

MINNESOTA FAMILY SUPPORT & RECOVERY COUNCIL

2019 ANNUAL CONFERENCE





FEE DETERMINATIONS

Sandy Slocum, Anoka County
Dave Lovik, Scott County
Lori Hanson, Dakota County

9/17/2019 MFSRC Annual Conference 1


STATUTES



Many statutes give the authority to collect parental fees.

- [Minnesota Statute 256M.60, Subd. 6](#), allows the County Board to establish a schedule of fees based upon clients ability to pay to be charged to recipients of children and community services. No fee may be charged to persons or families whose adjusted gross household income is below the [federal poverty level](#).

9/17/2019 MFSRC Annual Conference 2



Minnesota Statute 393.12: Fees for Social Services

Minnesota Statute 260B.331: Costs of Care (Social Services)

Minnesota Statute 260C.331: Costs of Care (Corrections)

Minnesota Statute 252.27: Parental Contribution for DD/Special Need Children

MN Administrative Rules: 9550.6200 and 9550.6220


Revenue Recapture Authority: Minnesota Statutes Chapter 270A

Conciliation Court: Minnesota Statute 491A.01

9/17/2019 MFSRC Annual Conference 3

ANOKA COUNTY PROCESS


- ❖ Flat Fee
- ❖ Handout
- ❖ Pros and Cons



9/17/2019 MFSRC Annual Conference 4

SCOTT COUNTY PROCESS


- ❖ Uses old child support guidelines
- ❖ Handout
- ❖ Pros and cons



9/17/2019 MFSRC Annual Conference 5

DAKOTA COUNTY PROCESS


- ❖ Uses DHS Parental Fee Scale for all placements
- ❖ Handouts
- ❖ Pros and Cons



9/17/2019 MFSRC Annual Conference 6

Parental fees CANNOT be charged when:

- ❖ Child is on TEFRA or WAIVERS
- ❖ Rule 5 Placements
- ❖ Parent is receiving Adoption Assistance for the child




9/17/2019 MFSRC Annual Conference 7

REDIRECTS

Some child income may be redirected, some may be billed, some may not be charged at all dependent on circumstances.


Appendix A



9/17/2019 MFSRC Annual Conference 8


CHILD SUPPORT

- Child support may be redirect. (In an interstate case, consult with your child support worker. Most states allow the redirect as child support follows the child.)
- IVE referrals will generate a child support referral.
- Non-IVE cases will require an application to child support to open/redirect a child support obligation.



9/17/2019 MFSRC Annual Conference 9


SOCIAL SECURITY



- ❖ RSDI – May always be redirected. The social worker should make the Rep Payee application. The recipient may also be billed if redirection does not occur.
- ❖ SSI
 - ❑ May be redirected in IVE cases **only** IF IV-E reimbursement is declined. Claim reimbursement until redirection occurs. Do not bill a recipient who receives SSI in months where there is IVE reimbursement. SSA will do a take-back in these cases.
 - ❑ May be redirected in non-IVE cases. Again, the social worker should make the application. The recipient may be billed if redirection does not occur.

9/17/2019 MFSRC Annual Conference 10


ADOPTION AND KINSHIP ASSISTANCE/VETERAN'S BENEFITS



- ❖ Adoption Assistance – May not be redirected but may be billed to the parent. Kinship Assistance also falls under this category. (Relative caretaker grants are no longer issued, though a few may still exist that were pre-Northstar Kinship.)
- ❖ Veteran's benefits also may not be redirected, but may be billed to the recipient.

9/17/2019 MFSRC Annual Conference 11

ADOPTION ASSISTANCE (CONT.)




HOW DO I FIND OUT THE ADOPTION ASSISTANCE AMOUNT?

- HAND OUT – Cheat Sheet
- HAND OUT – Adoption Assistance Unit
- HAND OUT – MN Adoption Assistance Rates
- HAND OUT – Adoption Assistance Rates by State

9/17/2019 MFSRC Annual Conference 12

ADOPTION ASSISTANCE UNIT



ADOPTION/KINSHIP ASSISTANCE SPECIALIST BASED ON PARENT'S LAST NAME			
LAST NAME	SPECIALIST	PHONE	E-MAIL
A-B, W-Z	SUE KOCH	651-431-4683	SUSAN.KOCH@STATE.MN.US
C-G	KRISTIE KRUMWIEDE	651-431-4719	KRISTIE.KRUMWIEDE@STATE.MN.US
H-LEV	TIFFANY PRICE	651-431-4732	TIFFANY.PRICE@STATE.MN.US
LEW-Q	BECKY MCNEIL	651-431-4723	REBECCA.MCNEIL@STATE.MN.US
R-V	SIA VANG	651-431-4724	SIA.JVAN@STATE.MN.US

9/17/2019 MFSRC Annual Conference 13

QUESTIONS? COMMENTS?



