment
From	To	
\$0	\$17,272	\$0
\$17,273	\$23,029	\$2
\$23,030	\$27,389	\$28
\$27,390	\$28,693	\$29
\$28,694	\$29,996	\$30
\$29,997	\$31,300	\$31
\$31,301	\$32,604	\$36
\$32,605	\$33,908	\$38
\$33,909	\$35,221	\$39
\$35,222	\$36,515	\$41
\$36,516	\$37,829	\$47
\$37,830	\$39,133	\$48
\$39,134	\$40,437	\$50
\$40,438	\$41,740	\$62
\$41,741	\$43,044	\$64
\$43,045	\$44,348	\$76
\$44,349	\$45,652	\$84
\$45,653	\$46,956	\$91
\$46,957	\$48,259	\$105
\$48,260	\$49,563	\$114
\$49,564	\$50,867	\$122
\$50,868	\$52,171	\$137
\$52,172	\$53,475	\$156
\$53,476	\$54,779	\$175
\$54,780	\$56,082	\$198
\$56,083	\$57,386	\$222
\$57,387	\$58,690	\$247
\$58,691	\$59,994	\$266
\$59,995	\$61,307	\$287
\$61,308	\$62,611	\$307
\$62,612	\$63,915	\$329
\$63,916	\$66,178	\$356
\$66,179	\$83,957	\$356

Four person household		
47% entrance level		\$55,266
67% exit level (at redetermination)		\$78,783
85% exit level (during eligibility period)		\$99,949
Gross income range		Biweekly copayment
From	To	
\$0	\$20,812	\$0
\$20,813	\$27,749	\$2
\$27,750	\$32,606	\$33
\$32,607	\$34,158	\$34
\$34,159	\$35,710	\$36
\$35,711	\$37,262	\$37
\$37,263	\$38,814	\$43
\$38,815	\$40,367	\$45
\$40,368	\$41,931	\$47
\$41,932	\$43,471	\$48
\$43,472	\$45,035	\$55
\$45,036	\$46,587	\$58
\$46,588	\$48,139	\$60
\$48,140	\$49,691	\$73
\$49,692	\$51,243	\$76
\$51,244	\$52,796	\$90
\$52,797	\$54,348	\$100
\$54,349	\$55,900	\$108
\$55,901	\$57,452	\$125
\$57,453	\$59,004	\$135
\$59,005	\$60,556	\$145
\$60,557	\$62,108	\$163
\$62,109	\$63,661	\$186
\$63,662	\$65,213	\$209
\$65,214	\$66,765	\$236
\$66,766	\$68,317	\$264
\$68,318	\$69,869	\$294
\$69,870	\$71,421	\$317
\$71,422	\$72,985	\$342
\$72,986	\$74,537	\$366
\$74,538	\$76,090	\$391
\$76,091	\$78,783	\$424
\$78,784	\$99,949	\$424

Five person household		
47% entrance level		\$64,108
67% exit level (at redetermination)		\$91,389
85% exit level (during eligibility period)		\$115,941
Gross income range		Biweekly copayment
From	To	
\$0	\$24,352	\$0
\$24,353	\$32,469	\$2
\$32,470	\$37,823	\$38
\$37,824	\$39,623	\$40
\$39,624	\$41,424	\$42
\$41,425	\$43,224	\$43
\$43,225	\$45,025	\$50
\$45,026	\$46,825	\$53
\$46,826	\$48,640	\$54
\$48,641	\$50,426	\$56
\$50,427	\$52,241	\$65
\$52,242	\$54,041	\$67
\$54,042	\$55,842	\$69
\$55,843	\$57,642	\$85
\$57,643	\$59,443	\$88
\$59,444	\$61,243	\$105
\$61,244	\$63,044	\$115
\$63,045	\$64,844	\$126
\$64,845	\$66,645	\$145
\$66,646	\$68,445	\$156
\$68,446	\$70,246	\$168
\$70,247	\$72,046	\$190
\$72,047	\$73,847	\$215
\$73,848	\$75,647	\$242
\$75,648	\$77,447	\$274
\$77,448	\$79,248	\$307
\$79,249	\$81,048	\$341
\$81,049	\$82,849	\$368
\$82,850	\$84,663	\$396
\$84,664	\$86,464	\$425
\$86,465	\$88,264	\$454
\$88,265	\$91,389	\$492
\$91,390	\$115,941	\$492

Six person household		
47% entrance level		\$72,951
67% exit level (at redetermination)		\$103,994
85% exit level (during eligibility period)		\$131,933
Gross income range		Biweekly copayment
From	To	
\$0	\$27,892	\$0
\$27,893	\$37,189	\$2
\$37,190	\$43,040	\$43
\$43,041	\$45,089	\$45
\$45,090	\$47,138	\$48
\$47,139	\$49,187	\$49
\$49,188	\$51,235	\$57
\$51,236	\$53,284	\$60
\$53,285	\$55,349	\$62
\$55,350	\$57,382	\$64
\$57,383	\$59,446	\$73
\$59,447	\$61,495	\$76
\$61,496	\$63,544	\$78
\$63,545	\$65,593	\$97
\$65,594	\$67,642	\$100
\$67,643	\$69,691	\$120
\$69,692	\$71,739	\$132
\$71,740	\$73,788	\$144
\$73,789	\$75,837	\$165
\$75,838	\$77,886	\$178
\$77,887	\$79,935	\$192
\$79,936	\$81,984	\$216
\$81,985	\$84,032	\$245
\$84,033	\$86,081	\$276
\$86,082	\$88,130	\$312
\$88,131	\$90,179	\$349
\$90,180	\$92,228	\$388
\$92,229	\$94,277	\$419
\$94,278	\$96,341	\$450
\$96,342	\$98,390	\$483
\$98,391	\$100,439	\$517
\$100,440	\$103,994	\$560
\$103,995	\$131,933	\$560

