

TODD COUNTY BOARD OF COMMISSIONERS

Work Session Agenda

Date: October 17th, 2017

Time: To Follow County Board Meeting Approx. 10:00 A.M.

Meeting to be held at the Historic Courthouse 215 1st Avenue So, Long Prairie, Minnesota

Item #		Approx. Time
1	County Fee Schedule - Denise Gaida & Other Dept. Heads	10:00 a.m.
2	DHS - Funeral Expense Policy - HHS Dept.	10:10 a.m.
3	Website Redesign Discussion - Chris Pelzer, MIS Dept.	10:20 a.m.

Todd County Fee Schedule

Effective: _____

(NOTE: some county offices have separate fee schedules)

GENERAL COUNTY	
Copies or print screens (per side, up to 8 1/2" x 14"):	\$0.25/page up to 100 pages; actual cost* when > 100 pages
CD's	\$5 per CD
Computer Printouts (reports/labels)	\$5 setup fee + \$.50/page
Fax or Email Service	Actual cost*
NSF Fee	\$30
Research Fee	Actual cost*
ADMINISTRATION/HUMAN RESOURCE OFFICE	
Rental Fee-Conference Rooms:	
Forest Conference Room-Historic Courthouse	\$50 half day - \$75 full day
Prairie Conference Room-Historic Courthouse	\$50 half day - \$75 full day
Lakes Conference Room-Historic Courthouse	\$50 half day - \$75 full day
ATTORNEY'S OFFICE	
CD/DVD of Documents	\$15
Child Support Fees	\$100/hr
Fraud Services	\$100/hr
ASSESSOR'S OFFICE	
Assessor Certification	Actual cost*
Assessor Tax Estimate	Actual cost*
Copy of Field Card, CAMA sheet, print screens, etc.	\$.25 per page
AUDITOR-TREASURER'S OFFICE (Minimum of returned overage in fees - \$10.01)	
Licenses and Permits:	
<i>Alcohol Licenses (M.S. 340.A)</i>	
On & Off Sale 3.2 Beer License (12 month)	\$100
On Sale 3.2 Beer License (12 month)	\$85
Off Sale 3.2 Beer License (12 month)	\$15
On & Off Sale 3.2 Beer License (6 month)	\$50
Temporary On Sale 3.2 Beer License (1 day)	\$15
On Sale Liquor License (12 month) (w/out Sunday)	\$2,000
Off Sale Liquor License (12 month)	\$300
Sunday On Sale Liquor License (12 month)	\$150
Bottle Club On Sale Liquor License (12 month)	\$330
Wine License (12 month)	\$150
Temporary On Sale Liquor License (1 day)	\$50
Setups	\$50
Auctioneer License (M.S. 330.01)	\$20
<i>Dance License</i>	
Dance (12 month)	\$50
Dance (1 day)	\$5
<i>Dangerous Dog License (M.S. 347.51)</i>	
Registration of a Dangerous Dog (one time)	\$50
Renewal Fee for a Dangerous Dog (annual renewal)	\$10
Dangerous Dog Sign	\$14 each
Dangerous Dog Tag	\$6 each
Fireworks Permit (M.S. 640.20)	\$25
Transient Merchant License (M.S. 329.11)	\$150
Fairgrounds Storage and Rental:	
Use of Grounds - w/o restrooms	\$150/day + \$300 deposit
Use of Grounds - with restrooms S of Prairie Motors	\$300/1st day, \$75/each add'l + \$500 deposit
Rental Expo Building	\$450/1st day, \$125/each add'l + \$1,000 deposit
Grandstand (Seating and Arena)	\$250/1st day, \$100/each add'l + \$500 deposit
Entertainment Pavilion	\$200/1st day, \$50 each add'l + \$200 deposit
Prairie Motors Building	Contact Ag Society
Winter Storage (Oct - May)	\$100 per item
Service Charges:	
Auditor Cert Bond	\$150
Certified Copy of Voter Registration	\$5
Confession of Judgment Program Fee	\$200 1 st parcel; \$50 each add'l
Ditch Lien Search	\$5 per parcel
Ditch Lien Release Prep Fee	\$5 per parcel
Duplicate Tax Statement	\$1
Duplicate Bill Fee	\$5 per parcel
Election Roster/Master List (non-Co. Elec.)	\$0.25 per page
Election/Admin Setup Fee (non-Co. Elec.)	\$250
Election/Admin Setup Fee (alongwith Co. Elec.)	\$1 per ballot
Forfeited Land List	No Fee

*Actual costs can include cost of media, employee time to prepare, etc.
Postage expense borne by requestor.

Todd County Fee Schedule

Effective: _____

(NOTE: some county offices have separate fee schedules)

Service Charges:	
Mobile Home Clearance Sheet	\$5
Publication Cost	\$25
Repurchase Fee	\$250
Research Fee	Actual cost*
Special Assessment Setup Fee (less than 5 parcels)	\$5
Special Assesemnt Setup Fee (more than 5 parcels)	\$25
Special Assessment Service Fee	\$1/parcel
Special Assessment Search	\$5 per parcel
Tax Forfeiture – Admin Fee	\$250
Tax Search	\$5 per parcel
TIF Setup Fee	\$100
GIS/MIS OFFICE	
Maps:	
8 1/2 x 11"	\$3
11" x 17"	\$5
D - Solid Fill (22" x 34")	\$15
D - Line Work (22" x 34")	\$10
E - Solid Fill (34" x 44")	\$25
E - Line Work (34" x 44")	\$20
Custom Sizes	Actual cost*
Highway Map	\$3
Plat Book	\$35
RECORDER'S OFFICE	
(Minimum of returned coverage in fees - \$10.01)	
Research Fee	\$50/hr
Uncertified Copy	\$1/page
Certified Copy	\$10
Copy of Plat (Certified or Non-Certified)	\$10
State or Federal Tax Lien Search	\$20
Certified Birth Certificate - 1st copy	\$26
Additional copies	\$19
Non-Certified Birth Certificate	\$13
Certified Death Certificate - 1st copy	\$13
Additional copies	\$6
Non-Certified Death Certificate	\$13
Marriage License - regular	\$115
Marriage License - reduced (Educators Statement required)	\$40
Marriage Certificate - each certified copy	\$9
Marriage: Consent for Minor to Marry	\$20
Marriage: Amendment to Application or License	\$20
Ordination Filing Fee	\$20
Passport Photo	\$14
Notary Commission Filing Fee	\$20
Verification of Vital Record	\$9
Credit Card Charge (VitalCheck for vitals stat orders only)	\$7
Certified Copy of Coroner's Certificate	\$9
Certified Copy of Notary Commission	\$9
LandShark Fees: Initial set-up	\$50
Level 1 (up to 200 images)	\$50/month
Level 2 (unlimited images)	\$100/month
Recording Fee - except plats (abstract or torrens division)	\$46
Multiple Document cited - per # cited after first 4	\$10
Recording Fee for plats (abstract & torrens division)	\$56
Well Disclosure Certificate	\$50
State Deed Tax (discounted price submit DT1 form)	.0033 x sales price
Mortgage Registration Tax (discounted price submit MRT1 form)	.0023 x mortgage amount
Attested Copy of recording fee	\$2
Residue Certificate of Titles (Torrens division)	\$40
Cancelling a Certificate of Titles (Torrens division)	\$20
Exchange Certificate of Tiles (Torrens division) - per new Certificate	\$20
Entry of Memorial onto add'l Certificate - per certificate	\$20
Certificate of Possessory Title (CPT)	(Contact Registrar of Titles)
Torrens Directive (contact Torrens Examiner)	(Not a county fee)

*Actual costs can include cost of media, employee time to prepare, etc.
Postage expense borne by requestor.