9/17/2019 MFSRC Annual Conference 14

Adoption Assistance (also called Adoption Subsidy)

- Confirmation that child is on adoption assistance should be found on MAXIS (ELIG/HC, then X MA)

Ref Nbr	Name	Program	Elig Result	Status
01	...	MA	ELIG	ACTIVE

Children on Adoption Assistance get MA automatically, and will have code 10.

Health Care Eligibility Results					RM Refugee Med,	
Basic Health Care Budget Summary (B					No MA Basis	
Ref Nbr:	01	10/18	11/18	12/18	01/19	10 MN Adoption Assistance
Person Test:	ELIG	ELIG	ELIG	ELIG	ELIG	25 IV-E Foster Care
HH Count:	-	-	-	-	-	
Budget:	-	-	-	-	-	
Program:	MA	MA	MA	MA	MA	
Elig Typ/St:	10 / -	10 / -	10 / -	10 / -	10 / -	
Method:	X	X	X	X	X	
Carrier Type:	S	S	S	S	S	
Net Inc:\$						Code: 10 More: -
Standard:						

There may also be an amount indicated on **STAT/UNEA**.

- Adoption assistance cannot be redirected. The child income amount must be billed to the parents.
- Parents of children receiving adoption assistance may not be charged a parental fee for services.
- Parents will be billed for the full amount of the adoption assistance (base rate plus any supplement) minus the personal needs allowance.
- All states have different adoption assistance rates.

<https://www.nacac.org/help/adoption-assistance/adoption-assistance-us/all-states-at-a-glance/>

- Minnesota adoptions may have amount verified by the MN Adoption Assistance Unit if parents do not provide information.

Adoption.assistance@state.mn.us

ADOPTION/KINSHIP ASSISTANCE SPECIALIST BASED ON PARENT'S LAST NAME			
LAST NAME	SPECIALIST	PHONE	E-MAIL
A-B, W-Z	SUE KOCH	651-431-4683	SUSAN.KOCH@STATE.MN.US
C-G	KRISTIE KRUMWIEDE	651-431-4719	KRISTIE.KRUMWIEDE@STATE.MN.US
H-LEV	TIFFANY PRICE	651-431-4732	TIFFANY.PRICE@STATE.MN.US
LEW-Q	BECKY MCNEIL	651-431-4723	REBECCA.MCNEIL@STATE.MN.US
R-V	SIA VANG	651-431-4724	SIA.J.VAN@STATE.MN.US

Updated 9/2019

STATE ADOPTION ASSISTANCE RATES
January-19

State	Date Updated	Maximum Basic Rates (per month)		
		Age 2	Age 9	Age 16
AL	2016	462	488	501
AK	2018	781 – 1171	896 – 1344	944 – 1432
AZ	2015	590	590	652
AR	2014	410	440	500
CA	2018	763	869	953
CO	2018	Varies by county	Varies by county	Varies by county
CT	2015	779	788	856
DE	2018	397	397	511
DC	2015	1,011	1,011	1,138
FL	2015	417	417	417
GA	2015	441	463	486
HI	2014	576	650	676
ID	2014	329	366	487
IL	2018	426	472	511
IN	2018	616	669	772
IA	2018	478	497	551
KS	2014	500	500	500
KY	2015	690	690	751
LA	2011	330	363	406
ME	2018	797	797	797
MD	2015	835	835	850
MA	2012	631	710	752
MI	2013	534	534	637
MN*	2018	329	780	921
MS	2013	325	355	400
MO	2018	232	283	313
MT	2016	550	550	658
NE	2014	597	822	1047
NV	2014	591	591	682
NH	2012	480	520	619
NJ	2013	738	818	877
NM	2014	483	516	542
NY	2013	497 Metro; ^[L] _[SEP] 453 Upstate	586 Metro; ^[L] _[SEP] 545 Upstate	678 Metro; ^[L] _[SEP] 631 Upstate
NC	2012	475	581	634
ND	2014	752	862	945

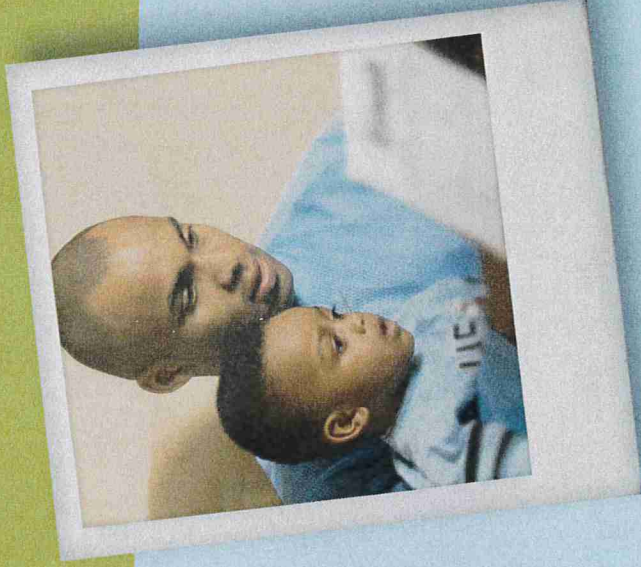
OH	2014	Varies by county	Varies by county	Varies by county
OK	2015	506	583	646
OR	2012	575	655	741
PA	2014	Varies by county	Varies by county	Varies by county
RI	2018	538	578	630
SC	2015	332	359	425
SD	2014	518	518	622
TN	2014	731	731	831
TX	2014	400	400	400
UT	2014	187	199	211
VT	2014	522	580	640
VA	2015	462	541	686
WA	2016	450	546	562
WV	2015	600	600	600
WI	2015	384	420	499
WY	2014	399	399	399