Seven person household		
47% entrance level		\$74,609
67% exit level (at redetermination)		\$106,357
85% exit level (during eligibility period)		\$134,931
Gross income range		Biweekly copayment
From	To	
\$0	\$31,432	\$0
\$31,433	\$41,909	\$2
\$41,910	\$44,018	\$44
\$44,019	\$46,114	\$46
\$46,115	\$48,209	\$48
\$48,210	\$50,304	\$50
\$50,305	\$52,400	\$59
\$52,401	\$54,495	\$61
\$54,496	\$56,606	\$63
\$56,607	\$58,686	\$66
\$58,687	\$60,797	\$75
\$60,798	\$62,893	\$78
\$62,894	\$64,988	\$80
\$64,989	\$67,083	\$99
\$67,084	\$69,179	\$102
\$69,180	\$71,274	\$122
\$71,275	\$73,370	\$134
\$73,371	\$75,465	\$147
\$75,466	\$77,560	\$168
\$77,561	\$79,656	\$182
\$79,657	\$81,751	\$196
\$81,752	\$83,847	\$221
\$83,848	\$85,942	\$251
\$85,943	\$88,037	\$282
\$88,038	\$90,133	\$319
\$90,134	\$92,228	\$357
\$92,229	\$94,323	\$397
\$94,324	\$96,419	\$428
\$96,420	\$98,530	\$461
\$98,531	\$100,626	\$494
\$100,627	\$102,721	\$528
\$102,722	\$106,357	\$573
\$106,358	\$134,931	\$573

Eight person household		
47% entrance level		\$76,267
67% exit level (at redetermination)		\$108,721
85% exit level (during eligibility period)		\$137,930
Gross income range		Biweekly copayment
From	To	
\$0	\$34,972	\$0
\$34,973	\$46,629	\$2
\$46,630	\$47,138	\$48
\$47,139	\$49,280	\$49
\$49,281	\$51,422	\$52
\$51,423	\$53,564	\$60
\$53,565	\$55,706	\$62
\$55,707	\$57,864	\$65
\$57,865	\$59,990	\$67
\$59,991	\$62,148	\$77
\$62,149	\$64,290	\$79
\$64,291	\$66,432	\$82
\$66,433	\$68,574	\$101
\$68,575	\$70,716	\$104
\$70,717	\$72,858	\$125
\$72,859	\$75,000	\$138
\$75,001	\$77,142	\$150
\$77,143	\$79,284	\$172
\$79,285	\$81,426	\$186
\$81,427	\$83,568	\$201
\$83,569	\$85,710	\$226
\$85,711	\$87,852	\$256
\$87,853	\$89,994	\$288
\$89,995	\$92,136	\$326
\$92,137	\$94,278	\$365
\$94,279	\$96,420	\$406
\$96,421	\$98,562	\$438
\$98,563	\$100,720	\$471
\$100,721	\$102,862	\$505
\$102,863	\$105,004	\$540
\$105,005	\$108,721	\$585
\$108,722	\$137,930	\$585

Nine person household		
47% entrance level		\$77,925
67% exit level (at redetermination)		\$111,085
85% exit level (during eligibility period)		\$140,928
Gross income range		Biweekly copayment
From	To	
\$0	\$38,512	\$0
\$38,513	\$51,349	\$2
\$51,350	\$52,540	\$53
\$52,541	\$54,729	\$61
\$54,730	\$56,917	\$64
\$56,918	\$59,123	\$66
\$59,124	\$61,295	\$69
\$61,296	\$63,500	\$78
\$63,501	\$65,688	\$81
\$65,689	\$67,877	\$84
\$67,878	\$70,065	\$103
\$70,066	\$72,254	\$107
\$72,255	\$74,442	\$128
\$74,443	\$76,631	\$140
\$76,632	\$78,819	\$153
\$78,820	\$81,008	\$176
\$81,009	\$83,196	\$191
\$83,197	\$85,385	\$205
\$85,386	\$87,574	\$230
\$87,575	\$89,762	\$262
\$89,763	\$91,951	\$294
\$91,952	\$94,139	\$333
\$94,140	\$96,328	\$373
\$96,329	\$98,516	\$414
\$98,517	\$100,705	\$447
\$100,706	\$102,910	\$481
\$102,911	\$105,098	\$516
\$105,099	\$107,287	\$552
\$107,288	\$111,085	\$598
\$111,086	\$140,928	\$598