Todd County Planning & Zoning – 2018 Fee Schedule

A. Residential Construction	
1. Per 100 sq ft of dwelling structure (includes all floors)	\$ 10.00
2. Minimum dwelling/addition	\$ 25.00
3. Decks (a) 0 – 250 sq ft	\$ 50.00
(b) 251 sq ft and over	\$ 75.00
B. Accessory & Agricultural structures	
1. Per 100 sq ft of structure (<i>cap of \$500 per structure</i>) (<i>Minimum \$25 fee</i>)	\$ 7.00
2. Semi-trailers, Cargo Containers (two per parcel allowed in Cmml & AF1, AF2)	\$ 25.00
C. Commercial & Industrial	
1. Per 100 sq ft of structure (<i>cap of \$500 per structure</i>) (<i>Minimum \$25 fee</i>)	\$7.00
2. Commercial Towers over 100 ft (plus C.U.P)	\$500.00
3. Mining or Gravel Pits (with or without C.U.P.) – valid for four years	\$300.00
4. Adult Use Business Land Use Permit Fee	\$750.00
D. Structural Alteration to Existing Conforming Structure or Dwelling	\$ 25.00
Note: If making an outward expansion in any direction, use A, B or C above for fee. Structural alterations are those that affect supporting structural elements of the building and <u>do</u> require a permit – i.e roof rafters, foundation, outside walls, etc... Non-structural “normal maintenance” – singles, doors, windows, siding, etc ... <u>do not</u> require a permit.	
E. Nonconforming Structure Replacement (a building permit will also need to be purchased)	
1. Major Construction (houses, sheds, boathouses)	\$300.00 + permit fee
2. Minor Construction (decks, roof or foundation modification within ordinance)	\$150.00 + permit fee
F. Shoreland Alteration Permits	\$200.00
G. Shoreland Access Permits	\$150.00
H. Recreational Vehicle Unit Permit	\$ 50.00
I. Sewage Treatment Systems	
1. SSTS with inspection	\$200.00
2. Advanced SSTS with inspection (fee increases or decreases per actual cost)	\$1,500.00
3. Cluster system (3+ homes)	\$200 + \$50 Per tank installed
J. Applications	
1. Conditional Use Permit (includes recording fee)	\$350.00
2. Variance Application (includes recording fee)	\$350.00
3. Administrative SSTS Variance (including recording fee)	\$150.00
4. Administrative Acreage Cluster Application	\$150.00
5. Rezoning Application (includes recording fee)	\$300.00
6. Plats: 1 – 4 lots (includes C.U.P.) (includes recording fee)	\$500 plus \$200 per lot
5 lots & over (includes C.U.P.) (includes recording fee)	\$1,000 plus \$200 per lot
7. Planned Unit Development Review	\$250.00
8. Environmental Assessment Worksheet Review	\$500.00
9. Zoning Amendment Application	\$700.00
K. Other Fees	
1. After-the fact charges	3 times the fee (plus fee) and/or restoration
2. Special hearing fees	actual cost + application fee
3. County Ordinance -	\$35.00
4. Special Requests	staff hourly rates apply
5. Permit renewal	½ the cost of the original permit
6. Permits to replace structures destroyed by “An act of God”	No Charge
7. Administrative Penalty Order (only for Buffers Section 9.22)	\$50 to \$200/mo. Initial Violation \$50 to \$200/day Repeat Violation

(All Fees are non-refundable)

SHERIFF'S OFFICE FEE SCHEDULE

	<u>FEES</u>
• PERSONAL or ABODE service	50.00
• MILEAGE (computed on a round trip basis)	.55 Per mile
• FLAT FEE MILEAGE FOR CITY OF LONG PRAIRIE	5.00 Flat Fee
• WRIT OF EXECUTION (based on the amount collected or stipulated to by the parties as a result of a Sheriff's Levy + service fees and mileage)	5%
• WRITS OF EXECUTION returned unsatisfied	50.00
• POSTING NOTICE	50.00
• SECURING PROPERTIES seizure under Writ of Attachment, Writ of Restitution, etc. (for each Deputy involved)	50.00
• NOTIFICATION TO JUDGEMENT DEBTOR	10.00
• LEVY FEE on Writ of Execution	10.00
• SHERIFF'S SALES	
• JUDGEMENT & DECREE	100.00
• EXECUTION	100.00
• MORTGAGE FORECLOSURE	65.00
• OUTSIDE BIDDER CERTIFICATE	100.00
• MECHANIC LEIN	60.00
• LEIN	100.00
• UNIFORM COMMERCIAL CODE	60.00
• ABANDONED PROPERTY	60.00
• REDEMPTIONS:	
• FEE OWNER	200.00
• CREDITOR	200.00
• FILING REDEMPTION WITH SHERIFF'S OFFICE	50.00

Per Diem/Room and Board/Booking Fees

• BOARD OF PRISONERS (for other counties)	\$55.00/day
• ROOM AND BOARD (Todd County)	\$25.00/day
• BOOKING FEE	\$25.00

Reports/Tapes

• Accident and Police Reports	\$ 5.00
• Photo Reproduction	\$1.00 per photo/\$15.00 per CD
• Video, Audio and Voice Logger Tapes and CD's	\$15.00 each.

Drug Testing/Fingerprinting

• Drug Tests	\$30.00
• PBT's	\$10.00
• Alcohol Tests for DOT	\$10.00
• Civilian Fingerprinting (ie. Employment, passport, adoption, etc.)	\$10.00

Impound/Evidence Storage

Impound Storage – Outdoor	\$5.00 per day.
Impound Storage – Indoor	\$10.00 per day.

Escorts/Private Security

Deputy Time	\$60.00 per hour (Two Hour Minimum)
-------------	-------------------------------------

Updated: 10-06-2017

2018 Todd County Public Works Fee Schedule		
Item	Unit	Unit Cost
Materials		
Bituminous Patch Mix	Ton	\$ 135.00
Bituminous Patch Mix	Pail	\$ 10.00
Road Salt	Ton	\$ 75.00
Road Salt	Pail	\$ 25.00
Road Salt/Sand	Ton	\$ 30.00
Road Salt/Sand	Pail	\$ 5.00
Winter Sand	Ton	\$ 13.00
Winter Sand	Pail	\$ 2.00
Supplies		
Mailbox Support	Each	\$ 60.00
Metal Culvert - Sales Markup	Each	25%
Metal Culvert - Delivery (0 -10 miles)	Lump Sum	\$ 100.00
Metal Culvert - Delivery (11 - 20 miles)	Lump Sum	\$ 125.00
Metal Culvert - Delivery (21 miles and over)	Lump Sum	\$ 150.00
Road Sign - Sales Markup (Government Sales Only)	Each	15%
Sign Post - Markup (Government Sales Only)	Each	15%
Used Sign Post	Each	\$ 2.00
Used Cutting Edge	Each	\$ 10.00
Permits		
Entrance Permit	Each	\$ 200.00
Moving Permit	Each	No Charge
Right of Way Permit	Each	No Charge
Special Event Permit	Each	No Charge
Utility Permit	Each	No Charge
Labor and Equipment Rates		
Heavy Equipment Rate	Hour	Cost + 10%
Employee Labor Rate	Hour	Cost + 10%

FEE POLICIES AND PROCEDURES

I. TODD COUNTY HEALTH & HUMAN SERVICES FEE POLICY

POLICY STATEMENT

Todd County Health & Human Services is a county-operated and State supervised organization established to provide therapeutic, educational, supportive and consultative services for persons experiencing financial, health, or social problems.

In order to support the variety of services this Agency provides to Todd County residents, the Todd County Board must supplement Federal and State funds with local tax dollars. Fees charged to service recipients by this Agency are primarily used to offset the amount of local taxes required. The collection of fees is either mandated or permitted by State Statute/Rule (Minnesota Statute 256M.60, subd. 6; Chapter 402; Chapter 393; Minnesota Statutes 252.27, Chapter 119B; 260B.331; 260C.331; 373.41; 245A.10; 245.481, 254B, 256M) or Health & Human Services Board authorization.

Sliding fee scales are typically based upon the annual gross income and household size of the service recipient(s). People who are fee-eligible are billed on a monthly basis for services provided. At no time does a charged fee exceed the total cost of the services provided. Fee scales will be adjusted annually to the Federal Poverty Level or if necessary to comply with any Federal or State Statute or Regulation.