* Minnesota's information reflects information for adoptions completed since January 1, 2015 under Northstar Care for Children, but not for Legacy Adoption Assistance agreements completed prior to January 1, 2015. Also note that rates vary depending on age to permanency, see profile for further information.

ADOPTION/KINSHIP ASSISTANCE SPECIALIST BASED ON PARENT'S LAST NAME			
LAST NAME	SPECIALIST	PHONE	E-MAIL
A-B, W-Z	SUE KOCH	651-431-4683	SUSAN.KOCH@STATE.MN.US
C-G	KRISTIE KRUMWIEDE	651-431-4719	KRISTIE.KRUMWIEDE@STATE.MN.US
H-LEV	TIFFANY PRICE	651-431-4732	TIFFANY.PRICE@STATE.MN.US
LEW-Q	BECKY MCNEIL	651-431-4723	REBECCA.MCNEIL@STATE.MN.US
R-V	SIA VANG	651-431-4724	SIA.J.VAN@STATE.MN.US

What if I feel my Out of Home Placement (OHP) Fee is incorrectly calculated?

You may ask for a review of your account if you believe your fee is not correct. This review must be requested in writing and sent to your Anoka County Collections Officer within 10 business days of the date you receive notification of your Out of Home Placement Fee. Your request will be considered, and you will be notified if your case qualifies for a change in your Out of Home Placement Fee or not.



For more information about Out of Home Placement (OHP) Fees or Collections, please contact:

Anoka County Finance and Central Services
2100 Third Ave
Suite 300
Anoka, MN 55303
(763) 324-1700

This information is subject to change without notice (01/2019)



Anoka County Community Social Services, Behavioral Health and Corrections

OUT OF HOME PLACEMENT FEE

QUESTIONS AND ANSWERS FOR PARENTS

What are Out of Home Placement (OHP) Fees?

An Out of Home Placement Fee (OHP) is the legal responsibility both parents have to pay for the billable services their child(ren) receives while they are in out-of-home placement and Anoka County is paying for the cost. Parents are required to pay the obligation whether they choose to place their child(ren) voluntarily or if the placement is court ordered. Court ordered detentions and 72 hour holds are included.

How is the Out of Home Placement (OHP) Fee determined?

When your child(ren) is placed in out-of-home placement or receives billable services that can be legally billed by Anoka County, an initial notice will be sent to you along with a packet containing the following documents: Fee Responsibility Form; Household Data Form; Data Privacy - Tennessee Warning; Health Insurance Information Release. These documents must be returned within 10 business days from the date you receive them.

If you believe you are at or below 150% of the federal poverty guidelines, you must send in proof of income when you return of your packet. Acceptable proof of income is two paycheck stubs or, if self-employed, your most recent federal tax returns. You will be notified of your fee.

**In all cases, any income received on behalf of the child is considered the child(ren)'s resources and must be paid or reimbursed to Anoka County during the duration of the out-of-home placement. This includes, but is not limited to, child support, social security income, and adoption subsidy.*

What are Anoka County billable services?

If your child(ren) is covered by health or medical insurance, you are required to provide information and sign the Health Insurance Information Release document.

Billable services include:

- ◆ Out of Home Placement (OHP)
- ◆ Medical
- ◆ Counseling Services
- ◆ Clothing and other necessary items
- ◆ Psychological Testing and Assessments

Certain changes in your household may change your Out of Home Placement (OHP) Fee.

- ◆ Decrease or increase in household income
- ◆ Decrease or increase in household size
- ◆ Marriage, divorce or separation
- ◆ Start or stop of private health insurance
- ◆ Change in your child(ren)'s placement
- ◆ Receipt of child(ren) resources

If you experience any of these changes, contact your Collections Officer within 10 days of the change.



When will my Out of Home Placement (OHP) Fee begin?

Your Out of Home Placement Fee will become effective the date your child(ren) leaves your home and Anoka County begins to pay for the cost of care for your child(ren).

When will my Out of Home Placement (OHP) Fee stop?

Your Out of Home Placement Fee will stop accruing when your child(ren) is discharged from out-of-home placement, billable services stop, or your child(ren) turns 18. Any Out of Home Placement Fee will remain your responsibility until your account is paid in full.