Ten person household		
47% entrance level		\$79,583
67% exit level (at redetermination)		\$113,448
85% exit level (during eligibility period)		\$143,926
Gross income range		Biweekly copayment
From	To	
\$0	\$42,052	\$0
\$42,053	\$56,069	\$2
\$56,070	\$58,128	\$65
\$58,129	\$60,380	\$67
\$60,381	\$62,598	\$70
\$62,599	\$64,850	\$80
\$64,851	\$67,086	\$83
\$67,087	\$69,321	\$85
\$69,322	\$71,556	\$106
\$71,557	\$73,791	\$109
\$73,792	\$76,026	\$131
\$76,027	\$78,261	\$143
\$78,262	\$80,496	\$156
\$80,497	\$82,731	\$180
\$82,732	\$84,966	\$194
\$84,967	\$87,201	\$209
\$87,202	\$89,436	\$235
\$89,437	\$91,672	\$267
\$91,673	\$93,907	\$301
\$93,908	\$96,142	\$340
\$96,143	\$98,377	\$381
\$98,378	\$100,612	\$423
\$100,613	\$102,847	\$457
\$102,848	\$105,099	\$492
\$105,100	\$107,334	\$527
\$107,335	\$109,569	\$564
\$109,570	\$113,448	\$611
\$113,449	\$143,926	\$611

Eleven person household		
47% entrance level		\$81,241
67% exit level (at redetermination)		\$115,812
85% exit level (during eligibility period)		\$146,925
Gross income range		Biweekly copayment
From	To	
\$0	\$45,592	\$0
\$45,593	\$60,789	\$2
\$60,790	\$61,638	\$69
\$61,639	\$63,903	\$72
\$63,904	\$66,202	\$82
\$66,203	\$68,483	\$84
\$68,484	\$70,765	\$87
\$70,766	\$73,047	\$108
\$73,048	\$75,328	\$111
\$75,329	\$77,610	\$133
\$77,611	\$79,892	\$146
\$79,893	\$82,173	\$160
\$82,174	\$84,455	\$184
\$84,456	\$86,737	\$198
\$86,738	\$89,018	\$214
\$89,019	\$91,300	\$240
\$91,301	\$93,582	\$273
\$93,583	\$95,863	\$307
\$95,864	\$98,145	\$347
\$98,146	\$100,427	\$389
\$100,428	\$102,708	\$432
\$102,709	\$104,990	\$467
\$104,991	\$107,289	\$502
\$107,290	\$109,571	\$538
\$109,572	\$111,852	\$576
\$111,853	\$115,812	\$624
\$115,813	\$146,925	\$624

Twelve person household		
47% entrance level		\$82,899
67% exit level (at redetermination)		\$118,175
85% exit level (during eligibility period)		\$149,924
Gross income range		Biweekly copayment
From	To	
\$0	\$49,132	\$0
\$49,133	\$65,509	\$2
\$65,510	\$67,553	\$84
\$67,554	\$69,881	\$86
\$69,882	\$72,209	\$89
\$72,210	\$74,538	\$110
\$74,539	\$76,866	\$114
\$76,867	\$79,194	\$136
\$79,195	\$81,522	\$149
\$81,523	\$83,851	\$163
\$83,852	\$86,179	\$187
\$86,180	\$88,507	\$203
\$88,508	\$90,835	\$218
\$90,836	\$93,163	\$245
\$93,164	\$95,492	\$278
\$95,493	\$97,820	\$313
\$97,821	\$100,148	\$354
\$100,149	\$102,476	\$397
\$102,477	\$104,805	\$441
\$104,806	\$107,133	\$476
\$107,134	\$109,479	\$512
\$109,480	\$111,807	\$549
\$111,808	\$114,135	\$588
\$114,136	\$118,175	\$636
\$118,176	\$149,924	\$636

Thirteen person household		
47% entrance level		\$84,557
67% exit level (at redetermination)		\$120,538
85% exit level (during eligibility period)		\$152,922
Gross income range		Biweekly copayment
From	To	
\$0	\$52,672	\$0
\$52,673	\$70,229	\$2
\$70,230	\$71,279	\$88
\$71,280	\$73,653	\$91
\$73,654	\$76,028	\$112
\$76,029	\$78,403	\$116
\$78,404	\$80,778	\$138
\$80,779	\$83,152	\$152
\$83,153	\$85,527	\$166
\$85,528	\$87,902	\$191
\$87,903	\$90,277	\$207
\$90,278	\$92,652	\$222
\$92,653	\$95,026	\$250
\$95,027	\$97,401	\$284
\$97,402	\$99,776	\$320
\$99,777	\$102,151	\$361
\$102,152	\$104,526	\$405
\$104,527	\$106,900	\$450
\$106,901	\$109,275	\$486
\$109,276	\$111,668	\$522
\$111,669	\$114,043	\$560
\$114,044	\$116,417	\$599
\$116,418	\$120,538	\$649
\$120,539	\$152,922	\$649

VI. Licensing Inspection Fees for Family Child Care Providers (M.S. 245A.10)

\$50 at time of application
\$50 for one year re-license
\$100 for two year re-license

VII. Adult and Child Corporate Foster Care Licensing Fees (M.S. 245A.10)

\$500 at the time of initial licensing to cover the cost of licensing inspections
\$500 at the time of relicensing to cover the cost of licensing inspections

VIII. Adult Services

Guardianship/Conservator Fees: Not to exceed \$75 per hour for contracted provider or not to exceed \$40 per hour for individuals without a formal contract; not to exceed three hours per month unless prior approval granted by County for unusual circumstances.