II. SERVICES ELIGIBLE FOR FEE

The following services (provided or purchased) are eligible for a fee/charge:

- A. Child Care Licensing/Renewal
- B. Chemical Dependency (CD) Assessments
- C. Corporate Adult Foster Care Licensing/Renewal
- D. Detoxification Services
- E. Food, Beverage & Lodging Licenses
- F. Out-of-Home Placements (including Emergency Shelters)
- G. Public Health Services
- H. Release of Records
- I. Representative Payment Program
- J. Other Purchased Services

III. DEFINITIONS AND DESCRIPTIONS

Definition: Income includes, but is not limited to, income received from wages or salaries, net income (excluding depreciation) from self-employment, net farm income (excluding depreciation), Social Security payments, dividends, interest, rent received, royalties, pensions, annuities, Unemployment Compensation, Workmen's Compensation, alimony, child support, Veteran's pensions, or any combination of these sources of income.

Definition: Adjusted Gross Household Income shall mean total annualized cash receipts before tax deductions from all sources of income for all members of a household.

Definition: Household Size shall mean all persons who occupy a housing unit, whether they are related to each other or not.

Definition: Federal Poverty Level is the annual income level based upon household size and adjusted gross household income as defined in the annually updated poverty guidelines of the Federal Register under the authority of the Federal Health and Human Services Department.

DESCRIPTIONS:

A. CHILD CARE LICENSING/RENEWAL

1. Licensing/Renewal Applications

Applicants requesting an initial child care license are assessed a fee of \$50.00 for a one-year license. Applicants renewing a child care license are assessed a \$50.00 fee per year for licensing renewal. No fee will be charged for an additional licensing inspection for a change of premise (See Appendix A).

2. Background Study

Applicants requesting a child care license are responsible for completing required criminal background checks, including costs associated with obtaining a background study.

B. CHEMICAL DEPENDENCY (CD) ASSESSMENTS

A client may be charged a fee up to \$200.00 for a Rule 25 Chemical Dependency Assessment based on gross income, using the Social Services Agency Sliding Fee Scale. Those persons whose income is below 100% of Federal Poverty Level will not be assessed a fee (See Appendix D).

C. CORPORATE ADULT FOSTER CARE LICENSING/RENEWAL

1. Background

Minnesota Statute 245A.10, Subd. 2(e), indicates that a county agency may charge a fee to an adult or child Foster Care corporate applicant or corporate license holder to recover the actual cost of licensing inspections, not to exceed \$500 annually. This law was effective August 1, 2008.

2. Policy

Todd County Health & Human Services charges \$800.00 for an initial two year license and bi-annual renewals, to recover the costs of the licensing inspection at the time of initial application and renewal application for each corporate foster care application.

3. Procedure

Payment of \$800.00 for licensing inspection per foster home must be received by Todd County Health & Human Services along with a signed application for a corporation foster care license, before licensing inspections will take place for new licensing or renewal. In no case will fees be returned for licensing inspections if the corporate foster home is not licensed.

D. DETOXIFICATION SERVICES

Fees for chemical abuse detoxification services are charged to persons whose household income is above the Federal Poverty Level, with the fee based on the total cost of the service. The fee is charged using the Social Services Agency Sliding Fee Scale and the actual cost incurred by the County from the Detox Service Provider. Those persons whose income is below 100% of Federal Poverty Level will not be assessed a fee (See Appendix D).

E. FOOD, BEVERAGE & LODGING LICENSES

The purpose of Food, Beverage & Lodging licenses are to establish standards for establishments including food and beverage establishments, lodging establishments, manufactured home parks, recreational camping areas, special events, youth camps and public swimming pools and spas to protect the health, safety and general welfare of the citizens and visitors of Todd County. Applications and fee schedule may be found at:

http://www.co.todd.mn.us/departments/health_and_human_services/community_planning/environmental_health

F. OUT-OF-HOME PLACEMENTS – Parental Fee Policy

The purpose of a parental fee assessment is to determine the ability of the custodial parent to continue to provide financial support for their child/children while in out of home placement. The parental fee

assessment focuses on the parent who had physical custody when the child left the family home. Parental fees will apply to the parent of a child taken into custody either voluntarily or involuntarily by Todd County Health and Human Services.

Any child support due on behalf of the child will be redirected to Todd County. The child support program will continue to manage child support from the non-custodial parent.

No fee will apply to parents who are currently on cash and food assistance or that will become eligible for cash and /or food support assistance as soon as the child returns home. If the child is IV-E eligible, no parental fee will be assessed to the removal home custodial parent.

Some children that enter foster care have unearned income. A child's unearned income is defined as income and resources attributable to the child including but not limited to social security, SSI, veteran's benefits, railroad retirement benefits, adoption subsidies, child support, trust and conservatorships. All of the child's income must be remitted to Todd County for the cost of the child's care. See MN Statute 260B and 260C (See Appendix B-C).

G. PUBLIC HEALTH SERVICES

Public Health Services include nurse home visiting, public health nursing clinics, care coordination and case management, home health care services, immunizations, other health related and family based services. Fees are assessed when no third party payment is available (See Appendix E-J).

H. RELEASE OF RECORDS

It is the policy of Todd County Health and Human Services to follow State Statute 144.292 for patient access to health records, notice of patient rights, release of information, copies of health records, allowable costs and situations when health records may be withheld from a patient (See Appendix K).

I. REPRESENTATIVE PAYMENT PROGRAM

Social Security's Representative Payment Program (Rep Payee) provides financial management for the Social Security (SS) and Supplemental Security Income (SSI) payment of beneficiaries, who are incapable of managing their SS or SSI payments. When friends and family are not able to serve as a payee, Social Security Administration (SSA) looks for qualified organizations to be a representative payee.

Todd County administers this program under MN Statute 524.5-502 – Compensation and Expenses. If there is a fee charged for this service, it will be no more than the maximum allowed by SSA, unless specific criteria are met. The charge may increase each year due to an annual Cost of Living Adjustment (COLA) and with notice to the client.

J. OTHER SERVICES

Third party payment will be sought by a Provider prior to the County paying for the cost of a service. The County is the payor of last resort. If the County pays any of the cost of services, including but not limited to: psychological evaluations, 72 hour holds, pre-commitment costs, commitment costs or child day treatment, etc. reimbursement may be sought from the client, or the client's parent(s) if the client is a minor, based on their ability to pay using the Agency Sliding Fee Scale. The fee is based on the full cost of the service, less any third party payments. (See Appendix C)

IV. REVENUE RECAPTURE

Todd County Health & Human Services (TCHHS) files revenue recapture on debts with a balance owing, according to guidelines outlined in MN Statute 270A.03. The client is notified by mail of this action within the timeline requirements of the Statute.

This policy includes client accounts that have been charged the full cost of service due to non- 9 of 32

cooperation with the fee process, the debt has not been reduced to judgment, and all appeal rights have expired. Also included are debts incurred on a sliding fee scale remaining unpaid at the end of each calendar year.

When money is received from a Department of Revenue intercept and the intercept pays the full balance of the client account, TCHHS will release the debt and consider the claim paid in full.

When money is received from a Department of Revenue intercept and the intercept pays only a portion of the client's account, the payment will be applied to the client account to reduce the balance owing.

1. If the fee owed to TCHHS is less than the intercepted amount, no refund will be given to the client, but the account will be reduced to zero. Overpayment of fees owed will be returned to the MN Department of Revenue.
2. If the fee owed to TCHHS is more than the intercepted amount, the account will be reduced to the remaining fee balance owed.

V. CO-PAYMENTS, DEDUCTIBLES, SPENDDOWNS

Todd County Health & Human Services (TCHHS) will not be financially responsible for co-payments, or deductibles due a provider on behalf of a client.

TCHHS remains the payor of last resort. Providers must bill for any available third party financial coverage prior to billing TCHHS for any remaining balance. Providers will be required to include an Explanation of Benefits and/or denial notice from any third party carrier when sending TCHHS billings for any balance owed.

Medical spenddowns are not subject to payment from an insurance company. TCHHS will bill clients directly for any reduced payments, due to client's need to meet a spenddown, up to the amount the insurance company would have reimbursed if no spenddown existed.

If a client receives payment directly from an insurance company for services rendered, that client is responsible to turn over all payments to the provider/billing agent within seven (7) days of receipt. Failure to turn over payments may result in further collection action, which may include billing for the full cost of the service, revenue recapture, collection charge(s), garnishment, and/or legal action.