What happens if I do not pay the Out of Home Placement (OHP) Fee?

If you fail to make your payment by the date due, further action may occur including, but not limited to, tax intercept and wage garnishment. Legal action may also be taken against you for collection. If you want to set up payments contact your Collections Officer.

FEE RESPONSIBILITY FORM
FOR CARE, TREATMENT, AND/OR EXAMINATION

****PLEASE CHECK ONLY ONE BOX****

I AM ABOVE THE POVERTY GUIDELINES

I _____ (NAME) assume responsibility for the Out of Home Placement Fee as well as other billable services provided by Anoka County for _____ (CHILDS NAME), relationship to the child _____ (PARENT, GUARDIAN, CUSTODIAN, ETC.).

I WANT TO APPLY FOR ASSISTANCE AS I BELIEVE I AM AT OR BELOW THE 150% POVERTY GUIDELINES

I _____ (NAME) want Anoka County Collections to determine if I fall at or below the 150% Poverty Guidelines for billable services provided by Anoka County based upon my income for _____ (CHILDS NAME), relationship to child _____ (PARENT, GUARDIAN, CUSTODIAN, ETC.).

IF YOU ARE APPLYING FOR ASSISTANCE AS YOU BELIEVE YOU ARE AT OR BELOW THE 150% POVERTY GUIDELINES THESE ADDITIONAL ITEMS ARE NEEDED:

Current income verification: 2 current paystubs or if self employed your most recent federal tax returns. If you need to get a copy of your tax return call the IRS at 1-800-829-1040.

150% OF 2019 POVERTY GUIDELINES	
PERSONS IN FAMILY/HOUSEHOLD	ANNUAL GROSS INCOME
1	\$18,735.00
2	\$25,365.00
3	\$31,995.00
4	\$38,625.00
5	\$45,255.00
6	\$51,885.00
7	\$58,515.00
8	\$65,145.00
For families/households with more than 8 persons, add \$6,630.00 for each additional person	

SIGNATURE OF RESPONSIBLE PARTY DATE

SIGNATURE OF RESPONSIBLE PARTY DATE

PRINTED NAME OF RESPONSIBLE PARTY DATE

PRINTED NAME OF RESPONSIBLE PARTY DATE

**Anoka County Human Services
Data Privacy- Tennessee Notice
Minn. Stat. §13.04 subd. 2**

Anoka County is asking you to provide information which includes private information about you or your minor child under the Minnesota Government Data Practices Act (MGDPA). Anoka County must protect the privacy of your private. Anoka County may not use your information for reasons other than the reasons listed on this form. Anoka County may not share your information with individuals and agencies other than those listed on this form unless you give us consent in writing or a Court orders us to release the data.

I. Purpose and Intended Use

Anoka County is asking for this private information for the following purposes and intended use:

- To tell you apart from other people with the same or similar name
- To decide if you can receive services from us and what or how much you can get
- Help you get medical, mental health, financial or social services
- To decide if you can pay for any help you get
- To make reports, do research, do audits and evaluate our programs
- To investigate reports of people who may lie about the help they need
- To decide about out-of-home care and in-home care for you or your children
- To decide if you or your family need protective services
- To collect money from other agencies, like insurance companies, if they should pay for the care
- To collect money from the state or federal government for the help we give you
- To collect money for billable services provided
- To provide information in court or administrative proceedings.

II. Your Social Security Number

We may need your Social Security number (SSN) to give you medical assistance, some kinds of financial help, or child support enforcement services (42CFR 435.910 [2006]Minn. Stat. §256.741 subd. 5(1); Minn. Stat. §256J.30 subd. 12; Minn. Stat. §256J.95 subd. 4(c); Minn. Stat. §256L.04 subd. 1a; 45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your SSN to verify identity and prevent duplication of state and federal benefits. Additionally, your SSN is used to conduct computer data matches with collaborative, nonprofit and private agencies to verify income, resources, or other information that may affect your eligibility and/or benefits.

You do not have to give us the SSN:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a U.S. citizen and are applying for Emergency Medical Assistance only
- If you are from another country in the U.S. on a temporary basis and do not have permission from the U.S. Citizenship and Immigration Services (USCIS) to live in the U.S. permanently
- If you are living in the U.S. without the knowledge or approval of the USCIS.