Alternative Care (AC) Fee Schedule (State Fee Schedule)

Clients participating in the AC program are assessed a monthly fee to contribute to the state's costs for the program's services.

Client fees are assessed based on the client's AC adjusted income or their gross assets and are determined based on a corresponding percentage of the fee schedule. The fee is calculated by applying the percentage to the average monthly cost of AC services, including case management costs.

AC Adjusted Income	Gross Assets	Monthly Fee Charge
Less than 100% FPG (\$1,133), and	Less than \$10,000	No monthly fee
Equal to or greater than 100% FPG, but less than 150%, FPG (\$1,699), and	Less than \$10,000	5 percent
Equal to or greater than 150% FPG, but less than 200%, FPG (\$2,265), and	Less than \$10,000	15 percent
Equal to or greater than 200% FPG (\$2,265) OR	Equal to or greater than \$10,000	30 percent

IX. Chemical Use Assessments (Rule 25)

The County shall provide assessment services at no cost to the recipient for all eligible clients from the county or a contracted vendor as established in Tier 1 of the CCDTF SFY 2021 Eligibility Determination document below (or as updated by the Minnesota Department of Human Services). All other recipients will be provided a list of vendors who will charge a fee for the assessment service. The fee will be based on the vendor's fee schedule.

X. Chemical Dependency Treatment

Client eligibility and fee schedules are governed by the Consolidated Chemical Dependency Fund (CCDTF) – Rule Part 9530.7015 (state fee schedule below, or as updated by the MN Department of Human Services).

CCDTF SFY 2021 ELIGIBILITY DETERMINATION

Use the following information to determine client eligibility for the CCDTF beginning 07/01/2020 as per Minnesota Statutes, section 254B.04 Subdivision 1 – Eligibility –

Clients are entitled to have chemical dependency services paid for by the CCDTF, if the client:

1. Is enrolled in MA **OR**
2. Meets the following household size (HHS) and household income (HHI) limitation

MA Parents, Caretaker Relative, children Age 19-20, Adults without Children		MA Children – Age 2-18		MA Pregnant Women	
133% FPG		275% FPG		278% FPG	
HHS	Annual HHI	HHS	Annual HHI	HHS	Annual HHI
1	\$16,970	1	\$35,090	1	N/A
2	\$22,929	2	\$47,410	2	\$47,927
3	\$28,887	3	\$59,730	3	\$60,381
4	\$34,846	4	\$72,050	4	\$72,836
5	\$40,804	5	\$84,370	5	\$85,290
6	\$46,762	6	\$96,690	6	\$97,744
7	\$52,721	7	\$109,010	7	\$110,199
8	\$58,679	8	\$121,330	8	\$122,653
Add'l	\$5,958	Add'l	\$12,320	Add'l	\$12,454
No Asset Test		No Asset Test		No Asset Test	

CPA –

Box #42 – Reserve Fund Eligibility – Enter “E” if the local agency has determined that the client meets CCDTF entitlement standards above

Box #44 – County Pay 100% - Enter “Y” if the county wants to use county funds to pay for the entire placement for an individual who does not meet these standards.

No state funds are available to pay for treatment for persons who do not meet these standards. Counties may place CCDTF ineligible clients only if the county enters an “O” in Box # 43, and “Y” in Box #44, agreeing to pay 100% of the placement costs. DHS will then bill the county 100% of the placement costs.

Enter “N” in Box #44 if the client is CCDTF eligible and the county does not want to pay 100% of the placement costs.

Client CCDTF Eligibility/Commercial Insurance and PMAP/MinnesotaCare Enrollment

As of the date of the Rule 25 assessment, determine the client's CCDTF eligibility, including presence of a third party liability (TPL – commercial insurance). CCDTF eligible clients who have TPL paying less than 100% of the recommended treatment costs continue to be CCDTF eligible. Enter the information into MMIS TPL Resource File.

The CCDTF provider will first bill the TPL source and submit denials and record of payment to DHS. The most the CCDTF will pay is the difference between the amount received from the TPL and the CCDTF authorized amount for dates of service provided.

Use MMIS or MN-ITS to determine if the client is enrolled in a Minnesota Pre-paid Health Plan, State contracted managed care organizations (MCO's) are responsible for all CD treatment services for current enrollees. Counties providing assessment services for MCO enrolled clients must coordinate placement with the MCO. The MCO is responsible for providing appropriate treatment services. Within the first week of each month, CD treatment providers are responsible for determining the current status and changes in the enrollment status of admitted clients and for contacting the new placing authority in a timely manner. IMDs and **Hospital based inpatient service providers are no longer an exception to this procedure.**

DHS will bill counties 100% of treatment costs for clients who do not meet clinical and/ or financial eligibility

NOTES FOR DETERMINING CCDTF ELIGIBILITY

INCOME IS: Please see Minnesota Rules, Part 9530.7000, Subpart 13 for specifics

- The amount received, reported, and verified as current income **as of the date of assessment**.
- Calculated *prospectively* to cover one year.
- Calculated for the household, as defined below, but does not include income of minors, unless the minor is seeking services under MS, Section 144.343 and 144.347, and then only the income of the minor is included.