Only in a hardship situation will TCHHS consider payment of a client's co-payment or deductible. A hardship situation may include a provider refusing services to a client without payment of co-payment or deductible by TCHHS. Any hardship requests will be forwarded to the Unit Manger to make recommendation to the Agency Director.

If contract language states that TCHHS must provide or pay in advance for services, any co-payments, deductibles or spenddown owing will be billed to the responsible party. For payments made to a provider, the provider needs to submit copies of the Explanation of Benefits and/or denial of services in order to receive payment.

VI. APPEAL PROCEDURES

A client may appeal to the Agency, if he/she feels that a fee should be waived or varied for special and unusual circumstances.

Appeal procedures are as follows:

1. A client who appeals must do so in writing, stating the reasons a fee should be waived.
2. An appeal must be filed within thirty (30) days of the first billing of a fee. The appeal shall be directed to the Collections Officer.
3. When a fee variance request concerns an account with a total balance less than \$250, that request will

-
- be approved/denied by the Agency Director.
4. When a fee variance is requested for an account with a balance exceeding \$250, a panel of three (3) Health & Human Services Supervisors review the request and determine if the waiver request will be recommended and for what length of time. The requestor may be asked for further information beyond what is initially submitted. The Collections Officer will notify the requestor with the date and time of the review hearing.
 5. If the request for waiver or variance is denied, the results of internal appeal hearings are presented to the Health & Human Services Board for approval. The requestor will be informed if any further appeal is available (i.e., County Health & Human Services Board, or Minnesota Department of Human Services).
 6. If the fee is Court Ordered, the fee payor may request the Court to modify the fee.

VII. BAD DEBT WRITE OFF POLICY

A debt owed to Todd County Health & Human Services may be written off if it meets the following criteria:

1. When a debt has reached the Statute of Limitations (6 years non-judgment, 10 years judgment) without payment, the debt may be decertified for revenue recapture and written off.
 - Exception: if payment is made on the claim, the date of the last payment is used to establish the beginning date for the Statute of Limitations.
 - Exception: If the debtor is known to own real property and the debt is in judgment, then the judgment should continue to be renewed.
2. Bankruptcy – if the debt is discharged by the federal bankruptcy court within Chapters 7 or 13, the debt may be decertified for revenue recapture and written off.
3. Death – when debtor is deceased and all collection efforts have been exercised for two years, the debt may be decertified for revenue recapture and written off.
4. Minimum balance accounts - when the debt is \$15 or under with no response or payment after 90 days, the debt may be written off.
5. Spenddowns and fees charged directly to a client for Public Health services may be written off if a client is closed to services, no payment has been made on account after a minimum of six months and further collections are improbable. Clients open to current Public Health Services may not receive a write off for money owed to the Agency. In the case of death, fees owing for Public Health Services are subject to VII.3, above.

A debt may include all fees identified by policy, fees related to court actions, personal service fees, in home fees, reimbursement of child's income or any other miscellaneous fees. This bad-debt write off policy does not apply to Medical Assistance estate recovery.

VIII. APPENDICES – POLICIES, FEE SCHEDULES

- Appendix A – Child Care Licensing Policy
- Appendix B – Out of Home Placement – Parental Fee Calculation
- Appendix C – Out of Home Placement – Parental Fee Schedule
- Appendix D – Social Services Agency Sliding Fee Scale
- Appendix E – Public Health Fee Schedule
- Appendix F – Public Health Nursing Home Visit Sliding Fee Scale
- Appendix G – Public Health Nursing Office Visit Sliding Fee Scale
- Appendix H – Home Health Aide / Home Maker Sliding Fee Scale
- Appendix I – Skilled Therapy (PT, ST, OT) Sliding Fee Scale
- Appendix J – Child & Teen Checkups Sliding Scale
- Appendix K – Minnesota Statute 144.292 Patient Rights

Appendix A

Child Care Licensing Policy

1. A signed application and a money order or cashier's check for \$50.00 must be made out to Todd County Health & Human Services and received by Todd County Health & Human Services before any licensing processing will begin. Cash or personal checks will not be accepted.
2. In no case will fees be returned for background studies that result in the family child care home not being licensed.
3. Fees will not be returned for licensing inspections that result in the family child care home not being licensed. Homes choosing not to complete the license process due to results of the fire inspection and not wanting to make necessary changes or for their own personal reasons will not be reimbursed their application fee.
4. Applicants will be issued a one-year license, to be renewed annually.
5. If notified your home will require a State Fire Marshal inspection, applicant is responsible for the additional fees required for that inspection. There is a \$50.00 fee for each home inspection by the Fire Marshal. (MN Statute 245A.151). This requires a cashier's check or money order made out to "State Fire Marshal."
6. All fees are subject to change with statute changes.
7. Detailed information to begin the child care licensing process may be found at:

http://www.co.todd.mn.us/departments/health_and_human_services/family_services/child_care_foster_care_licensing

Appendix B

Out of Home Placements - Parental Fee Calculation

Household Size: Parents and their dependent children under age 18, whether or not they are temporarily absent from the household, are considered household members. Adult children (no longer in high school and 18 years old) living with their parents are considered a separate household.

Household Income: Household income includes but not limited to gross wages, social security, veteran's benefits, pensions, worker's compensation, re-employment insurance, insurance benefits or payments, union or strike benefits, maintenance, loans, grants or scholarships, income from trusts, stock dividends, interest, lump sum payments, contract for deed income or rental income. Step parent income is not considered as income for the purposes of establishing a parental fee.

There is **no maximum fee**; however, the fee will never exceed the cost of care. Any payments received from a third party, such as an insurance company, will be deducted from the cost of care. The combination of the child's unearned income, third party recovery and the parental fee will not exceed the child's cost of care. A parent must remit to Todd County Health and Human Services, any health insurance benefits received on behalf of the child.

Parents who refuse to provide income information or household size shall be considered financially responsible for the full cost of out of home placement. Parental non-cooperation will also be reported to the County Attorney and the Courts.

Revenue Recapture: Unpaid parental fees will be submitted to the Minnesota Department of Revenue for recoupment.

Federal Poverty Level: No parental fee will be assessed for families earning less than the federal poverty level for family size including the child/children in out of home placement.

Appendix C

Out of Home Placements - Parental Fee Schedule

<u>Hourly Earnings</u>		<u>Monthly Earnings</u>		<u>Children in Household</u>			
				<u>1 Child</u>	<u>2 Children</u>	<u>3 Children</u>	<u>4 or More Children</u>
\$ -	to \$ 8.99	\$ -	to \$ 1,158.00	0	0	0	0
\$ 9.00	to \$ 11.00	\$ 1,159.00	to \$ 1,905.00	3%	4%	5%	6%
\$ 11.01	to \$ 12.00	\$ 1,906.00	to \$ 2,078.00	4%	4%	5%	6%
\$ 12.01	to \$ 13.00	\$ 2,079.00	to \$ 2,252.00	4%	4%	5%	6%
\$ 13.01	to \$ 14.00	\$ 2,253.00	to \$ 2,425.00	4%	5%	5%	6%
\$ 14.01	to \$ 15.00	\$ 2,426.00	to \$ 2,598.00	5%	5%	5%	6%
\$ 15.01	to \$ 16.00	\$ 2,599.00	to \$ 2,771.00	5%	6%	6%	7%
\$ 16.01	to \$ 17.00	\$ 2,772.00	to \$ 2,944.00	6%	6%	7%	8%
\$ 17.01	to \$ 18.00	\$ 2,945.00	to \$ 3,118.00	7%	8%	8%	8%
\$ 18.01	and over	\$ 3,119.00	and over	Use one half of the child support calculator			

% of parental fee charged is based on earnings
 and number of children in household

Appendix D

**Todd County Health & Human Services
Social Services Agency Sliding Fee Scale**

<u>Annual Household Income as a % of Federal Poverty</u>	<u>Client Share of cost based on % of Poverty</u>
0-100%	-
100-200%	10%
201-250%	20%
251-300%	30%
301-350%	40%
351-400%	50%
401-450%	60%
451-500%	70%
501-550%	80%
551-600%	90%
over 600%	100%

% of Poverty Based on Household size
Federal Poverty Level Adjusted Annually

[Minnesota Statutes, section 256M.60](#), subdivision 6 specifies that county boards must not charge social services fees to persons or families whose adjusted gross household income is below the poverty level established by Federal Poverty Guidelines. The statute is cited below:

Subdivision 6. Fees for services. The county board may establish a schedule of fees based upon clients' ability to pay to be charged to recipients of children and community services. Payment, in whole or in part, for services may be accepted from any person except that no fee may be charged to persons or families whose adjusted gross household income is below the federal poverty level. When services are provided to any person, including a recipient of aids administered by the Federal, State, or County government, payment of any charges due may be billed to and accepted from a public assistance agency or from any public or private corporation.