III. Right to Refuse to Provide Information & Consequences

You are not legally required to provide the information Anoka County is requesting and you may refuse to provide some or all of the information requested. However, Anoka County may not be able to help you if you do not provide sufficient information. Failure to provide certain information could result in termination of your benefits or assistance. If you give us false information on purpose you can be investigated and charged with fraud

IV. Identity of Persons or Entities Authorized to Receive the Data

With some exceptions, unless you consent to further release of private information or if the Court orders that we release your private data, we may share the information you provide with the following agencies or people who need the information in order to do their jobs, as allowed by state and federal law:

- Employees or volunteers with other state, county, local, federal collaborative, nonprofit and private agencies
- Researchers, auditors, investigators and others who do quality of care reviews and studies or commence prosecutions or legal actions related to managing the human services programs
- Court officials, county attorney, attorney general, other law enforcement officials, child support officials and child protection and fraud investigators
- Human services offices, including child support enforcement offices
- Governmental agencies in other states and the federal government administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care
- Guardians, conservators or persons with power of attorney including Ombudspersons.
- Coroners and medical investigators if you die and they investigate your death
- Native American Tribes
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- To comply with a Court Order
- Anyone else to whom the law says we must or can give the information.

V. Children’s Rights

If you are under 18, parents may see information about you and let others see this information unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interests, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

VI. Your Rights Concerning Your Data

Upon your request you have the right to know if you are the subject of stored data and whether it is public, private or confidential data. You have the right to see the data about you and told about the content and meaning of that data. You may receive copies of that data if you pay for the cost of making and certifying the copies.

If you believe the data we have is not accurate or complete, you must notify in writing the responsible authority of Anoka County and describe your disagreement. Within 30 days the responsible authority will either correct the data and attempt to notify past recipients of inaccurate or incomplete data or notify you that the responsible authority believes the data to be correct. Your correction will remain with that data.

If you have questions or concerns about Anoka County’s handling of your private information, please contact the Anoka County Human Services Data Privacy Official, 2100 3rd Avenue, Government Center, Anoka, MN 55303, (763) 324-1640.

I Acknowledge Receipt of this Notice of Privacy Practices

Signature: _____ Date: _____
Relationship to Client: _____

Minnesota Law requires this notice be given each time Anoka County asks you to provide information about you. If you wish to waive receipt of that notice, please sign here: _____ Date: _____

HEALTH INSURANCE INFORMATION RELEASE

Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Policy number: _____

Other identifying information:

Policy Holder: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship to Patient: _____

Employer: _____

Patient's name: _____

Patient's date of birth: _____ Sex: M / F

I hereby authorize **payment of insurance benefits**, otherwise payable to me, directly to Anoka County:

Signed: _____ Date: _____

Printed Name: _____

I hereby authorize **release of information** to and between Anoka County and the insurance company rendered to the above-named patient:

Signed: _____ Date: _____

Printed Name: _____

JUVENILE COURT APPENDIX A

1. The Parent(s) shall use the total income and resources attributable to the child(ren) of this action for the period of care, examination, or treatment, except for clothing and personal needs allowance as provided in Section 256B.35 of the Minnesota Statutes, to reimburse Dakota County for the cost of the care, examination, and/or treatment for the child(ren). All income and resources attributable to the child(ren) for the period of care, examination and/or treatment, including child support for said child(ren), is assigned to Dakota County and shall be paid to Dakota County Community Services, 1590 Highway 55, Hastings, MN 55033. If the amount of support ordered is for two or more children and support is not set forth in a specific amount per child, the amount of assigned support for the child(ren) of this action is his/her/their pro-rata share of the total support obligation.
2. If the income and resources attributable to the child(ren), including child support, are not enough to reimburse the County for the full cost of the care, examination, or treatment, the Parent(s) shall contribute to said costs as determined pursuant to the Dakota County Fee Policy. The Parent(s) shall cooperate fully with a financial investigation, to be conducted by Dakota County Community Services Collection Unit, for the purpose of determining their parental fee and the income of the child(ren). Failure to cooperate fully shall result in the Parent(s) being obligated to pay the full cost of care for the child(ren) for each month or any part thereof that Dakota County provides for the costs of care, examination or treatment of the child(ren).
3. All reimbursement payments owing by the parents shall be subject to automatic income withholding, under Minn. Stat. §518A.53. In the event such payments are not withheld and remitted the parent is ordered to remit the same to Dakota County Community Services, 1590 Highway 55, Hastings, MN 55033.
4. Pursuant to Minn. Stat. §518A.59, notice is hereby given that section 548.091, subdivision 1a provides for interest to begin accruing on a payment or installment of support whenever the unpaid amount due is greater than the current support due.
5. No provision herein shall be deemed to restrict in any way the right of any person or political subdivision to collect arrearages pursuant to the Revenue Recapture Act for the State of Minnesota and any other similar State or Federal law.
6. If either Parent has appropriate health care coverage insurance in place or available for the child(ren), the Parent shall provide that information to Dakota County Community Services, and shall implement and/or maintain such coverage and shall cooperate with the processing of claims for the child(ren) with such coverage. "Appropriate health care coverage" is as defined in Minn. Stat. §518A.41. The parent shall execute an Assignment of Benefits for Health Coverage Form if asked to do so by Dakota County. If the parent fails to do so, this Order shall serve as authorization to enroll the child(ren) as a beneficiary in any appropriate health care coverage available to the Parent and allow for enrollment pursuant to statute. Failure to provide the Assignment shall result in the Parent being liable for the full cost of service.
7. Parent(s) shall be responsible for the cost of the initial clothing allowance for the child(ren) and shall continue to be responsible for the cost of any medical care, treatment or examination of the child(ren) which is unrelated to the Court ordered treatment.
8. The parent(s) shall execute a medical information release to allow various agencies of the Dakota County Community Services Division, including but not limited to, Social Services, Corrections, Public Health, the Collection Unit and Child Support Enforcement (hereinafter the County for this paragraph) to both provide to and obtain from the child(ren)'s medical provider(s) and medical/dental insurance providers medical information or insurance eligibility regarding the child(ren). If the Parent fails to do so, this Order shall serve as a medical information release authorizing the County and the medical provider(s) and the medical/dental insurance companies of the child(ren) to exchange medical and eligibility information regarding the child(ren).
9. Dakota County Community Services Agencies, including but not limited to, Social Services, Corrections, Public Health, the Collection Unit, County Attorney's Office and Child Support Enforcement may share with each other available and relevant information on the parties, participants and child(ren) in order to perform their respective duties regarding the child(ren). A copy of this Order may be provided to any agency of the Dakota County Community Services Division in order to allow them to perform their respective duties regarding the child(ren).
10. If this order requires that the child(ren) be placed out of the home through Dakota County Social Services, the custodial and non-custodial parents shall cooperate with the Dakota County Social Services Permanency Planning Specialist by providing, to the best of their abilities, names, addresses, telephone numbers, or other information needed, concerning relatives who would be contacted by the Permanency Planning Specialist as possible placement or permanent placement options. Dakota County Employment and Economic Assistance shall provide the name, address, and telephone number of the non-custodial parent to Dakota County Social Services for purposes of notifying the non-custodial parent of the placement. Dakota County Social Services shall contact all known relatives for consideration for placement, if necessary.
11. If the Court places the child(ren) with a parent (hereinafter Obligor for this paragraph) who is obligated to pay child support for such child(ren), then Obligor's child support obligation(s) for said child(ren) is/are temporarily satisfied and collection suspended, pursuant to Minn. Stat. §518A.38 for every full calendar month of court ordered placement in which Obligor provides a home, care and support for the child(ren) in Obligor's home with approval of the Court, commencing the first day of the month following placement. If the amount of support Obligor is ordered to pay is for two or more children and support is not set forth in a specific amount per child, the amount of support that is satisfied for the child(ren) is his/her/their pro-rata share of the total support obligation. This provision shall not affect Obligor's arrears payment under court order or pursuant to Minn. Stat. §518A.53 or order to provide medical/dental insurance for said child(ren).

Monthly Payments

What is the maximum basic monthly adoption assistance maintenance payment in Minnesota?

The adoption assistance program in Minnesota underwent a significant change as of January 1, 2015, with the implementation of Northstar Care of Children. Children adopted before that date have one set of maintenance rates and possible reimbursement options, which are described in 28. Here is the information for children adopted on or after January 1, 2015.

Age	Children adopted at age 6 or older	Children adopted at age 0-5
Birth-5	n/a	\$329
6-12	\$780	\$390
13+	\$921	\$461

28. What else differentiates Minnesota’s adoption assistance program from others around the country?

Children adopted before January 1, 2015, receive different benefits from those adopted on or after that date. Below we detail the benefits available to children adopted before January 1, 2015. For information on rates for children adopted since January 1, 2015, see [questions 4 and 5](#).

Basic Monthly Rates for Children Adopted before January 1, 2015

Age	Monthly Benefit
Birth–5	\$247
6–11	\$277
12–14	\$307
15–18	\$337
19–21 (if the adoption assistance agreement is extended to these ages)	\$337

518.551 Marriage Dissolution

compensation, in addition to, or if the obligor receives no base pay, in lieu of, an order for a specific dollar amount.

(b) The court shall derive a specific dollar amount for child support by multiplying the obligor's net income by the percentage indicated by the following guidelines:

Net Income Per Month of Obligor	Number of Children						
	1	2	3	4	5	6	7 or more
\$550 and Below	Order based on the ability of the obligor to provide support at these income levels, or at higher levels, if the obligor has the earning ability.						
\$551 - 600	16%	19%	22%	25%	28%	30%	32%
\$601 - 650	17%	21%	24%	27%	29%	32%	34%
\$651 - 700	18%	22%	25%	28%	31%	34%	36%
\$701 - 750	19%	23%	27%	30%	33%	36%	38%
\$751 - 800	20%	24%	28%	31%	35%	38%	40%
\$801 - 850	21%	25%	29%	33%	36%	40%	42%
\$851 - 900	22%	27%	31%	34%	38%	41%	44%
\$901 - 950	23%	28%	32%	36%	40%	43%	46%
\$951 - 1000	24%	29%	34%	38%	41%	45%	48%
\$1001- 5000	25%	30%	35%	39%	43%	47%	50%

or the amount in effect under paragraph (k)

Guidelines for support for an obligor with a monthly income in excess of the income limit currently in effect under paragraph (k) shall be the same dollar amounts as provided for in the guidelines for an obligor with a monthly income equal to the limit in effect.