INCOME INCLUDES:

- Cash wages or salaries
- Cash from self-employment (net after allowable IRS deductions)
- REGULAR payments from the following sources:
 - Social Security/Social Security Disability
 - Railroad Retirement
 - Unemployment Compensation
 - SSI, GA, SSI Disability
 - Union Funds
 - Veterans' Benefits
 - Alimony (when it's received)
 - Child Support (when it's received)
 - Military Family Allotments
 - Private or Government Pensions
 - Insurance
 - Annuities
 - Interest (when regularly used/withdrawn from savings account)
 - Rent
 - Royalties

INCOME DOES NOT INCLUDE:

- Gifts
- Tax refunds
- Inheritances
- Capital gains
- Non-cash benefits
- Compensation for injury (ie., worker's compensation, Veteran injured while in active duty)
- Cash assets drawn down or withdrawn from a bank
- Earnings or profits from the sale of a house, car, etc.
- Alimony (when court-ordered to be paid)
- Health insurance payments (when court-ordered to be paid)
- Savings accounts
- Court ordered child support (when being paid) is a deduction from the client's household income
- Amounts related to the Cobell Settlement

HOUSEHOLD SIZE:

If the Client is: Then the household size includes the following persons living in the same dwelling unit:*

- | | |
|-------------|---|
| Adult | <ul style="list-style-type: none">• Client• Client's spouse• Client's minor-aged children• Client's spouse's minor-aged children |
| Minor Child | <ul style="list-style-type: none">• Client• Client's parents (birth or adoptive)• Client's minor-aged siblings |

*Household size *also includes* a person listed above who is in out-of-home placements, if one of the persons listed above is contributing to the cost of care of that person in out-of-home placement.

HOUSEHOLD SIZE DOES NOT INCLUDE:

- Persons who have no legal relationship to the client
- Unmarried partners
- Step-parents, unless the minor child is adopted

XI. Fee Policy for Detoxification Services

Washington County contracts with private providers for detoxification services. Individual detoxification providers may attempt to collect from third-party insurance, individuals, or families in lieu of billing the county. The county may bill individuals, families, or third-party insurance if the individual detoxification center is unsuccessful at collecting the entire charge.

The County is assessed a daily fee for detoxification services. The client is responsible for the full cost of the services; however, the client may request a fee determination to determine if the client qualifies for a reduced fee. To complete the fee determination, the client must provide proof of income and family size. The Detox Fee Schedule below may be used to determine what percentage of the daily fee an individual client may be assessed by the county. This determination is valid for one year from the date of the determination for any detoxification services provided. It is the client's responsibility to report any changes that would affect the fee determined.

A \$50 service fee may be assessed if payment has not been made timely on the account.

Detox Fee Schedule

Family Income		Household Size 1	Fee \$258.00	# of Days 1
0	13,590	0	0	0.00
13,591	16,563	25.00%	64.50	64.50
16,564	19,536	35.00%	90.30	90.30
19,537	22,508	45.00%	116.10	116.10
22,509	25,481	55.00%	141.90	141.90
25,482	28,454	65.00%	167.70	167.70
28,455	31,427	75.00%	193.50	193.50
31,428	34,400	85.00%	219.30	219.30
34,401	37,373	95.00%	245.10	245.10
37,373 +		100.00%	258.00	258.00

Family Income		Household Size 2	Fee	# of Days
0	18,310	0	0	0.00
18,311	22,315	25.00%	64.50	64.50
22,316	26,321	35.00%	90.30	90.30
26,322	30,326	45.00%	116.10	116.10
30,327	34,331	55.00%	141.90	141.90
34,332	38,337	65.00%	167.70	167.70
38,338	42,342	75.00%	193.50	193.50
42,343	46,347	85.00%	219.30	219.30
46,348	50,353	95.00%	245.10	245.10
50,353 +		100.00%	258.00	258.00

Family Income		Household Size 3	Fee	# of Days
0	23,030	0	0	0.00
23,031	28,068	25.00%	64.50	64.50
28,069	33,106	35.00%	90.30	90.30
33,107	38,143	45.00%	116.10	116.10
38,144	43,181	55.00%	141.90	141.90
43,182	48,219	65.00%	167.70	167.70
48,220	53,257	75.00%	193.50	193.50
53,258	58,295	85.00%	219.30	219.30
58,296	63,333	95.00%	245.10	245.10
63,333 +		100.00%	258.00	258.00

Household Size				
Family Income		4	Fee	# of Days
0	27,750	0	0	0.00
27,751	33,820	25.00%	64.50	64.50
33,821	39,891	35.00%	90.30	90.30
39,892	45,961	45.00%	116.10	116.10
45,962	52,031	55.00%	141.90	141.90
52,032	58,102	65.00%	167.70	167.70
58,103	64,172	75.00%	193.50	193.50
64,173	70,242	85.00%	219.30	219.30
70,243	76,313	95.00%	245.10	245.10
76,313 +		100.00%	258.00	258.00