Appendix E

**TODD COUNTY HEALTH & HUMAN SERVICES
PUBLIC HEALTH FEE SCHEDULE**

- Blood Sugar (Glucose) \$10.00
- Cholesterol \$10.00
- Dental Varnishing \$20.00
- Hemoglobin \$10.00
- Infant/Child Car Seat Donation \$20.00
- Lead Screening \$20.00
- Pregnancy Test \$10.00
- Influenza Vaccination /
Hepatitis B Vaccination Cost of vaccine plus
admin fee
- Vaccine Admin Fee as set by MDH \$21.22 as of 09/2014
 - Maximum \$65.00/person

TCHHS accepts Medical Assistance; inquire at time of service - no one will be denied services due to an inability to pay

Blood pressure checks available upon request and a voluntary contribution

Appendix F

**PUBLIC HEALTH NURSING - HOME VISIT
 SLIDING FEE SCALE - COST PER VISIT**

GROSS MONTHLY INCOME	FAMILY SIZE				
	1	2	3	4	5
0-500	16.00	16.00	16.00	12.00	12.00
501-750	24.00	24.00	24.00	18.00	18.00
751-1000	32.00	32.00	32.00	24.00	24.00
1001-1250	40.00	40.00	40.00	30.00	30.00
1251-1500	48.00	48.00	48.00	36.00	36.00
1501-1750	56.00	56.00	56.00	42.00	42.00
1751-1850	64.00	64.00	64.00	48.00	48.00
1851-2000	72.00	72.00	72.00	54.00	54.00
2001-2250	80.00	80.00	80.00	80.00	80.00
2251-2500	96.00	96.00	96.00	96.00	96.00
2501-2750	112.00	112.00	112.00	112.00	112.00
2751-3000	128.00	128.00	128.00	128.00	128.00
3001-3250	144.00	144.00	144.00	144.00	144.00
3251-9999	160.00	160.00	160.00	160.00	160.00

Assets: After \$3000 allowance per person, 10% of total liquid assets will be added to the gross yearly income to calculate the sliding fee. Charges not to exceed \$160.00/visit.

Appendix G

**PUBLIC HEALTH NURSING - OFFICE VISIT
 SLIDING FEE SCALE - COST PER VISIT**

GROSS MONTHLY INCOME	FAMILY SIZE				
	1	2	3	4	5
0-500	13.00	13.00	13.00	10.00	10.00
501-750	20.00	20.00	20.00	15.00	15.00
751-1000	26.00	26.00	26.00	20.00	20.00
1001-1250	33.00	33.00	33.00	25.00	25.00
1251-1500	39.00	39.00	39.00	29.00	29.00
1501-1750	46.00	46.00	46.00	35.00	35.00
1751-1850	52.00	52.00	52.00	39.00	39.00
1851-2000	59.00	59.00	59.00	44.00	44.00
2001-2250	65.00	65.00	65.00	65.00	65.00
2251-2500	78.00	78.00	78.00	78.00	78.00
2501-2750	91.00	91.00	91.00	91.00	91.00
2751-3000	104.00	104.00	104.00	104.00	104.00
3001-3250	117.00	117.00	117.00	117.00	117.00
3251-9999	130.00	130.00	130.00	130.00	130.00

Assets: After \$3000 allowance per person, 10% of total liquid assets will be added to the gross yearly income to calculate the sliding fee. Charges not to exceed \$130.00/visit.

Appendix H

HOME HEALTH AIDE - HOMEMAKER
 SLIDING FEE SCALE - COST PER HOUR

GROSS MONTHLY INCOME	FAMILY SIZE				
	1	2	3	4	5
0-500	7.00	7.00	7.00	5.00	5.00
501-750	10.50	10.50	10.50	8.00	8.00
751-1000	14.00	14.00	14.00	11.00	11.00
1001-1250	18.00	18.00	18.00	14.00	14.00
1251-1500	21.00	21.00	21.00	16.00	16.00
1501-1750	25.00	25.00	25.00	19.00	19.00
1751-1850	28.00	28.00	28.00	21.00	21.00
1851-2000	32.00	32.00	32.00	24.00	24.00
2001-2250	35.00	35.00	35.00	35.00	35.00
2251-2500	42.00	42.00	42.00	42.00	42.00
2501-2750	49.00	49.00	49.00	49.00	49.00
2751-3000	56.00	56.00	56.00	56.00	56.00
3001-3250	63.00	63.00	63.00	63.00	63.00
3251-9999	70.00	70.00	70.00	70.00	70.00

Assets: After \$3000 allowance per person, 10% of total liquid assets will be added to the gross yearly income to calculate the sliding fee. Charges not to exceed \$70.00/hour
 Maximum of one hour charged for Home Health Aide services.

Appendix I

**THERAPY (PT, ST, OT) - HOME VISIT
 SLIDING FEE SCALE - COST PER VISIT**

GROSS MONTHLY INCOME	FAMILY SIZE				
	1	2	3	4	5
0-500	16.00	16.00	16.00	12.00	12.00
501-750	24.00	24.00	24.00	18.00	18.00
751-1000	32.00	32.00	32.00	24.00	24.00
1001-1250	40.00	40.00	40.00	30.00	30.00
1251-1500	48.00	48.00	48.00	36.00	36.00
1501-1750	56.00	56.00	56.00	42.00	42.00
1751-1850	64.00	64.00	64.00	48.00	48.00
1851-2000	72.00	72.00	72.00	54.00	54.00
2001-2250	80.00	80.00	80.00	80.00	80.00
2251-2500	96.00	96.00	96.00	96.00	96.00
2501-2750	112.00	112.00	112.00	112.00	112.00
2751-3000	128.00	128.00	128.00	128.00	128.00
3001-3250	144.00	144.00	144.00	144.00	144.00
3251-9999	160.00	160.00	160.00	160.00	160.00

Assets: After \$3000 allowance per person, 10% of total liquid assets will be added to the gross yearly income to calculate the sliding fee. Charges not to exceed \$160.00/visit

Appendix J

**Child & Teen Checkup Exams
Sliding Fee Scale based on federal poverty levels**

<u>Client Share based on % of Poverty</u>	<u>Complete C&TC</u>	<u>C&TC excluding physical inspection</u>
138% and below	10.00	5.00
138 - 150%	25.00	12.50
150 - 200%	50.00	25.00
200 - 300%	100.00	50.00
Over 300%	226.48	159.82

*% of Poverty based on Household size

Insurance accepted - must provide proof of insurance at time of checkup

No one will be denied service due to an inability to pay

Appendix K

2017 Minnesota Statutes

144.292 PATIENT RIGHTS.

Subdivision 1. **Scope.** Patients have the rights specified in this section regarding the treatment the patient receives and the patient's health record.

Subd. 2. **Patient access.** Upon request, a provider shall supply to a patient complete and current information possessed by that provider concerning any diagnosis, treatment, and prognosis of the patient in terms and language the patient can reasonably be expected to understand.

Subd. 3. **Additional patient rights.** A patient's right specified in this section and sections [144.293](#) to [144.298](#) are in addition to the rights specified in sections [144.651](#) and [144.652](#) and any other provision of law relating to the access of a patient to the patient's health records.

Subd. 4. **Notice of rights; information on release.** A provider shall provide to patients, in a clear and conspicuous manner, a written notice concerning practices and rights with respect to access to health records. The notice must include an explanation of:

(1) disclosures of health records that may be made without the written consent of the patient, including the type of records and to whom the records may be disclosed; and

(2) the right of the patient to have access to and obtain copies of the patient's health records and other information about the patient that is maintained by the provider.