NOTATION: The maximum net income used for child support guidelines is \$6,975.

Net Income defined as:

- Total monthly income less
- *(i) Federal Income Tax
 - *(ii) State Income Tax
 - (iii) Social Security Deductions
 - (iv) Reasonable Pension Deductions

*Standard Deductions apply-use of tax tables recommended

- (v) Union Dues
- (vi) Cost of Dependent Health Insurance Coverage
- (vii) Cost of Individual or Group Health/Hospitalization Coverage or an Amount for Actual Medical Expenses
- (viii) A Child Support or Maintenance Order that is Currently Being Paid.

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a	b	Taxable interest
	3a	Qualified dividends	3a	b	Ordinary dividends
	4a	IRAs, pensions, and annuities	4a	b	Taxable amount
	5a	Social security benefits	5a	b	Taxable amount
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7		
Standard Deduction for— <ul style="list-style-type: none"> • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. 	8	Standard deduction or itemized deductions (from Schedule A)	8		
	9	Qualified business income deduction (see instructions)	9		
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10		
	11	a Tax (see inst.) (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11		
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11		
	12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12		
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13		
	14	Other taxes. Attach Schedule 4	14		
	15	Total tax. Add lines 13 and 14	15		
	16	Federal income tax withheld from Forms W-2 and 1099	16		
	17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	17		
	17	Add any amount from Schedule 5	17		
	18	Add lines 16 and 17. These are your total payments	18		
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19		
	20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a		
Direct deposit? See instructions.	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number			
	21	Amount of line 19 you want applied to your 2019 estimated tax	21		
Amount You Owe	22	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	22		
	23	Estimated tax penalty (see instructions)	23		

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Your social security number

Additional Income	1-9b	Reserved			1-9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes			10		
	11	Alimony received			11		
	12	Business income or (loss). Attach Schedule C or C-EZ			12		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			13		
	14	Other gains or (losses). Attach Form 4797			14		
	15a	Reserved			15b		
	16a	Reserved			16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17		
	18	Farm income or (loss). Attach Schedule F			18		
	19	Unemployment compensation			19		
	20a	Reserved			20b		
	21	Other income. List type and amount ▶ _____			21		
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23			22		
Adjustments to Income	23	Educator expenses	23				
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24				
	25	Health savings account deduction. Attach Form 8889	25				
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26				
	27	Deductible part of self-employment tax. Attach Schedule SE	27				
	28	Self-employed SEP, SIMPLE, and qualified plans	28				
	29	Self-employed health insurance deduction	29				
	30	Penalty on early withdrawal of savings	30				
	31a	Alimony paid b Recipient's SSN ▶ _____	31a				
	32	IRA deduction	32				
	33	Student loan interest deduction	33				
	34	Reserved	34				
	35	Reserved	35				
36	Add lines 23 through 35				36		

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Profit or Loss From Business
(Sole Proprietorship)**

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018
Attachment
Sequence No. **09**

Name of proprietor		Social security number (SSN)
A	Principal business or profession, including product or service (see instructions)	B Enter code from instructions ▶
C	Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E	Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code	
F	Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G	Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses	<input type="checkbox"/> Yes <input type="checkbox"/> No
H	If you started or acquired this business during 2018, check here	<input type="checkbox"/>
I	Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J	If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income				
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	1	
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	

Part II Expenses. Enter expenses for business use of your home only on line 30.				
8	Advertising	8		
9	Car and truck expenses (see instructions)	9		
10	Commissions and fees	10		
11	Contract labor (see instructions)	11		
12	Depletion	12		
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		
14	Employee benefit programs (other than on line 19)	14		
15	Insurance (other than health)	15		
16	Interest (see instructions):			
a	Mortgage (paid to banks, etc.)	16a		
b	Other	16b		
17	Legal and professional services	17		
18	Office expense (see instructions)	18		
19	Pension and profit-sharing plans	19		
20	Rent or lease (see instructions):			
a	Vehicles, machinery, and equipment	20a		
b	Other business property	20b		
21	Repairs and maintenance	21		
22	Supplies (not included in Part III)	22		
23	Taxes and licenses	23		
24	Travel and meals:			
a	Travel	24a		
b	Deductible meals (see instructions)	24b		
25	Utilities	25		
26	Wages (less employment credits)	26		
27a	Other expenses (from line 48)	27a		
27b	Reserved for future use	27b		
28	Total expenses before expenses for business use of home. Add lines 8 through 27a		28	
29	Tentative profit or (loss). Subtract line 28 from line 7		29	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.		31	
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			

32a All investment is at risk.
32b Some investment is not at risk.