Household Size				
Family Income		5	Fee	# of Days
0	32,470	0	0	0.00
32,471	39,573	25.00%	64.50	64.50
39,574	46,676	35.00%	90.30	90.30
46,677	53,778	45.00%	116.10	116.10
53,779	60,881	55.00%	141.90	141.90
60,882	67,984	65.00%	167.70	167.70
67,985	75,087	75.00%	193.50	193.50
75,088	82,190	85.00%	219.30	219.30
82,191	89,293	95.00%	245.10	245.10
89,293 +		100.00%	258.00	258.00

Household Size				
Family Income		6	Fee	# of Days
0	37,190	0	0	0.00
37,191	45,325	25.00%	64.50	64.50
45,326	53,461	35.00%	90.30	90.30
53,462	61,596	45.00%	116.10	116.10
61,597	69,731	55.00%	141.90	141.90
69,732	77,867	65.00%	167.70	167.70
77,868	86,002	75.00%	193.50	193.50
86,003	94,137	85.00%	219.30	219.30
94,138	102,273	95.00%	245.10	245.10
102,273 +		100.00%	258.00	258.00

Household Size				
Family Income		7	Fee # of Days	
0	41,910	0	0	0.00
41,911	50,045	25.00%	64.50	64.50
50,046	58,181	35.00%	90.30	90.30
58,182	66,316	45.00%	116.10	116.10
66,317	74,451	55.00%	141.90	141.90
74,452	82,587	65.00%	167.70	167.70
82,588	90,722	75.00%	193.50	193.50
90,723	98,857	85.00%	219.30	219.30
98,858	0	95.00%	245.10	245.10
0 +		100.00%	258.00	258.00

Household Size				
Family Income		8	Fee # of Days	
0	46,630	0	0	0.00
46,631	54,765	25.00%	64.50	64.50
54,766	62,901	35.00%	90.30	90.30
62,902	71,036	45.00%	116.10	116.10
71,037	79,171	55.00%	141.90	141.90
79,172	87,307	65.00%	167.70	167.70
87,308	95,442	75.00%	193.50	193.50
95,443	103,577	85.00%	219.30	219.30
103,578	0	95.00%	245.10	245.10
0 +		100.00%	258.00	258.00

*For family units with more than 8 members, add \$4,720.00 income to Federal Poverty Level for each additional member

*A graduated percentage fee applies to persons with income above Federal Poverty Level

*Full fee is charged when family income is approximately 275% of Federal Poverty Level

***NO CHARGE FOR PATIENTS ON MFIP, DWP, GA AND MSA**

***THE FEE WILL NOT EXCEED THE COST OF THE SERVICE**

*A \$50.00 fee may be applied to delinquent accounts

XII. Developmental Disabilities

Services provided that are eligible under TEFRA and Home and Community Based Services for children are governed under M.S. 252.27 and 256B.14 (State Parental Fee Schedule for families of children with developmental disabilities – See Medical Assistance (MA) Parental Fees (DHS 2977) below).

XIII. Consumer Support Grant Admin Fee

5% of Grant Allocation will be retained by the county for administrative expenses, as allowed in M.S. 256.476 Sub.5e (Consumer Support Program).

XIV. Children's Mental Health

M.S. 252.27 and 256B.14 and 245.481 - State Parental Fee Schedule for families of children with severe emotional disturbances in out of home placement and respite. – (See Medical Assistance (MA) Parental Fees (DHS 2977) below).

Financial Operations Division

P.O. Box 64171/St. Paul, MN 55164-0171/Fax 651-431-7507

Medical Assistance (MA) Parental Fees

Important Notice and Parental Fee Worksheet

for Fiscal Year 2023 (July 1, 2022 - June 30, 2023)

(Please retain for your records.)

Important Notice About Parental Fees

Your child has been approved for Medical Assistance (MA) under Tax Equity and Fiscal Responsibility Act (TEFRA), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), Brain Injury (BI), a Developmental Disabilities (DD) Waiver or an out-of-home placement. Eligibility for MA was based on your child's disability or placement in a state facility. Your income and assets were not considered in determining your child's eligibility for MA. However, Minnesota law says that **you may have to pay a parental fee for the MA program that your disabled child is on.**

What information do we use to determine your parental fee?

- Your adjusted gross income (before taxes) from last year's federal tax return. Do not include stepparent income.
- The amount of MONTHLY court-ordered support that you pay for the child receiving services.
- Your household size. Your household size includes the natural and adoptive parents and their dependents who live in their home. The child receiving MA services is included in the household size. Stepparents and stepchildren are not counted.
- Whether the child receiving MA lives in your home.
- Whether you carry private health insurance for the child receiving MA. Your fee will increase if you can obtain health insurance for your child through your employer at a cost of less than 5 percent of your adjusted gross income but you have chosen not to obtain it.

Who has to pay a parental fee?

All parents with an adjusted gross income beginning at 275 percent of federal poverty guidelines will have a fee.

Parents not living with each other may each have to pay a fee.