The notice requirements of this subdivision are satisfied if the notice is included with the notice and copy of the patient and resident bill of rights under section [144.652](#) or if it is displayed prominently in the provider's place of business. The commissioner of health shall develop the notice required in this subdivision and publish it in the State Register.

Subd. 5. **Copies of health records to patients.** Except as provided in section [144.296](#), upon a patient's written request, a provider, at a reasonable cost to the patient, shall promptly furnish to the patient:

(1) copies of the patient's health record, including but not limited to laboratory reports, x-rays, prescriptions, and other technical information used in assessing the patient's health conditions; or

(2) the pertinent portion of the record relating to a condition specified by the patient.

With the consent of the patient, the provider may instead furnish only a summary of the record. The provider may exclude from the health record written speculations about the patient's health condition, except that all information necessary for the patient's informed consent must be provided.

Subd. 6. **Cost.** (a) When a patient requests a copy of the patient's record for purposes of reviewing current medical care, the provider must not charge a fee.

(b) When a provider or its representative makes copies of patient records upon a patient's request under this section, the provider or its representative may charge the patient or the patient's representative no more than 75 cents per page, plus \$10 for time spent retrieving and copying the records, unless other law or a rule or contract provide for a lower maximum charge. This limitation does not apply to x-rays. The provider may charge a patient no more than the actual cost of reproducing x-rays, plus no more than \$10 for the time spent retrieving and copying the x-rays.

(c) The respective maximum charges of 75 cents per page and \$10 for time provided in this subdivision are in effect for calendar year 1992 and may be adjusted annually each calendar year as provided in this subdivision. The permissible maximum charges shall change each year by an amount that reflects the change, as compared to the previous year, in the Consumer Price Index for all Urban Consumers, Minneapolis-St. Paul (CPI-U), published by the Department of Labor.

(d) A provider or its representative may charge the \$10 retrieval fee, but must not charge a per page fee to provide copies of records requested by a patient or the patient's authorized representative if the request for copies of records is for purposes of appealing a denial of Social Security disability income or Social Security disability benefits under title II or title XVI of the Social Security Act; except that no fee shall be charged to a person

144.292 - 2017 Minnesota Statutes

who is receiving public assistance, who is represented by an attorney on behalf of a civil legal services program or a volunteer attorney program based on indigency. For the purpose of further appeals, a patient may receive no more than two medical record updates without charge, but only for medical record information previously not provided. For purposes of this paragraph, a patient's authorized representative does not include units of state government engaged in the adjudication of Social Security disability claims.

Subd. 7. Withholding health records from patient. (a) If a provider, as defined in section [144.291, subdivision 2](#), paragraph (h), clause (1), reasonably determines that the information is detrimental to the physical or mental health of the patient, or is likely to cause the patient to inflict self harm, or to harm another, the provider may withhold the information from the patient and may supply the information to an appropriate third party or to another provider, as defined in section [144.291, subdivision 2](#), paragraph (h), clause (1). The other provider or third party may release the information to the patient.

(b) A provider, as defined in section [144.291, subdivision 2](#), paragraph (h), clause (3), shall release information upon written request unless, prior to the request, a provider, as defined in section [144.291, subdivision 2](#), paragraph (h), clause (1), has designated and described a specific basis for withholding the information as authorized by paragraph (a).

Subd. 8. Form. By January 1, 2008, the Department of Health must develop a form that may be used by a patient to request access to health records under this section. A form developed by the commissioner must be accepted by a provider as a legally enforceable request under this section.

History: [2007 c 147 art 10 s 3](#); [2012 c 247 art 2 s 4](#)

[Copyright ©](#) 2017 by the Revisor of Statutes, State of Minnesota. All rights reserved.

SLIDING FEE COMPARISON
1990-2018

SKILLED NURSING – HOME			HOME HEALTH AIDE			HOMEMAKING		
YEAR	MONTHLY INCOME		YEAR	MONTHLY INCOME		YEAR	MONTHLY INCOME	
	\$0-500	\$5001.00+		\$0-500	\$5001.00+		\$0-500	\$5001.00+
1990	\$6.00/VVS	\$ 71.00/VVS	1990	\$3.00/VVS	\$ 22.00/HR	1990	\$3.00/VVS	\$ 13.50/HR
1991	6.00	75.00	1991	3.50	25.00	1991	3.50	17.00
1992	6.00	80.00	1992	3.50	27.00	1992	3.50	20.00
1993	7.00	85.00	1993	4.00	30.00	1993	4.00	23.00
1994	7.50	90.00	1994	4.00	30.00	1994	4.00	26.00
1995	7.50	95.00	1995	4.50	30.00	1995	4.50	26.00
1996	7.50	95.00	1996	4.50	30.00	1996	4.50	26.00
1997	8.00	105.00	1997	5.00	36.00	1997	4.50	30.00
2000	8.00	105.00	2000	5.00	40.00	2000	4.50	30.00
2001	8.00	105.00	2001	5.00	40.00	2001	4.50	30.00
2002	8.00	115.00	2002	5.00	40.00	2002	4.50	30.00
2003	8.00	115.00	2003	5.00	40.00	2003	4.50	30.00
2004	8.00	115.00	2004	5.00	40.00	2004	4.50	30.00
2006	8.00	130.00	2006	5.00	60.00	2006	4.50	40.00
5/1/09	8.00	135.00	5/1/09	5.00	65.00	5/1/09	4.50	45.00
2011	8.00	150.00	2011	5.00	70.00	2011	4.50	70.00
2018*	16.00	160.00	2018*	7.00	70.00	2018*	7.00	70.00
PHYSICAL THERAPY			SPEECH THERAPY			OCCUPATIONAL THERAPY		
YEAR	MONTHLY INCOME		YEAR	MONTHLY INCOME		YEAR	MONTHLY INCOME	
	\$0-500	\$5001.00+		\$0-500	\$5001.00+		\$0-500	\$5001.00+
1990	\$6.00/VVS	\$ 71.00/VVS	1990	\$6.50/VVS	\$ 64.00/VVS			/VS
1991	6.00	75.00	1991	6.50	64.00			
1992	6.00	80.00	1992	6.50	64.00			
1993	7.00	85.00	1993	6.50	64.00			
1994	7.50	90.00	1994	7.50	99.00			
1995	7.50	95.00	1995	7.50	102.00			
1996	7.50	100.00	1996	7.50	102.00	1996		99.00
1997	9.00	100.00	1997	9.00	115.00	1997		118.00
2000	9.00	115.00	2000	9.00	115.00	2000	9.00	125.00
2001	9.00	115.00	2001	9.00	115.00	2001	9.00	125.00
2002	9.00	120.00	2002	9.00	115.00	2002	9.00	130.00
2003	9.00	120.00	2003	9.00	115.00	2003	9.00	130.00
2004	9.00	120.00	2004	9.00	115.00	2004	9.00	130.00
2006	9.00	135.00	2006	9.00	135.00	2006	9.00	135.00
5/1/09	9.00	135.00	5/1/09	9.00	135.00	5/1/09	9.00	135.00
2011	9.00	160.00	2011	9.00	160.00	2011	9.00	160.00
2018*	16.00	160.00	2018*	16.00	160.00	2018*	16.00	160.00
SKILLED NURSING - OFFICE								
YEAR	MONTHLY INCOME							
	\$0-500	\$4501.00+						
		/VS						
1996	7.50	80.00						
1997	7.50	95.00						
2000	7.50	95.00						
2001	7.50	95.00						
2002	7.50	95.00						
2003	7.50	95.00						
2004	7.50	95.00						
2006	7.50	115.00						
5/1/09	7.50	115.00						
2011	7.50	115.00						
2018*	90 13.00	130.00						

* Proposed 2018

Todd County Health & Human Services 2017 Poverty Rates as a % - HH Size 1			
Ajdusted Gross Household Income		% of Poverty	% of Fee Charged
0	12060	100%	0
12061	24120	200%	10%
24121	30150	250%	20%
30151	36180	300%	30%
36181	42210	350%	40%
42211	48240	400%	50%
48241	54270	450%	60%
54271	60300	500%	70%
60301	66330	550%	80%
66331	72360	600%	90%
72361	and up		100%