(From the SSA "Guide for Organizational Representative Payees")

Foster Care and Child Care Agencies

Children in foster care are extremely vulnerable and face numerous challenges. To help provide financial protections to these children, we encourage agencies to determine a child's eligibility to Social Security and SSI benefits immediately upon the child's entrance into the foster care system. You can access our State Verification and Exchange System (SVES) to determine if a child is receiving benefits from us. We encourage you to contact us about becoming the child's representative payee as soon as you determine you can provide greater assistance by administering his or her benefits, especially when the child has no active, family support.

Because we recognize that as foster care children transition to adulthood, the possible loss of benefits can be traumatic, we allow children with a qualifying disability living in foster care to file for SSI benefits 90 days before aging out of the system. This will help alleviate the "gap" in benefits. We encourage foster care agencies to act as advocates for these children and help them file for disability benefits, when appropriate.

We remind agencies serving as representative payee that they must report when a child leaves their custody or they are adopted and to return funds, including conserved funds, to us if the child is no longer in your care. When a child is adopted, advise the adoptive parents about the child's entitlement to benefits or provide us with his or her current information so that we can determine if benefit payment should continue.

Anyone who wishes to receive benefits as a representative payee must complete the SSA-11. Whenever possible, representative payee applications should be processed through the eRPS. The eRPS generates an SG-SSA-11. When the application cannot be processed through the eRPS (i.e., an undocumented alien parent payee who cannot be assigned an SSN), the payee applicant must complete a paper SSA-11-BK.

TEFRA/WAIVERS/SED CHILDREN

- Parents may have to pay a [parental fee](#). The amount of the fee is based on the parents' income. You can [estimate your parental fee online](#) or using this [paper worksheet \(PDF\)](#). The exact amount is calculated based on your income and other information you provide.

Children do not have copays.

Paper worksheet link:

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-2977-ENG>



Parental Fee Estimator

You have reached the Minnesota Department of Human Service's Parental Fee Estimator. This estimator will assist you in estimating the monthly parental fee you need to pay while your child is receiving [Medical Assistance-TEFRA option](#) or [home and community-based waiver services](#).

The calculated monthly fee is only an estimate and not a legally binding amount. Your actual fee will be determined by DHS after receiving your [completed questionnaire \(DHS-2981\)](#) and copy of applicable federal income tax return. The monthly fee will be recalculated each year to account for changes in your financial situation. You can pay your bill [online](#) once you've been notified of your fee. If you have any questions, or need help estimating your fee, please contact the parental fee unit at (651)431-3806 or (800) 657-3751.

Enter your information in the boxes below. You can move through the estimator by using the "tab" key or by clicking onto the next box.

State Fiscal Year (SFY)	<input type="text" value="2020"/>
Adjusted Gross Income (AGI)	<input type="text" value="0"/>
Number of dependents	<input type="text" value="1"/>
MA child in home?	<input type="text" value="Y"/>
Monthly child support amount	<input type="text" value="0"/>
Private insurance?	<input type="text" value="Y"/>
Number of parents at child's home	<input type="text" value="2"/>

STATUTES

[Minnesota Statute 256M.60, Subd. 6](#), allows the County Board to establish a schedule of fees based upon clients ability to pay to be charged to recipients of children and community services. No fee may be charged to persons or families whose adjusted gross household income is below the [federal poverty level](#).

[Minnesota Statute 393.12: Fees for Social Services](#)

[Minnesota Statute 260B.331: Costs of Care \(Social Services\)](#)

[Minnesota Statute 260C.331: Costs of Care \(Corrections\)](#)

[Minnesota Statute 252.27: Parental Contribution for DD/Special Need Children](#)

[MN Administrative Rules: 9550.6200 and 9550.6220](#)

Revenue Recapture Authority: [Minnesota Statutes Chapter 270A](#)

Conciliation Court: [Minnesota Statute 491A.01](#)

TAX FORMS 2018 AND FORWARD

Page 1 is now only information on taxpayer, spouse and dependents, as well as the signature page.

Page 2 has the income information.

Lines 1-5 are self-explanatory. For information on line 6, you will need to refer to the new Schedule 1.

Line 6 is Total Income

Line 7 is the AGI. THIS IS THE LINE YOU WANT IN MOST CASES!

(NOTE: If there are adjustments to income, that will show up on the Schedule 1 as well. The total on Schedule 1 line 36 is subtracted from Page 2 line 6 to get the amount on line 7.)

If one of the spouses is not a responsible party of the child and you need to split income:

Wages, IRAs, Pensions, Taxable Social Security Benefits, Unemployment belong to the recipient. You should request W-2s/1099s to verify ownership. Educator expenses, student loan deductions, and IRA deductions also belong to the owner.

Interest, Dividends, Capital Gains, Taxable refunds are considered 50/50.

If there is an amount on Line 12 of the Schedule 1, you will need to see the Schedule C to verify ownership of the business income. The deduction for self-employment on Line 27 of Schedule 1 also belongs to this party.