What if the parental fee is more than the cost of services that your child receives?

The total amount that you owe for a fiscal year (July through June) will never be higher than the cost of services paid by MA and your county for that same fiscal year. Shortly after the fiscal year ends, you will receive a statement comparing the cost of services paid on behalf of your child against the parental fee that you were charged for the year. Necessary adjustments to your account will be made at that time.

What are your rights?

We will determine your parental fee after we receive your tax information. You will be mailed a Determination Order stating the fee amount and the date that the fee starts. **You have a right to ask for a review or an appeal of your fee.** The request for a review or appeal must be made in writing within 30 calendar days of the date of the order, or within 90 calendar days if you have good cause for failing to request a hearing within 30 calendar days. Your parental fee cannot be changed simply because you feel you cannot pay it. Minnesota law does not give authority to either the Financial Operations Division or the Appeals referee to waive your parental fee.

What happens if you fail to send DHS the information needed to determine a parental fee?

You must send the information needed to determine your fee. If you do not respond, you will be charged for the full cost of services provided to your child. Legal action may be taken against you if you do not provide the necessary information.

What happens if you do not pay your parental fee?

Your child will not be refused MA services because you fail to pay your parental fee. However, legal action may be taken against you. Legal action includes, but is not limited to: turning your account over to a collection agency, taking your state tax refund, and garnishing your wages.

You MUST notify the Parental Fee Unit within 30 days of the following events:

- Your income increases or decreases by more than 10 percent from one month to the next (not from year to year).
- Your family size changes (increase or decrease of household members).
- Parents separate and no longer live in the same household. Separate accounts will be set up for each parent and each parent will be responsible for their own fee calculation based on their individual income.
- The child on MA has a change in living arrangement (a child living at home goes into out-of-home placement, or a child in out-of-home placement returns home).
- You obtain or cancel insurance coverage for the child receiving MA.

Circumstances that may change your parental fee:

- Your past cost of services is at least 60 percent less than your annual fee.
- The adjusted gross income reported on your federal tax form is different than the amount of income actually distributed to you, creating a unique financial situation. Withdrawal of IRA and/or pension funds is not a unique financial situation.
- The adjusted gross income reported on your federal tax form includes capital gains that were used to purchase a home.
- You qualify for a change in your parental fee due to undue hardship as provided for in Minnesota Rule 9550.6230 Variance for Undue Hardship.
- A “Variance for Undue Hardship” means that you may ask for a change in your parental fee due to certain out-of-pocket expenses that would be allowable as federal tax deductions under Internal Revenue Code. The expenses include:
 - Medical expenses not paid by MA, insurance, or a pre-tax medical account for any member of the household.
 - Expenditures for adaptations to the home or parent’s vehicle necessary to accommodate the child with a disability.
 - Casualty losses.

College education expenses, most new home purchases, and clothing/personal expenses are not allowable as hardship deductions.

Who do you call if you have questions?

If you have questions about this notice or you want to ask for a change in your parental fee, call the Parental Fee Unit at 651-431-3806 or 800-657-3751.

How is your parental fee calculated?

Parental fees are calculated by using adjusted gross income (AGI) from your federal taxes and federal poverty guidelines (FPG). The parental fee formula is explained below. (To calculate your monthly parental fee, go to “You Can Estimate Your Fee” on Page 4.)

- Determine your adjusted gross income (AGI) from your most recent federal taxes.
- Subtract \$2,400 if the child receiving services lives in your home. If you are the non-custodial parent, subtract the amount of court-ordered child support that you pay PER YEAR for the child receiving services.
- Determine where the resulting number falls in the table below.

Family Size	275% of Federal Poverty Guidelines	545% of Federal Poverty Guidelines	675% of Federal Poverty Guidelines	975% of Federal Poverty Guidelines
2	\$50,353	\$99,790	\$123,593	\$178,523
3	\$63,333	\$125,514	\$155,453	\$224,543
4	\$76,313	\$151,238	\$187,313	\$270,563
5	\$89,293	\$176,962	\$219,173	\$316,583
6	\$102,273	\$202,686	\$251,033	\$362,603
7	\$115,253	\$228,410	\$282,893	\$408,623
8	\$128,333	\$254,134	\$314,753	\$454,643
Additional members	\$12,980	\$25,724	\$31,860	\$46,020

- Calculate your parental fee as follows:

ADJUSTED GROSS INCOME (Less Deductions)	Parental Fee
Less than 275% FPG	\$0
Equal to or greater than 275% and less than or equal to 545% of FPG	Sliding scale that goes from 1.65% - 4.50% of AGI
Greater than 545% but less than 675% of FPG	4.50% of AGI
Equal to or greater than 675% but less than 975% of FPG	Sliding scale that goes from 4.50 - 5.99% of AGI
Equal to or greater than 975% of FPG	7.49% of AGI

You Can Estimate Your Fee

This worksheet is for fiscal year 2023 (July 1, 2022 - June 30, 2023)

Retain this form for your records.

You can also estimate your fee online at <http://pfestimator.dhs.mn.gov/>

This worksheet may be used to estimate your monthly parental fee, and is for your information only. It is not necessary to return this worksheet to DHS. After DHS receives your tax information, your parental fee will be calculated and a notice will be sent to you telling you the amount of your parental fee. You will need a calculator to complete this worksheet.