Todd County Health & Human Services 2017 Poverty Rates as a % - HH Size 4			
Ajdusted Gross Household Income		% of Poverty	% of Fee Charged
0	24600	100%	0
24601	49200	200%	10%
49201	61500	250%	20%
61501	73800	300%	30%
73801	86100	350%	40%
86101	98400	400%	50%
98401	110700	450%	60%
110701	123000	500%	70%
123001	135300	550%	80%
135301	147600	600%	90%
147601	and up		100%

Todd County Health & Human Services 2017 Poverty Rates as a % - HH Size 2			
Ajdusted Gross Household Income		% of Poverty	% of Fee Charged
0	16240	100%	0
16241	32480	200%	10%
32481	40600	250%	20%
40601	48720	300%	30%
48721	56840	350%	40%
56841	64960	400%	50%
64961	73080	450%	60%
73081	81200	500%	70%
81201	89320	550%	80%
89321	97440	600%	90%
97441	and up		100%

Todd County Health & Human Services 2017 Poverty Rates as a % - HH Size 5			
Ajdusted Gross Household Income		% of Poverty	% of Fee Charged
0	28780	100%	0
28781	57560	200%	10%
57561	71950	250%	20%
71951	86340	300%	30%
86341	100730	350%	40%
100731	115120	400%	50%
115121	129510	450%	60%
129511	143900	500%	70%
143901	158290	550%	80%
158291	172680	600%	90%
172681	and up		100%

Todd County Health & Human Services 2017 Poverty Rates as a % - HH Size 3			
Ajdusted Gross Household Income		% of Poverty	% of Fee Charged
0	20420	100%	0
20421	40840	200%	10%
40841	51050	250%	20%
51051	61260	300%	30%
61261	71470	350%	40%
71471	81680	400%	50%
81681	91890	450%	60%
91891	102100	500%	70%
102101	112310	550%	80%
112311	122520	600%	90%
122521	and up		100%

Todd County Health & Human Services 2017 Poverty Rates as a % - HH Size 6			
Ajdusted Gross Household Income		% of Poverty	% of Fee Charged
0	32960	100%	0
32961	65920	200%	10%
65921	82400	250%	20%
82401	98880	300%	30%
98881	115360	350%	40%
115361	131840	400%	50%
131841	148320	450%	60%
148321	164800	500%	70%
164801	181280	550%	80%
181281	197760	600%	90%
197761	and up		100%

Todd County Health & Human Services
 Food, Beverage, Lodging Fee Schedule 2017 and Proposed 2018

Fee description	2017 Rate	2% increase	2018 Proposed with 2% increase	3% increase	2018 Proposed with 3% increase	Morrison County 2018	Wadena County 2018	MDH from 2017
Base Fee	\$163.00	3.26	\$166	4.89	\$168	\$165	\$0	\$165
Limited Food	\$46.00	0.92	\$47	1.35	\$47	\$61	\$80	\$110
Small Food Service	\$81.00	1.62	\$83	2.37	\$83	\$106	\$100	\$110
Medium Food Service	\$207.00	4.14	\$211	6.09	\$213	\$304	\$200	\$245
Large Food Service	\$355.00	7.10	\$362	10.44	\$365	\$494	\$320	\$385
Addtl kitchen	\$114.00	2.28	\$116	3.36	\$117	\$158		\$175
School Inspect	\$229.00	4.58	\$234	6.87	\$236	\$264	\$275	\$250
		-	\$0					
Alcohol table	\$40.00	0.80	\$41	1.17	\$41	\$61	\$100	No fee on schedule
Alcohol bar	\$109.00	2.18	\$111	3.21	\$112	\$151	\$130	No fee on schedule
		-	\$0					
Lodging base fee	\$163.00	3.26	\$166	4.80	\$168	\$165	\$125	\$165
Per unit fee	\$7.00	0.14	\$7	0.21	\$7	\$10	6 over 100 units 7	\$11
		-	\$0					
Mobile Food Unit	\$243.00	4.86	\$248	7.16	\$250	\$284	\$150	\$85
Seasonal permanent	\$214.00	4.28	\$218	6.30	\$220	\$284	\$150	\$85
Seasonal temporary	\$214.00	4.28	\$218	6.30	\$220	\$284	\$150	\$85
		-	\$0					
Pool base fee	\$163.00	3.26	\$166	4.80	\$168	\$165	\$0	No fee on schedule
Public Pool	\$138.00	2.76	\$141	4.05	\$142	\$165	\$250	No fee on schedule
Addtl Pool	\$138.00	2.76	\$141	4.05	\$142	\$165	\$250	No fee on schedule
Spa	\$138.00	2.76	\$141	4.05	\$142	\$165	\$200	No fee on schedule
Addtl Spa	\$138.00	2.76	\$141	4.05	\$142	\$165	\$200	No fee on schedule
		-	\$0					
Late Fee FBL < 30 days	\$117.00	2.34	\$119	3.45	\$120	\$132	\$120	No fee on schedule
Late Fee FBL > 30 days	\$117.00	2.34	\$119	3.45	\$120	\$132	\$360	No fee on schedule
		-	\$0					
Plan review		-	\$0					
New construction	\$309.00	6.18	\$315	9.09	\$318	\$362	\$250	400-500
Remodel	\$199.00	3.98	\$203	5.85	\$205	\$230	\$150	300-400
		-	\$0					
Caterer license	\$207.00	4.14	\$211	6.09	\$213	\$482	\$150	No fee on schedule
		-	\$0					
Mfg home, RV, Campground per site	\$4.00	0.08	\$4	0.12	\$4	\$5	2 Seasonal 5 Annual	\$165
Per site base fee	\$163.00	3.26	\$166	4.80	\$168	\$165	\$150	\$5
		-	\$0					
Youth camps								
Youth camps <200	\$393.00	7.86	\$401	11.55	\$405	\$596	NA	\$325
201-400	\$544.00	10.88	\$555	16.29	\$560	\$861	NA	\$550
401 +	\$705.00	14.10	\$719	20.73	\$726	\$1,090	NA	\$750
Water testing								
Water well	\$64.00	1.28	\$65	1.89	\$66	\$67	NA	\$60
Addtl well	\$35.00	0.70	\$36	1.04	\$36	\$36	NA	\$60
Repeat water test	\$64.00	1.28	\$65	1.89	\$66	\$67	NA	
		-	\$0					
Sexually oriented business		-	\$0					
Investigative fee	\$2,080.00	41.60	\$2,122	62.40	\$2,142	NA	NA	NA
Background check	\$520.00	10.40	\$530	15.60	\$536	NA	NA	NA
Live on site fee	\$1,040.00	20.80	\$1,061	31.20	\$1,071	NA	NA	NA
Media on site	\$520.00	10.40	\$530	15.60	\$536	NA	NA	NA
Media off site	\$520.00	10.40	\$530	15.60	\$536	NA	NA	NA
Special event camping								
Base fee	\$43.00	0.86	\$44	1.26	\$44			\$150
Late fee	\$20.00	0.40	\$20	0.60	\$21			
5-25	\$38.00	0.76	\$39	1.11	\$39			\$1 per site
26-50	\$83.00	1.66	\$85	2.43	\$85			\$1 per site
51-75	\$109.00	2.18	\$111	3.21	\$112			\$1 per site
76-100	\$167.00	3.34	\$170	4.92	\$172			\$1 per site
101-200	\$265.00	5.30	\$270	7.80	\$273			\$1 per site
201 +	\$498.00	9.96	\$508	14.64	\$513			
Special event license	\$40.00	0.80	\$41	1.20	\$41			\$55

MN Estate Recovery Policy on Funeral Expenses

Funeral expenses

If a decedent's estate does not have enough assets to pay all the claims made against it, Minnesota law (MN Statute 524.3-805) prioritizes payment of the decedent's "reasonable funeral expenses" before MA claims. In probate, reasonable funeral expenses are paid from the estate before you can recover MA payments from the estate.

The following funeral expenses policy provides a standard for determining which funeral expenses can be paid from an estate before your MA claim when you are administering probate, having been appointed personal representative because of your standing as a creditor. You must adopt either the following funeral expenses policy or your own policy that is in accordance with the following policy.

Interpret this policy or your own policy in a way that is sensitive to cultural and religious practices. This policy does not apply to county-paid burials and does not apply to MA eligibility determinations.

I. Reasonable funeral expenses

Reasonable funeral expenses include the following:

- Expenses directly related to goods sold or offered for sale or rental in connection with the final disposition of the human body
- Services sold in connection with the final disposition of the human body
- Goods that may be used for a funeral service
- Services that may be used to prepare a human body for burial or a funeral service

Reasonable costs for the following items are paid before MA claims:

- Certificates of death (up to five)
- Mortuary expenses:
- Cremation
- Embalming
- Casket (get a quote for the least expensive casket for the deceased person's body size from two funeral homes within the county and set the reasonable expense in line with these two quotes)
- Clothing for the body, only if clothing is unavailable
- Ground transportation of the body
- Interment:
- Cemetery plot (get quote from two cemeteries to determine reasonable cost of plot)
- Costs of opening and closing grave
- Vault

- Burial of cremated remains
- Grave marker
- Lowest-cost stone marker
- Engraving
- Winter burial
- Memorial service, viewing, and visitation:
- **One** of the following:
 - Public visitation service
 - Funeral service
 - Grave site service
 - Fee **or** required donation for one officiant
 - Music (one instrumentalist or vocalist)
 - One 24-line obituary without picture for a one-day run

II. Unreasonable funeral expenses

Expenses for these items are **not** paid before MA claims:

- Family travel and lodging
- Flowers (no matter the purpose or sender)
- Food and beverage
- Entertainment not listed above as a reasonable expense
- Clothing, unless clothing for the deceased is unavailable
- Police escort
- Memorial cards and thank you cards
- Memorial donations
- Planning costs

III. Prepaid burial trusts and insurance

If a decedent has a prepaid burial trust, the funds must “be distributed for the payment of the at-need funeral goods, funeral services, burial site goods, or burial site services selected, with any excess funds distributed to the beneficiary’s estate.” Minnesota Statutes, section 149A.97, subdivision 3a, clauses (9) and (10). A decedent may also have a life insurance policy designed to pay for funeral expenses.

If a decedent’s funeral costs exceed the dollar amount of prepaid burial trust or insurance funds, then you must analyze the funeral costs that exceed that amount using this funeral expenses policy or your own policy that accords with this one. Any remaining funds in a prepaid burial trust after funeral expenses have been paid are distributed to the estate and are subject to MA recovery.

IV. Crowdfunding and fundraising accounts

Online crowdfunding and fundraising campaigns to pay for a deceased's funeral expenses are increasingly common. Accounts set up to pay for a person's funeral costs after a person dies are not part of the person's estate and are not subject to MA estate recovery.

V. Special needs trusts (SNTs) and pooled trusts

Minnesota law does not prioritize reasonable funeral expenses before MA claims in a decedent's special needs trust or pooled trust. Upon an MA member's death, the Special Recovery Unit (SRU) at DHS works directly with any SNT or pooled trust and applies the policy listed above to determine which funeral expenses will be allowed and disallowed.

See Minnesota Statutes, section 501C.1205, subdivision 3, for special needs trusts and Minnesota Statutes,

Information from: MA Estate Recovery Manual, Estate Recovery Procedures for Funeral Expense found online at:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=SRU-0305

MN STATUTE REFERENCING – REASONABLE FUNERAL EXPENSES

524.3-805 CLASSIFICATION OF CLAIMS.

(a) If the applicable assets of the estate are insufficient to pay all claims in full, the personal representative shall make payment in the following order:

- (1) Costs and expenses of administration;
- (2) Reasonable funeral expenses;
- (3) Debts and taxes with preference under federal law;

(4) reasonable and necessary medical, hospital, or nursing home expenses of the last illness of the decedent, including compensation of persons attending the decedent, a claim filed under section 256B.15 for recovery of expenditures for alternative care for nonmedical assistance recipients under section 256B.0913, and including a claim filed pursuant to section 256B.15;

(5) Reasonable and necessary medical, hospital, and nursing home expenses for the care of the decedent during the year immediately preceding death;

- (6) Debts with preference under other laws of this state, and state taxes;
- (7) All other claims.

(b) No preference shall be given in the payment of any claim over any other claim of the same class, and a claim due and payable shall not be entitled to a preference over claims not due, except that if claims for expenses of the last illness involve only claims filed under section 256B.15 for recovery of expenditures for alternative care for nonmedical assistance recipients under section 256B.0913, section 246.53 for costs of state hospital care and claims filed under section 256B.15, claims filed to recover expenditures for alternative care for nonmedical assistance recipients under section 256B.0913 shall have preference over claims filed under both sections 246.53 and other claims filed under section 256B.15, and claims filed under section 246.53 have preference over claims filed under section 256B.15 for recovery of amounts other than those for expenditures for alternative care for nonmedical assistance recipients under section 256B.0913.

History:

1975 c 347 s 58; 1982 c 621 s 2; 1982 c 641 art 1 s 19; 1983 c 180 s 19; 1986 c 444; 1987 c 325 s 2; 1Sp2003 c 14 art 2 s 52

Copyright © 2017 by the Revisor of Statutes, State of Minnesota. All rights reserved.

Todd County Health & Human Services
 Public Paid Burial & Funeral Expenses
 Jan 2007 - September 2017

Year	Expense	# Burials	Avg Cost/Burial
2007	32,358.85	15	2,157.26
2008	67,011.58	19	3,526.93
2009	74,344.00	23	3,232.35
2010	77,385.36	26	2,976.36
2011	68,527.95	22	3,114.91
2012	49,413.69	15	3,294.25
2013	62,747.00	17	3,691.00
2014	72,761.34	21	3,464.83
2015	61,708.07	20	3,085.40
2016	44,193.00	13	3,399.46
1/1-9/30/17	61,319.28	17	3,607.02
TOTAL	671,770.12		

Year	Revenue Recovery	Avg Annual Recovery %
2007	10,471.97	32.4%
2008	6,255.81	9.3%
2009	7,724.87	10.4%
2010	9,854.67	12.7%
2011	8,240.45	12.0%
2012	6,241.25	12.6%
2013	6,279.37	10.0%
2014	6,716.47	9.2%
2015	8,505.24	13.8%
2016	12,859.98	29.1%
1/1-9/30/17	8,789.62	14.3%
TOTAL	91,939.70	

*Note: Revenue recovery may not occur in the calendar year burial expenses incurred

Todd County Health & Human Services
 Public Paid Burial & Funeral Expenses
 Changes in Payment Rates

Date of Change	Fee	Description
05/2004	1,863.00	Earth burial - full service
	1,863.00	Cremation service
	Plus:	<ol style="list-style-type: none"> 1. Cost of interment container when required 2. Opening & closing at cost 3. \$1.65 per loaded mile > 20 miles 4. Cemetery lot and marker at cost 5. Crematory charge at cost up to \$300 6. Cremation urn \$55
01/2008	2,900.00	Earth burial - full service
	2,900.00	Cremation - full service
	2,600.00	Cremation - full service - no viewing
	2,300.00	Cremation - immediate - no service
	Plus:	<ol style="list-style-type: none"> 1. Casket \$400 2. Interment container \$595 3. Opening & closing at cost 4. \$1.75 per loaded mile > 20 miles 5. Cremation container \$100 6. Urn \$75 7. Urn vault \$150 8. Crematory charge at cost
06/2009	3,200.00	Earth burial - full service
	3,200.00	Cremation service
	Plus:	<ol style="list-style-type: none"> 1. Included all expenses 2. Allow families to add to the funeral
05/2010	3,200.00	Earth burial (maximum total)
	2,200.00	Cremation (maximum total)
	Plus:	<ol style="list-style-type: none"> 1. Included all expenses 2. Included embalming 3. Discontinued policy of allowing families to add to funeral
07/2011	3,500.00	Earth burial
	3,500.00	Cremation
	Plus:	<ol style="list-style-type: none"> 1. Opening & closing up to \$750 or cost 2. Cemetery lot up to \$500 or cost 3. No embalming 4. Disposition in 72 hours 5. Preapproval for oversize casket, oversize cremation container, or travel > 20 miles