STEP 1. Calculate the income that we will use to determine your parental fee.

- _____ 1. Enter your adjusted gross income (AGI) from your 2021 federal taxes (Line 11 of form 1040).
- _____ 2. Enter \$2,400 if the child on Medical Assistance (MA) lives with you.
- _____ 3. Subtract the amount on line 2 from the amount on line 1.
- _____ 4. Enter the amount of court-ordered child support that you pay PER YEAR for the child on MA.
- _____ 5. Subtract the amount on line 4 from the amount on line 3.
- _____ 6. Divide line 5 by 12 and round to two decimal places.
This is the monthly income that we will use to determine your parental fee.

STEP 2. Determine the percent of Federal Poverty Guideline (FPG) for your monthly income.

- _____ 7. Enter the income from line 6 above.
- _____ 8. Using the table below enter the "monthly poverty guideline" for your family size.

Family Size	Monthly Poverty Guideline
2	\$1,526
3	\$1,919
4	\$2,313
5	\$2,706
6	\$3,099
7	\$3,493
8	\$3,886

- _____ 9. Divide the amount on line 7 by the amount on line 8.
- _____ 10. Round the number on line 9 to two decimal places and multiply the result by 100. This is the percent of FPG that we will use to calculate your parental fee.

STEP 3. Calculate Your Monthly Parental Fee

Calculation if the number on line 10 is less than 275

11. Your parental fee is zero.

Calculation if the number on line 10 is equal to or greater than 275 and equal to or less than 545

_____ 12. Multiply the number on line 9 by 100 and enter here.

_____ 13. Subtract 275 from the amount on line 12.

_____ 14. Multiply the amount on line 13 by .0285 and divide the result by 270.

_____ 15. Add 0.0165 to the amount on line 14.

_____ 16. Enter the number from line 6.

_____ 17. Multiply the amount on line 15 by the amount on line 16.
This is your estimated monthly fee.

Calculation if the number on line 10 is greater than 545 and less than 675

_____ 18. Enter the number from line 6.

_____ 19. Multiply the amount on line 18 by .0450 (4.50%).
This is your estimated monthly fee.

Calculation if the number on line 10 is equal to or greater than 675 and less than 975

_____ 20. Multiply the number on line 9 by 100 and enter here.

_____ 21. Subtract 675 from the amount on line 20.

_____ 22. Multiply the amount on line 21 by .0149 and divide the result by 300.

_____ 23. Add .0450 to the amount on line 22.

_____ 24. Enter the amount from line 6.

_____ 25. Multiply the amount on line 23 by the amount on line 24.
This is your estimated monthly fee.

Calculation if the number on line 10 is equal to or greater than 975

_____ 26. Enter the number from line 6.

_____ 27. Multiply the amount on line 26 by .0749 (7.49%).
This is your estimated monthly fee.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ፡ ይህንን ዶኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዩን ሰራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လိာ် တီလိာ်မိတခါအံၤန့ၢ်,သံက့ၢ်ဘဉ်ပုၤဂ့ၢ်ဝိအပုၤမၤစၢၤတၢ်လၢနီၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍລີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂປທີ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1 (8-16)



For accessible formats of this information or assistance with additional equal access to human services, write to dhs.info@state.mn.us, call 651-431-3806, or use your preferred relay service. ADA1 (2-18)

If you believe you are treated differently because of race, color, national origin, political beliefs, marital status, religion, sex, age or because of physical, mental or emotional disability, you may file a complaint with either the Department of Human Services, Office of Civil Rights, P.O. Box 64997, St. Paul MN 55164-0997; or the Department of Human Rights, 500 Bremer Tower, 7th Place and Minnesota Street, St. Paul, MN 55105.

XV. Child Support Enforcement

If the county provides full child support services to an applicant, the applicant will be charged a cost recovery fee of 2 percent of the amount of child support and spousal maintenance collected. This cost recovery fee does not apply to persons receiving public assistance or who received some forms of public assistance within the 24 months prior to getting support enforcement services. Minn. Stat. § 518A.51. If an applicant for full child support services does not wish to pay the 2 percent fee, that person may apply for income withholding-only services. Minn. Stat. § 518A.53, subd. 4.

If an applicant prefers to have only income withholding services, instead of full child support services, that person may apply for income withholding-only services. A monthly fee of \$15 is charged to the obligor for this service. Minn. Stat. § 518A.53, subd. 4.

In addition, in cases where neither the obligee or obligor has ever received public assistance, the county must assess an annual \$35 fee when at least \$550 of support has been collected. Minn. Stat. § 518A.51.

If a parent is in arrears in child support, the County can certify to take their state and federal income tax refunds to reduce the debt. If State of Minnesota taxes are intercepted, MN Department of Revenue assesses a \$15 fee to the obligor. Minn. Stat. § 270A.01 to 270A.12. If a federal tax offset is received and disburses to nonpublic assistance arrears, the US Department of Treasury charges a \$25 fee to the obligee Minn. Stat. § 518A.51 (e).